



FACTORS INFLUENCING UTILIZATION OF COUNSELLING SERVICES FOR NURSES IN NAKURU COUNTY TEACHING AND REFERRAL HOSPITAL

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ABSTRACT

The purpose of this study was to determine factors influencing utilization of counseling services for nurses at the Nakuru County Teaching and Referral Hospital. The study specifically sought to explore the available counseling services for nurses at the Nakuru County Teaching and Referral Hospital. The study also sought to establish the attitude of nurses towards counseling services at Nakuru County Teaching and Referral Hospital. The study employed descriptive cross sectional design to determine the available counseling services for the nursing staff at the Nakuru County Teaching and Referral Hospital. The target population was drawn from 438 nursing staff and 51 counselors working at the Nakuru County Teaching and Referral Hospital. Purposive sampling method was used to obtain a sample from the target population comprising nursing staff and counselors at Nakuru County Teaching and Referral Hospital. Self-administered questionnaires were used for data collection. Descriptive statistics was applied in data analysis. From the findings the researcher concluded that majority of nurses had experienced situations that required counseling. Despite experiencing situations that demand counseling, a portion of nurses had not gone through counseling. Some of the reasons that the nurses cited were lack of counseling services, others cited lack of time to attend counseling sessions and lack of opportunity to access counseling services. Some of the nurses were simply not aware of the available counseling services. Analysis of responses of the participating nurses showed that they use varieties of ways to control job stressful situations. From the findings the study recommended that more sensitization sessions should be carried out in hospitals to incorporate all the nurses. The study also recommended that more nurses should be hired to create a flexible working schedule; this will reduce job stressors upon nurses. A policy should be put in place to incorporate counseling sessions for nurses to equip them with skills that are required to cope with job stressors. Hospitals should improve control and dominance of nurses on job stressful situations, boosting positive self-controlling methods, creating an atmosphere of cooperation and support and paying attention to spiritual growth among nurses to cope better with the professional stress. Life skills activities should be introduced for the nurses. This will boost the delivery of quality nursing care.

Keywords: Attitude, Nurses, Counseling and Counseling Services

1.0 INTRODUCTION

A 1992 study in the American Journal of Public Health reported that nurses who worked in various schedules including mandatory overtime were as twice as likely to report errors or

accidents related to sleepiness (American Counseling Association). Mandatory in-service continued education is done on the nurses' own time, which can be an inconvenience. The survey of 1,906 Registered nurses published in September 1992 suggested that work conflict is common among nurses and half of the nurses interviewed reported that work interfered with their family life at least once a day per week. According to the report, work and family conflict have been associated with lower job satisfaction, fatigue, burnout, emotional distress or depressive symptoms.

According to the American Psychological Association (APA) employee stress can also lead to stress related physical illnesses such as heart diseases, migraines, hypertension, irritable bowel syndrome, muscles, back and joint pains, duodenal ulcers and mental health problems, such as anxiety, insomnia and feelings of inadequacy which can directly contribute to absenteeism and decreased work performance (Hodges, 2005).

A study conducted in Leeds and Sheffield Universities established a clear link between stress and sickness absence (Fernald, 2007). Staff experiencing levels of psychological distress report twice the mean level of shifts taken off sick than other colleagues. The report concluded that counseling is highly cost effective in helping reduce work related symptoms and stressful situations which lower sickness absence. The value of counseling staff is increasingly recognized in health services for England and Scotland. The Royal College of Nurses advocates that nurses and other Health service staff are able to access appropriate high quality counseling provision wherever they work (Nelson, 2005).

