The Resilience Collaborative

WORKSHOP ON UPDATING TRC EVIDENCE TOOLKIT

Building Health Worker Resilience: A Toolkit to Protect Against Burnout on the Front Lines

FOCUS

To seek FLW input to implement and review a functional tool to explore challenges they face and to arrive at possible interventions.

DATE

21 & 22 September 2025

VENUE

ADK Hospital
Malé, Maldives

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Context

The ADK Hospital is a 36-year-old private hospital that plays a key role in delivering quality health care in Malé, Maldives. The Resilience Collaborative team ran four exercises to review and implement the toolkit on 21st and 22nd September, 2025.

One of the strongest recommendations for this toolkit was to include separate exercises with the FLWs to seek their input into the toolkit. The exercise aimed at exploring the toolkit's potential in a context with substantial number of professional expat personnel working along with native professionals. The aim was to explore the nuances and differences in stressors experienced by both these groups, and also the ideas of solutioning exercises that they believe can improve their resilience.

A detailed exercise plan (Annexed) was developed for the same with 5 sessions over 2 hrs:45 minutes with a break in-between.

Purpose

The workshops were designed to seek inputs on two different planes:

1. To validate the contents, process and appropriateness of the toolkit
2. Through implementation explore;
   a. Their conceptualization and understanding of resilience
   b. Who they identify as stakeholders who can contribute to their resilience
   c. Their aspirations for a toolkit that can potentially improve their resilience

Participants

The workshop participants were a range of healthcare professionals stratified and representatives of departments and nominated by the ADK hospital coordination team.

A total of 70 participants took part in 4 sessions. The first two sessions were facilitated by the TRC team members and the rest were facilitated by the ADK hospital nominees, with very minimal support from TRC members.

Departments *(Includes 6 Heads of departments)*	***Numbers***
Nursing	**41**
Quality Cell	**1**
Customer Relationship / Admin	**7**
Senior consultants	**3**
Physiotherapists	**4**
Radiographer / MRI Technologist	**4**
Laboratory Technologist	**4**
Human resources	**2**
Clinical Support / Assistant	**4**
Total (N)	**70**

Facilitators

Varadharajan Srinivasan (TRC), Ashish Manwar (TRC), Aminath Rishfa (ADK) and Niuma Abdul Sattar (ADK)

Objectives of the workshop

1. To validate a toolkit in this specific context of a premier, tertiary care, private hospital with mix of expat and native healthcare professionals.
2. To receive input into updating the existing TRC toolkit "Building Health Worker Resilience" and identify the gaps and determine what could be the scope for a revised version.

The exercise was anchored with participatory approach to discuss the various challenges faced by frontline workers, the resources or support systems currently available, the important features or attributes for effectiveness, and how to design a more user-friendly and accessible toolkit.

Findings

Session 1 - Introduction

The purpose of this session was to inform participants about the exercise, and it was largely informative and to get familiar with facilitators.

The session began with welcoming all participants and facilitators. The facilitators acknowledged and emphasized the crucial role of frontline health workers in delivering healthcare services and particularly their work contexts. They emphasized the significance of the workshop in supporting their well-being. The participants and facilitators introduced themselves, sharing their names, roles, and experiences related to their work.

Session 2 - Inputs on stressors and how they perceive resilience and Well-being

The participants were aware of the idea of resilience and connected it well to being what it takes for them to go through the day and yet come back to work the next day and start all over again.

They were able to connect with the narrative and the importance of identifying stressors and the need for resilience. Participants then reflected on their own experiences, shared their understanding of well-being and discussed personal coping strategies.

Common challenges identified by the FLWs as key deterrents in executing their routines

Challenges at individual level

The natives and expats experienced common stressors at work but very different individual stressors outside work.

