



Resilience Message Program

Evidence-based, free, and adaptable messages
to increase health worker resilience.



Center for Health Worker Innovation

Purpose of the Resilience Messages

These evidence-based, free, and adaptable messages are intended to boost health worker resilience. They are designed to be delivered to a health worker's mobile phone over the course of six months. They should always be used as part of a broader strategy to improve health worker well-being, which might include complementary actions at the level of the team, health facility, and/or health system. View the messages as about 80% ready for use. The other 20% is what will make them “remarkably right” for your audience and requires localization and translation to make them more understandable and relatable.

Developing the messaging content is just one step of a larger process to design, implement, and evaluate a resilience-building program. To gain a better understanding of the complete process, see the **Resilience Toolkit**.

How the Resilience Messages were created

Literature Review

Considerable research and testing has shaped these messages. The Johnson & Johnson Center for Health Worker Innovation (the Center) conducted a literature review on the multi-factorial problem of burnout among frontline health workers, focusing on the stressors that contribute to burnout. We used the **Socio-Ecological Model (SEM)** to map the stressors and related determinants that are modifiable by the individual vs those that are difficult to modify.

We reviewed the evidence on resilience, with particular focus on the core behaviors that increase resilience, the underlying determinants of these behaviors, and the strategies to target these determinants. The existing evidence suggests that interventions targeting the following 5 core and 2 supporting behaviors at the individual and interpersonal levels can improve health worker resilience:

1. Engaging in stress management
2. Practicing mindfulness and relaxation
3. Engaging in essential self-care
4. Connecting to purpose
 - a) Seeking growth
5. Connecting with others
 - a) Seeking further support when needed



For detailed information on this literature review, see the **Resilience Toolkit and the Evidence Library**.

Health Worker Interviews

To complement the published literature, telephone interviews were conducted with 29 health workers in eight low-resource settings across Africa, Asia, North America, and South America. The aim was to understand the shared experiences, motivations, and challenges of frontline health workers in low-resource settings.

Co-creation & User Testing

The messages were drafted iteratively over a 6-month period in a co-creative environment by the health communications agency Thrive: words that change lives. They draw on their experience developing health and behavior change content in 27 languages, implemented in over 40 countries.

In response to feedback from organizations interested in developing resilience-building programs, a 6-month pilot of a global learning community was formed – The Resilience Collaborative. Collaborating organizations included TIP Global Health, Aga Khan Development Network (AKDN), Dimagi, and Medic. These organizations received funding from the Johnson & Johnson Foundation to deeply engage with the topic of resilience and assist in the development and iterative user testing of the messages with their network of nurses and community health workers in Kenya, Tanzania, Rwanda, India, and Nepal.

The first round of user testing explored whether key resilience concepts and behaviors were relevant to and understood by a frontline health worker audience. During testing, feedback was gathered on concepts that did not translate well (see 'localization' section below). The next round of testing identified the message voice and tone that would get the most positive and engaged response from health workers. In a third round of testing, a sample of messages was sent to health workers using the WhatsApp platform.

The Resilience Collaborative also included behavior scientists from Johnson & Johnson Health and Wellness Solutions, who have technical expertise in well-being and resilience, behavior change intervention design, and measurement and evaluation. **Susan Michie's COM-B Model** was leveraged to consider stressors and determinants from a capability, opportunity and motivational lens and the **Behavior Change Taxonomy** informed the content structure. Finally, all messages were reviewed by a digital content expert with a background in ESL (English as a Second Language) instruction.

About the Resilience Messages

Combining the evidence, expertise, co-creation and user testing insights resulted in 82 messages designed to be sent three times per week over a 6-month period. They are sequenced to begin with small, easy steps to recover from stress, building up to more challenging personal growth steps.

Building on the five core and two supporting evidence-based behaviors, the messages focus on:

- Discovery – building knowledge about the behaviors
- Self-reflection – on how to incorporate them into daily life
- Planning – what to do over the coming weeks
- Self-discovery – trying them out and becoming aware of what works and what does not

Although tested with health workers in Kenya, Rwanda, Tanzania, India, and Nepal to ensure acceptability, the messages should always be adapted, localized, and translated to meet local needs.

There are two sets of messages: long-form and short-form. They contain the same content, but are written to accommodate the character count constraints of different digital delivery systems. The messages were designed to fit on most phone screens without the need for scrolling. This allows for a better user experience because the content can be quickly read and processed without too much effort.

- Long-form messages: Intended for use on delivery systems such as WhatsApp and Telegram. Messages are all under 400 characters, including spaces.
- Short-form messages: Intended for use in systems that have character limits, like SMS. Each message is under 150 characters, including spaces. 2-3 short-form messages may be required to cover the same content as 1 long-form message.



Tips for implementation

Tips for Implementation

1. Conduct formative research

- a. Use the SEM model to map the stressors that health workers experience at the individual, team, health facility, and/or health system level. This can help you decide which stressors you can feasibly address. The Resilience Messages may be only one component of your overall program. See the **Resilience Toolkit** for templates to help guide this activity.
- b. To determine the best technology platform and delivery channel, conduct research on mobile phone ownership and use among your target audience. User testing can also help determine the most feasible and appropriate delivery channel. Adapt the messages to suit the delivery channel – using long or short-form messages.

2. Localization and translation

- a. Knowing your audience, identify the concepts, words, and examples in the messages that will need to be localized to be relevant. This should be done before any attempts to translate.
- b. Begin by localizing and translating a subset of 10-20 messages for testing with users before adapting the entire message set.
- c. Keep in mind that when the messages are translated, character length will vary based on the language. Additional words may need to be added to help explain new concepts. The baseline messages are written to be under the character limit to allow for this variation.
- d. Back-translate some of the messages to check that the translation process is working well. Ask local, native speakers to read and check if the content is accurate.
- e. Allocate sufficient time for translation. In general, professional translators can translate about 1,000 words of finished copy each day. Each long-form message is about 50 words, so on average translating all the long-form messages could take 4 days' work.
- f. Test your subset of localized and translated messages with local users. Testing with just 10-20 local health workers can quickly provide important information on what they understood, how relatable the messages are with the end-users, and if there are any technical challenges with the chosen delivery channel. Consider:
 - Adapting the voice and tone of the messages based on feedback.
 - Adding images, videos, or animations to go with the messages.
 - Delivering messages on behalf of a health facility or organization by adding a logo or a message at the beginning of the program.
 - Creating a persona to deliver messages.

- g.** Take what you learned during user testing and apply it to the entire 6 months of messages.
- h.** Each message ends with a motivational quote. If you feel that any of these quotes will not work for your audience, please replace them with a similar motivational quote, local saying, or proverb. Try to keep them positive and short. You can use your own or choose one from the **Motivational Messages Library**.

Below are examples of motivational messages with imagery from a pilot program run by Dimagi in India.



3. Getting Started

- a.** Programs will benefit from a face-to-face meeting between health workers and their leadership to introduce the messaging program, describe what health workers should expect, and allow them to opt-in. This will convey organizational support for the program.
- b.** Decide on your monitoring and evaluation plan before the program begins. Consider collecting baseline information about the resilience and well-being of your program participants. This will allow you to understand the impact of the program. For detailed evaluation recommendations, refer to the **Resilience Toolkit**.