1.2 Statement of the Problem

The Nakuru County Teaching and Referral hospital handles an average about 2,000 out-patients and 600 in-patients daily. The hospital, situated along the Nairobi Eldoret/Kisumu highway frequently handles road traffic and other forms of accident victims. The nurses have to attend to a large number of patients with inadequate resources so a number of procedures have to be improvised. The counseling departments in the hospital are the Civil Servants Clinic manned by nursing and medical colleagues. Youth Friendly Centre is for the youth and Comprehensive care centre is for patients with HIV/AIDS. Among the counselors only two of them had attained masters education, seven had attained undergraduate education, five had attained higher diploma education, three had attained diploma education, eleven had only the Hospice training, while majority (20) had AHPIA Plus training on HIV Testing and Counseling. There are no documented records on any research conducted on counseling services for nurses in Nakuru County. The purpose of the study was therefore to bridge the existing gap and the results to answer the study objectives.

1.3 OBJECTIVES OF THE STUDY

This study has both general and specific objectives

1.3.1 General Objective

The study sought to determine factors influencing the utilization of counseling services for nurses at the Nakuru County Teaching and Referral hospital.

1.3.2 Specific Objectives

- To explore the available counseling services for nurses at the Nakuru County Teaching and Referral Hospital.
- To establish the attitude of nurses toward counseling services at the Nakuru County Teaching and Referral Hospital.

1.4 Research Questions

What are the available counseling services for nurses at the Nakuru County Teaching and Referral Hospital?

What is the attitude of nurses towards counseling services at the Nakuru County Teaching and Referral hospital?

2.0 LITERATURE REVIEW

2.1 THEORETICAL REVIEW

The study was guided by Rational Emotive Behavior (REBT) and Hans Selye's General Adaptation Syndrome theories

2.1.1 Rational Emotive Behavior (REBT)

REBT maintains that individuals have within their power to change their beliefs and philosophies markedly and thereby change their state of psychological health. One of the premises of REBT is that humans in most cases do not merely get upset by unfortunate adversities but by how they construct their views of reality through their language/evaluative beliefs, meanings and philosophies about the world, themselves and others. Events of the past, present and future- A (activating event) can be adversary if a person's evaluative B (belief) about A is rigid, absolutistic and dysfunctional, the C (emotional and behavioral consequences) is likely to be self-defeating and destructive. On the other hand if a person's evaluative B is preferential, flexible and constructive, the C (emotional and behavioral consequences) is likely to be self helping and constructive (Nystul, 2011).

REBT can be applied to assist nurses to face challenges encountered in their course of duty and refrain from contracting emotional difficulties such as self-blame, self-pity, clinical anger, hurt, guilt, shame, depression, anxiety and behaviors such as procrastination, over compulsiveness, avoidance, addiction and withdrawals due to their irrational self-defeating emotions and behavior (Corey, 2009).

2.1.2 General Adaptation Syndrome theory

According to the General Adaptation Syndrome theory, nurses are likely to experience accumulation of challenging and stressing experiences as they tolerate the situations over a period of time, and end up with manifestations such as physical, psychological or social malfunction. Timely counseling services availed counseling services can be preventive.

Nurses in their health care obligations are exposed to various situations of distressing nature, such as handling accident victims, severely debilitating physical, psychological and mental conditions. Working in areas such as refugee camps exposes them to direct realities of human suffering. Facing deaths of the patients they have been passionately helping towards recovery can leave serious emotional impression on the nurse (Lindon,2000). Accumulation of these experiences over time can have diverse effects on the nurses' physical, psychological and social wellbeing, hence the need for established counseling services for nurses (Ray,2009).