- Loneliness (expats), family commitments (natives)
- Irregular sleep – linked to common living spaces (expats) and crowded living/public spaces (native - roads are so crowded)
- New culture, unknown customs and new language (expats)

> *Family is not here and sorting out issues remotely throws a lot of stress*

Challenges at family/community levels

- Expectations from the extended family and parenting responsibilities and household chores in addition to work (natives)
- Not being with the family (expats)
- The expat community is very diversified and getting along with the different communities sometimes gets challenging within the common places of stay (expats)

> *I am a single mother and was a big struggle to juggle childcare and hospital work, I had to rush back from work to pick children and at times rely on neighbours to take care of them and this was stressful*

Systemic challenges (Institutional)

- The systemic challenges were experienced at Institutional and higher levels, these affected the groups differently
- Unscheduled leave leading to sudden allocation of duty (all)
- No specific timings for breaks, it is random and sometimes it gets stressful, but they also understand that this is common in hospital settings (all)
- Lack of clarity on promotions (all)

Systemic challenges (Larger context)

- Rising expenses (all)
- Limits on remittances to families (expats)

> *I am able to send only US$400 home a month, costs so much to send more, it defeats the purpose of wanting to earn for the family*

Incidents or anecdotes that triggered extreme emotional responses

Frustration: Loneliness layered with lack of privacy

It was an interesting paradox, the staff, most of the expats felt lonely when they were not at work, however, there was no privacy for them in common accommodation, this was very tough for them to deal with.

> *Living in common rooms is a challenge, we all have different duties and so hardly have private time, Even if we have to call our family, we need to go out of the room and make a call, this is frustrating.*

Fear: Commute during the nights

The residences at times are not close enough to hospital and commute during nights

> *I sometimes have to travel in the nights for calls and there are no cabs or vehicles to commute, this is scary and makes one feel helpless*

Happiness: Appreciation and acceptance

> *We are appreciated for our work in annual day functions. This is a happy occasion, but, these days not all are invited for this event and only the winners, wish we all could attend this event.*

SUMMARY OF THE STRESSORS

Levels	***STRESSORS Identified***
Individual	• Ineffective Workload Management, Shifts, Breaks • Economic Pressures: Unaffordability and Remittance Limits • Work Boundaries, Loneliness, Care Satisfaction
Community / Family	• Shift duties and workload management – need for guidance • Family Pressures (Time with / away from family) • Loneliness, Isolation – need for counsel • Socio-Cultural Barriers
System	• Workload and Overcommunication: Hiring Shortage, Viber Channels • Accommodation and Turnover / Training Patterns • Inadequate Training, timely leave • Persisting Economic Constraints: Increments, Salary, Remittance

DETAILED TABLE OF STRESSORS WITH FREQUENCIES OF RESPONSES

Levels	Stressors	Number of Participants	% of participants	Codes	Keywords
INDIVIDUAL LEVEL STRESSORS	Finance stress	42	60%	Economic constraint	Unaffordability, rent utilities
	Remittance limit	38	54%	Economic constraint Family Care	Cannot send enough money to family. Reason for working
	Work pressure, heavy work	61	87%	Workload Management Physical Mental Wellbeing Quality.Care.Satisfaction	Patient work load. Less staff. Mental health. Colleagues Performance issues. Heads of Departments, Ad hoc. Prolonged duty time.
	Care quality. (Unhappy Patients and Unhappy staff)	30	43%	Quality, Care Satisfaction Peer Relationships	Personal dissatisfaction to care. Confidence. Communication. Guilt. Trauma Upset, pressure, complaints
	On call duty - travel	30	43%	Workload Management	Less Efficient Shifts
	Life priority balance, loneliness	30	43%	Physical, Mental needs, Work boundaries Community Bonds	Weekend , entertainment facility, home sickness
	Personal well-being, Irregular Working hours	38	54%	Physical, Mental needs,	Sleep disturbance, health issues, diet,
	Lack of guidance	4	5%	Workforce Management	
	New Environment	11	16%	Community Bonds , Relational Needs. Engagements, Interests	Culture, Community relationships
	Resource shortage	4	5%	Workforce Management. Quality. Care	Reagent lab work, support staff
	News and Social Media	8	11%	Emotional Mental Relief Boundaries	General Distress, Anxiety Added stress , Politics and Discussions
FAMILY / COMMUNITY LEVEL	Family Pressure	46	65%	Community Bonds Family Bonds, Needs and Care Emotional Relief	Obligations , Separation anxiety, Toxic relatives
	Family sickness	30	43%	Family Bonds, Care Economic and Health risks	
	Time for family	38	54%	Family Bonds Workload Management. Boundaries	
	No guidance to solve problems	34	49%	Workload, Quality care	Work load adjusted internally,
	Shift duties	8	11%	Workload Management. Workforce Management	Major issues around time, limitations, exhaustion
	Loneliness	42	60%	Mental Emotional Relational needs,	Need for group therapy. Socialising
	Social Cultural Language	49	71%	Community bonds, engagement, care	-Language barriers w patients, natives and locals -Lack of teamwork
	Smoking Behaviour	8	11%	Community Bonds. Boundaries Physical Support	Cultural dependence on smoking alienates