2.2 Conceptual Framework

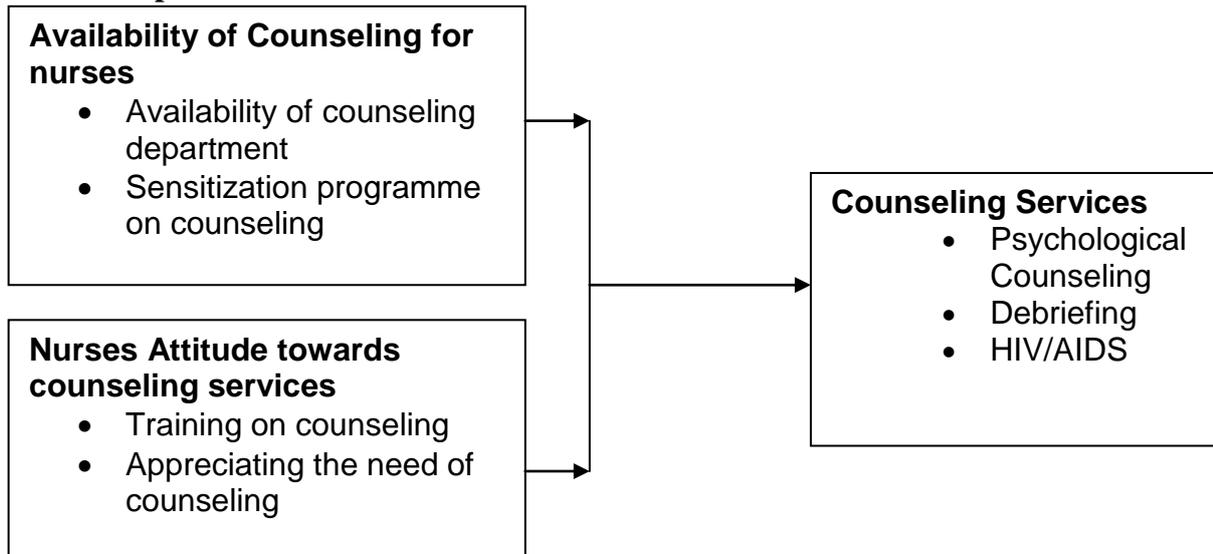


Figure 1. Conceptual Framework

2.3 Empirical Literature

Counseling is defined as a process which takes place on a one - to - one relationship between an individual beset with problems which he cannot cope alone, and a professional worker whose training and experience have qualified him or her to help others reach solutions to various types of personal difficulties (Fernald,2007). According to Ray (2009), counseling is defined as helping an individual become aware of himself and the ways in which he is reacting to the behavioral influences of his environment. It further helps him to establish some personal meaning for his behavior and to develop and clarify a set of goals and values for future behavior.

American Counseling Association (ACA, 2010) defines counseling as a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals. According to Egan (2010) nurses belong to the category of Special population, defined as a group of people whose needs are not fully addressed by the systems or environment that surround them. They are also referred to as disadvantaged group (Egan, 2010). Overly, the status of nurses has greatly improved all over the world, but that has not made their job easier. The 21st century nurses face many diverse challenges, some easy to overcome but others complicated and may take a while for nurses to pass through (McGee, 2006).

2.4 Available Counseling Services in Hospital set ups

2.4.1 Employee Assistance Programs (EAP)

This is an employer sponsored service designed for personal or family problems including mental health, substance abuse, various addictions, marital problems, parenting issues emotional, financial or legal problems so that they remain on the job and are effective (Jackson et al., 2001).The program aims at assisting employees with their problems rather than dismissing them. Although the focus is on an individual employee and his family the other component is the services offered by the organization to the employees. It includes prevention, training, consultation, organizational development and crisis response services (McGee, 2006).

EAP is to improve the psychological health of employees. It helps staff to develop coping skills and accept a greater degree of personal responsibility. It helps resolve individual, marital, family and job performance problems. As a result, their productivity and attendance improves. Counseling focuses on helping the clients to deal with their personal, career and family (Hodges et al., 2005).

2.4.2 Goals for Counseling Services.

Some of the goals of counseling service in EAP include provision of support and understanding, helping to identify problems and clarification of issues, training employees to develop coping skills, educating employees in self-management techniques, encouraging clients to accept personal responsibility, referring to the proper community resources when the client requires more intensive, long term or special services, providing appropriate follow-up to monitor success in maintaining personal change efforts and activities confidentiality is critical to the success of EAP Personal counseling is provided at locations accessible to all staff. Referrals are done for long term and complex counseling issues (Tugade, 2004).

2.5 Nurses attitude towards counseling services

According to Gibson and Mitchell (2003) nurses in their course of duty face challenges such as work overload, time pressure, lack of social support, exposure to infectious diseases and injuries, exposure to work related violence, sleep deprivation, role ambiguity and conflict, and dealing with difficult or critically ill patients and their relatives. Established counseling services are key to assisting the nurses to maintain their physical and psychological balance.

According to Lombardo (2011) nurses deal with their grief and many feel that informal support already present is not adequate. Some feel that support groups would be needful and some feel that availability of counselors would be useful. Other nurses feel that more training on how to deal with their own grief is needed. Nurses spend a great deal of efforts and time caring for others, and show little evidence of self-care, and this brings the need to challenge nurse educators and managers to better prepare nurses for sustained professional resilience by teaching strategies on reflection and practice. There is need to promote personal growth in nurses to enable them give the patients what they themselves possess. This explains why nurses feeling burnt out, agonize over abandoning the health care system rather than improving or changing their positions, McGee (2006) suggests that nurses' own resiliency skills sustain them through challenging and difficult working climate.

Tugade and Fredrickson (2004) suggest that everyone has resilience potential but its level is determined by individual experiences, qualities, the environment, and each person's balance of risk and protective factors. Protective factors help individuals to achieve a positive outcome despite the risk. It is important to assist nurses develop skills that will aid them. Hardiness means being committed to finding meaningful purpose in life, the belief that one can influence his or her surrounding and the outcome of events. It is the belief that one can grow and learn from positive as well as negative experiences (Bonano, 2005). According to Tugade and Fredrickson (2004) hardiness attributes in a cohort of students were measured before and after undertaking a nursing program. Positive changes in hardiness mean score were verified by quantitative finding which revealed important changes in skills related to the three elements of hardiness and these included commitment to finding meaning in life, belief that one can influence his or her surroundings and the outcome of events and belief that one can learn and grow from both positive and negative life experiences.

Jackson (2001) proposes specific self-development strategies that can help build personal resilience to workplace adversity grounded on interpersonal problems. These include building positive nurturing relationships, maintaining positivity, developing emotional insight, achieving life balance and spirituality and becoming more reflective. Jackson (2001) concluded that it is important to build resilience as a strategy for assisting nurses to serve and thrive. Nurses' occupational settings will always contain elements of stressful, traumatic or difficult situations and episodes of hardship, so combating the adverse effects through minimization of vulnerability and promoting resilience has the potential to impact the nurses' daily experiences. Suggestions that qualitative study of nurses who have successfully remained on nursing could be to find out what they attribute to their personal resilience. Internationally, nursing is facing a range of challenges and difficulties which are attributed (to some extent) to workplace adversity. There is need to explore innovative ways of nurturing and supporting nurses so as to be able to thrive and sustain satisfying careers even in contents of organizational difficulties and workplace adversity (Jackson, 2001).

3.0 RESEARCH METHODOLOGY

The study adopted descriptive cross sectional design to determine the availability of counseling services for nurses at the Nakuru County Teaching and Referral hospital. The importance of descriptive cross sectional design is that it yields rich data that leads to useful study recommendations.

3.1 Target Population

Target population refers to an entire group of persons or elements that have one thing in common (Mugenda & Mugenda, 2003). The study targeted 438 Nurses and 51 Counselors working at the Nakuru County Teaching and Referral hospital.

3.1.1 Inclusive Criteria

Nurses and Counselors giving services at the Nakuru County Teaching and Referral hospital during the month of October, 2017.

3.1.2 Exclusive Criteria

Student nurses and nurses from other health facilities and nurse aids were excluded.

3.2 Sampling Technique

Simple random sampling was used in selecting the departments. Purposive sampling method was used to select respondents.

Andrew Fisher's method of 1994 was used to get the sample size.

$$nf = \frac{n}{1 + \frac{n}{N}}$$

nf = desired sample size.