DETAILED TABLE OF STRESSORS WITH FREQUENCIES OF RESPONSES

Levels	Stressors	Number of Participants	% of participants	Codes	Keywords
SYSTEM LEVEL	Not enough sick leave	38	54%	Workload Management. physical mental well-being	Leave request approvals
	Maternity unpaid leave	15	22%	Physical and family needs	Minimum needs
	Annual leave not available when needed	46	65%	Workload Management Mental, Physical Relief	Need to apply for sick leave , mental emotional health
	Extended Shift duties,	34	49%	Workload Management Mental, Physical Relief	No break time, boundaries, after on call no OFF , On call during holiday
	Lack of training promotion	30	43%	Economic Constraints Peer Relationships Satisfaction	Low quality engagement with colleagues, patients, leading to bad feedback
	Salary and Increments	19	27%	Economic Constraints Peer Relationships	Unequal, Unjustified
	Limits to send remittances	46	65%	Economic constraint	
	Health insurance inadequate	34	49%	Economic & Heath risk constraint Physical and Mental Wellbeing	
	Poor Accommodation	53	76%	Economic constraint, well-being, Peer Relationship	
	High turnover of staff	57	81%	Workforce Management	Always training, always hiring Staff Shortage
	Viber Groups	4	5%	Workload Management	Too many groups Counterproductive-Ignored Distraction Technology limitation

Note: Rows reflecting similar themes are marked with the same shade of orange

What keeps them going?

To explore their motivation for continuing their work despite challenges. The participants were very articulate and identified many reasons for their motivation. From their narrations, it was concluded that their dedication stems from several key reasons:

- Ensuring a better future for their children and supporting their families. (all)
- Fulfilling personal aspirations. (all)
- Finding satisfaction in serving the community. (all)
- In ADK hospital few who have worked for long identify a family environment that exists as a indication of security.
- A chance for them to look for better opportunities (expats)

"I gave up a position in public service, ADK hospital provides a good family like environment, I am happy working here"

Session 3 - Who is Responsible for their wellbeing and how can they contribute to building HW resilience?

Themselves (as individuals)

All the groups identified themselves to be responsible for building their resilience. Below are some findings from individual stakeholders:

Personal Relaxation Activities

The participants identified various activities like; watching television, reading books, watching movies, Karoke, Gym, playing cricket on weekends as the most common practices for relaxing

Social Support

Talking to family / close friends (in-person or over the phone), sharing issues with peer groups was identified as a social support they seek.
One of the Senior consultants (expat) said their expat community comes together often to celebrate events together.
Barbecue with colleagues is a common activity that colleagues get together and enjoy.

Work as a Distraction

Few participants identified engaging in routine work to escape stress at home, going to work to divert attention.

Emotional Release

Crying as a coping mechanism, staying calm, isolating themselves at times were identified as way to deal with stress

Family

Participants highlighted several ways their families contribute to their resilience:

- **Emotional Support:** Assisting during times of acute stress, talking to them regularly is a coping mechanism that expats often found useful.
- **Moral Support:** Family members listen to their experiences and share with them theirs, and provide continuous encouragement and give regular confidence.

Community

The participants reflected on this aspect on two planes, one with colleagues as a community and one as the people outside the workplace who can influence their resilience in positive ways.