N = estimated total population less than 10,000 (438 Nurses)

n = estimated sample (a constant)

That is:-

$$\begin{aligned} 385 \\ 1 + \frac{385}{438} &= 485 \\ &= 205 \end{aligned}$$

The sample size was drawn from each department as shown in the table below:-

Table 1: Number of Nurses at Nakuru County Teaching and Referral Hospital in the year 2017

S.NO	DEPARTMENT	NUMBER OF NURSES	RATIO
1	Surgical	112	52
2	Medical	65	30
3	Obs/Gynae	86	40
4	Pediatrics	34	16
5	Out Patient	75	35
6	Intensive Care unit	15	8
7	Operating Theatres	16	8
8	Special Departments	35	16
TOTAL		438	205

Source: Nakuru County Teaching & Ref Hospital records (2017)

3.2 Data Collection Instruments and Procedure

The study used questionnaire to collect data for the study. According to Mugenda (2003) questionnaires are any written instruments that present respondents with a series of questions or statements to which they are to react either by writing out their answers or selecting from among existing answers. Data collection process began by getting a formal letter from the university authorizing the field study. Data was collected using drop and pick later method which was collected after two weeks. In this method, the consent statement was issued and then the questionnaire administered. The respondents were assured of their confidentiality of information provided which improved the response rate. Arrangement was made to collect the questionnaire later at pre-agreed time.

The content validity of this study was enhanced by seeking opinions of experts in the field of study especially the supervisors.

Reliability in this study was enhanced by pre-testing the questionnaire with a selected sample which was not included in the main study. A pre-test was conducted by administering questionnaires to a small sample of respondents before engaging the selected population.

3.3 Data Analysis and Presentation

Data analysis involves reduction of accumulated data to a manageable size, developing summaries, looking for patterns and applying statistical techniques. Data collected was quantitative in nature. Quantitative data was analysed by use of Statistical Package for Social Sciences (SPSS) version 24 to generate tables and graphs for data analysis.

4.0 FINDINGS AND DISCUSSIONS

4.1 Response Rate

Of all the 205 questionnaire distributed out to the nurses 198 were filled and returned giving the study 97% response rate. Further, of all the 51 questionnaire distributed out to the nurses 49 were filled and returned giving the study 96% response rate.

4.2 Demographic Information

The researcher sought to find out the distribution of the respondents according to their gender bracket, age distribution, marital status and duration of services.

4.2.1 Distribution of Respondents by Gender

Table 2: Distribution of Respondents by Gender

	Frequency		Percentage	
	Counselor	Nurses	Counselor	Nurses
Male	13	69	8.7	34.8
Female	39	129	90.3	65.2
Total	49	198	100	100

From the findings 65.2% of the nurse respondents were females while 34.8% were male. The findings also indicated that 8.7 % of the counselors were male while 90.3% of the counselors were female. This implies that majority of nurses and counselors were female.

4.2.2 Distribution of respondents by age

Table 3: Distribution of Respondents by Age

Age	Frequency		Percentage	
	Counselor	Nurses	Counselor	Nurses
21-30 Years	33	59	68	30
31-40 Years	8	68	16	34
41-50 Years	8	65	16	33
51-60 Years	0	6	0	3
Total	49	198	100	100

According to the findings, 30% of the nurses were aged 21-30 years, 34% of the nurses were aged 31-40 years, 33% of the nurses were aged 41-50 years while 3% of the nurses were aged 51-60 years. The findings also indicated that 68% of the counselors were aged 21-30 years, 16% of the counselors were aged 31-40 years while 16% of the counselors were aged 41-50 years. This implies that majority of the nurses were aged 31-40 years while majority of counselors were aged 21-30 years.

4.2.3 Marital Status of the respondents

Table 4: Marital status of the respondents

Marital Status	Frequency		Percentage	
	Counselor	Nurses	Counselor	Nurses
Single	19	31	38.8	15
Married	29	158	59.2	80
Divorced	1	2	2.0	1
Widowed	0	7	0	3
Total	49	198	100	100

From the findings, 15% of the nurses were single, 80% of the nurses were married, 1% of the nurses were divorced while 3% of the nurses were widowed. Further 38.8 % of the counselors were single, 59.2% of the counselors were married, and 2.0% of the counselors were divorced. This implies that majority of the nurses and counselors were married.