Regular Peer support, Positive Recognition and Social Appreciation

- Moral support at work from peers were identified as a common source of coping to challenges.
- The support at work manifested like supporting them with learning the culture and language, allowing each other to take breaks, enabling others to go on leave for emergencies (covering others).

Community Support

Support from other Expat community members is a common feature. They flocked together to support and encourage each other. This was important

System

Participants across all groups agreed that the hospital management can influence their resilience

- They identified and appreciated the efforts of management to give them room for relaxation with possibilities to play and watch television.
- Providing additional staff, all felt can ease their workload, but, they also appreciated that management is trying their best to ease this pressure.
- While staff felt removing need for medical certificates for seeking leave was a very positive policy change. However, the heads felt it left them with lot of stress as they had to organize the cover.
- All participants also agreed that larger system (Government) and laws can influence their resilience considerably. As an example they mentioned the limits on sending money to other countries.

Session 4 - What features or attributes should the toolkit include and should it not?

Based on our workshop discussions, the following features and attributes should be included in a comprehensive mental health toolkit to support frontline health workers:

- The senior consultants felt it could have been done in shorter duration, as facilitators, we felt it was
- The participants, unanimously, felt it was a good exercise to reflect upon their resilience and mental health. However, they could not comprehend the outcome of the exercise. They felt they have had discussions about this in the past, but, have not been able to realize any tangible change.
- As for the toolkit, they felt it was fit for hospital setting, and can cover a wide range of staff to elucidate the stressors and make them think about the solutions to build their resilience.
- They felt the process and the flow of the contents were appropriate and easy to follow.
- They felt it was critical not to mix people from different teams for such exercises, as people from same team may provide richer insights, however, this was contradicted by a different group highlighting the psychological safety that brings.
- They felt English was appropriate language for their setting.
- The facilitators who supported the sessions felt the tool can be implemented with the support staff as well and were willing to give it a try.

Session 5 - Solutioning

The list of potential solutions that the participants aspired and felt could be feasible are in the table below. They were also able to organise it at multiple levels

Levels	Codes	# of Participants	% of participants	Current coping mechanism / potential solution
INDIVIDUAL LEVEL STRESSORS	Economic constraint	42	60%	-Pray -Cry -Meditation, read Holy books -Sometimes financial help from family
	Economic constraint Family care	38	54%	-Cope With Social Media -Venting -find new way to budget
	Workload management Physical/Mental wellbeing Quality care satisfaction	61	87%	-Prioritize Need and work - Schedule Plans -Community trips , visits . Sponsor team, -Talk with supervisor to resolve issues -Short breaks , -Share workload between staff, -Gym, swim
	Quality care satisfaction Peer relationships	30	43%	-Talk to colleagues / friends -Prayer, -Exercise -Watch TV / Social media -Read Books, take a break
	Workload Management	30	43%	Better time management
	Physical, Mental needs, Work boundaries Community Bonds	30	43%	-monthly outing , -get together outside office -Better nutrition, - personal hobbies, gardening, cooking reading, -Plan better (self care)
	Physical, Mental needs,	38	54%	Find a Counsellor, discuss needs

Levels	Codes	# of Participants	% of participants	Current coping mechanism / potential solution
INDIVIDUAL LEVEL STRESSORS	Workforce Management	4	5%	Comedy movies -Take help from colleagues
	Community Bonds Relational Needs. Engagements Interests	11	16%	Self isolating to get away -Make new friends
	Workforce Management. Quality. Care	4	5%	Sleep, cook, eat together, Barbeque
	Emotional Mental Relief Boundaries	8	11%	Socialise - in person Keep environment neutral
FAMILY / COMMUNITY LEVEL	Community Bonds Family Bonds, Needs and Care Emotional Relief	46	65%	-Fitness and refreshment -Group Outing -Avoid Family
	Family Bonds, Care Economic and Health risks	30	43%	-Peer support -Request management , -collaborate with colleagues, -bring family to Maldives
	Family Bonds Workload Management. Boundaries	38	54%	-Celebrate birthdays - acknowledge team contribution
	Workload, Quality care	34	49%	-Adk hospital has a family atmosphere. -The leaders chair, personal, take time to listen
	Workload Management. Workforce Management	8	11%	
	Mental Emotional Relational needs,	42	60%	Celebrate festivals of colleages Barbeque Karaoke
	Community bonds, engagement, care	49	71%	-Communicate with family. -Use multilingual signboards
	Community Bonds. Boundaries Physical Support	8	11%	-Wear mask -Avoid going out unless accompanied with others

Levels	Codes	# of Participants	% of participants	Current coping mechanism / potential solution
SYSTEM LEVEL	Workload Management. physical mental well-being	38	54%	Provision of standard leave process
	Physical and family needs	15	22%	
	Workload Management Mental, Physical Relief	46	65%	-Hiring practises, -better approval, planning, and management
	Workload Management Mental, Physical Relief	34	49%	-Better duty scheduling -better working hours -Schedule weekly duties -Hire more staff
	Economic Constraints Peer Relationships Satisfaction	30	43%	-Manage customer relationships and errors -Constructive feedback and orientation
	Economic Constraints Peer Relationships	19	27%	Discounts for travel and meals
	Economic constraint	46	65%	
	Economic & Heath risk constraint Physical and Mental Wellbeing	34	49%	
	Economic constraint, well-being, Peer Relationship	53	76%	-Potential discount and better support. -Higher allowance -Arrange family accomodation
	Workforce Management	57	81%	
	Workload Management	4	5%	Keep few important communication groups only Shut off during off hours for self-care

Note: Rows reflecting similar themes are marked with the same shade of orange

Inputs

What Should Be Avoided?

Most of the participants felt, they may need more than self-help, professional mental health services, especially a counsellor was highlighted as someone who can help.

Key Discussion Highlights and Recommendations

The session on building resilience explored the roles of individuals, families, staff teams and communities, as well as the healthcare system and allied government systems.At the individual level, the staff frontline

workers relied on coping mechanisms such as personal relaxation, community interactions, local culturally relevant engagements, social and family support, spiritual practices, and also focusing on the quality of their work. Family members often played a supportive role by providing emotional and financial support, however with some staff being migrants, the access to support was different and stood as a stress trigger. The peer community and new work-and-societal relationships contribute through positive recognition and peer support, reinforcing their motivation and focus. Adapting to new colleagues – in the context of newcomers – requires considerate adaptation, particularly in matters of language. However, systemic challenges such as excessive workload, varying shift load and inadequate time off have been continuing challenges to well-being. In addition economic constraints around remittance, insurance and accommodation have been raised by staff as priorities too, highlighting the need for institutional support.

The sessions also provided a unique opportunity for participants from different teams and backgrounds to understand: each other's stress perceptions, and to a certain degree the reasons for them, their coping mechanisms and aspirations and therefore were able to zoom into a few ideas that they would like to practice intentionally as individuals and teams. There was also a marked positive perception of staff being a family in ADK hospital a distinctive - which was mentioned by most groups.

The participants underscored a few elements that they highlighted as important that can also be considered as recommendations are:

- The continuing need for more practical solutions for individuals and teams, and to socialise practices that work well.
- Spaces to ask for help, such as by having one or more in-house or empanelled counsellors.
- The voice of the hospital management for support specifically for aspects outside of their span of control
- The vital role of peers in supporting resilience behaviour – both as role modelling and also by way of sharing burdens and reducing strain. By demonstrating their efforts, they role model and encourage similar behaviours.

Also by taking the first action step toward individual and team level resilience serves to positively reinforce their agency, as well as indicate to teams and leadership to also explore additional ways to participate and support efforts.

The teams' encouraging response also extended to considering using the toolkit/manual with other ADK hospital frontline staff. Having discussed this, the ToT leaders may reconvene to design follow up sessions.

As part of the practical next steps, the TRC team also presented the WHO Health Alert module for Whatsapp (HealthWorker Plus, stress management section) as an action step for the leadership / facilitation team to consider rolling out for staff members.

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