4.2.3 Duration of service

Table 5: Duration of service

Year of service	Frequency		Percentage	
	Counselor	Nurses	Counselor	Nurses
1-10 Years	36	44	74	22
11-20 Years	11	5	22	3
21-30 Years	2	52	4	26
31-40 Years	0	75	0	38
41 Years and above	0	22	0	11
Total	49	198	100	100

According to the findings, 22% of the nurses stated that they have been working as nurses for 1-10 year, 3% of the nurses stated that they have been working as nurses for 11-20 year, 26% of the nurses stated that they have been working as nurses for 21-30 years, 38% of the nurses stated that they have been working as nurses for 31-40 years while 11% of the nurses stated that they have been working as nurses for 41 years and above. Further 74% of the counselors stated that they have been working as counselors for 1-10 year, 22% of the counselors stated that they have been working as counselors for 11-20 year while 4% of the counselors stated that they have been working as counselors for 21-30 years. This implies that majority of the respondents have been working as nurses for 31-40 years and above while majority of respondents have been working as counselors for 1-10 years.

4.3 Descriptive Findings and Discussions

4.3.1 Experiencing issues that require counseling

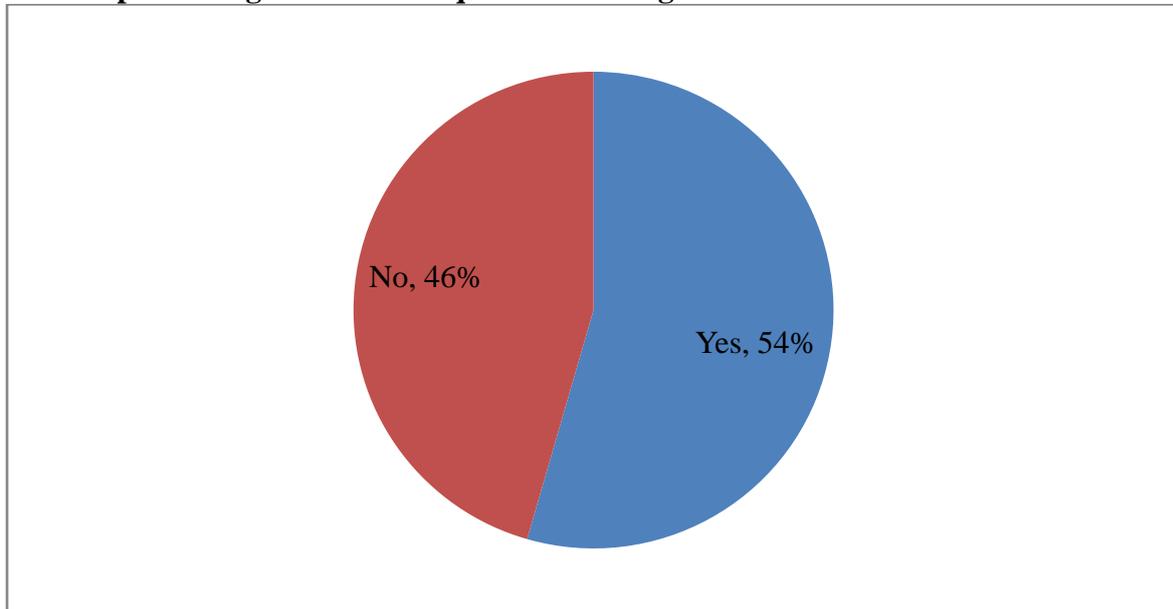


Figure 2: Experiencing issues that require counseling

From the findings 54% of the nurses were experiencing issues that require counseling while 46% of the nurses were not experiencing issues that require counseling of counseling. This implies that majority of the nurses were experiencing issues that require counseling. Nurses are likely to encounter situations that demand counseling. According to Lombardo (2011)

contention with the physicians, weak teamwork, vagueness in the nursing job description are some of the stressors that require counseling.

4.3.2 Reasons for counseling services among nurses

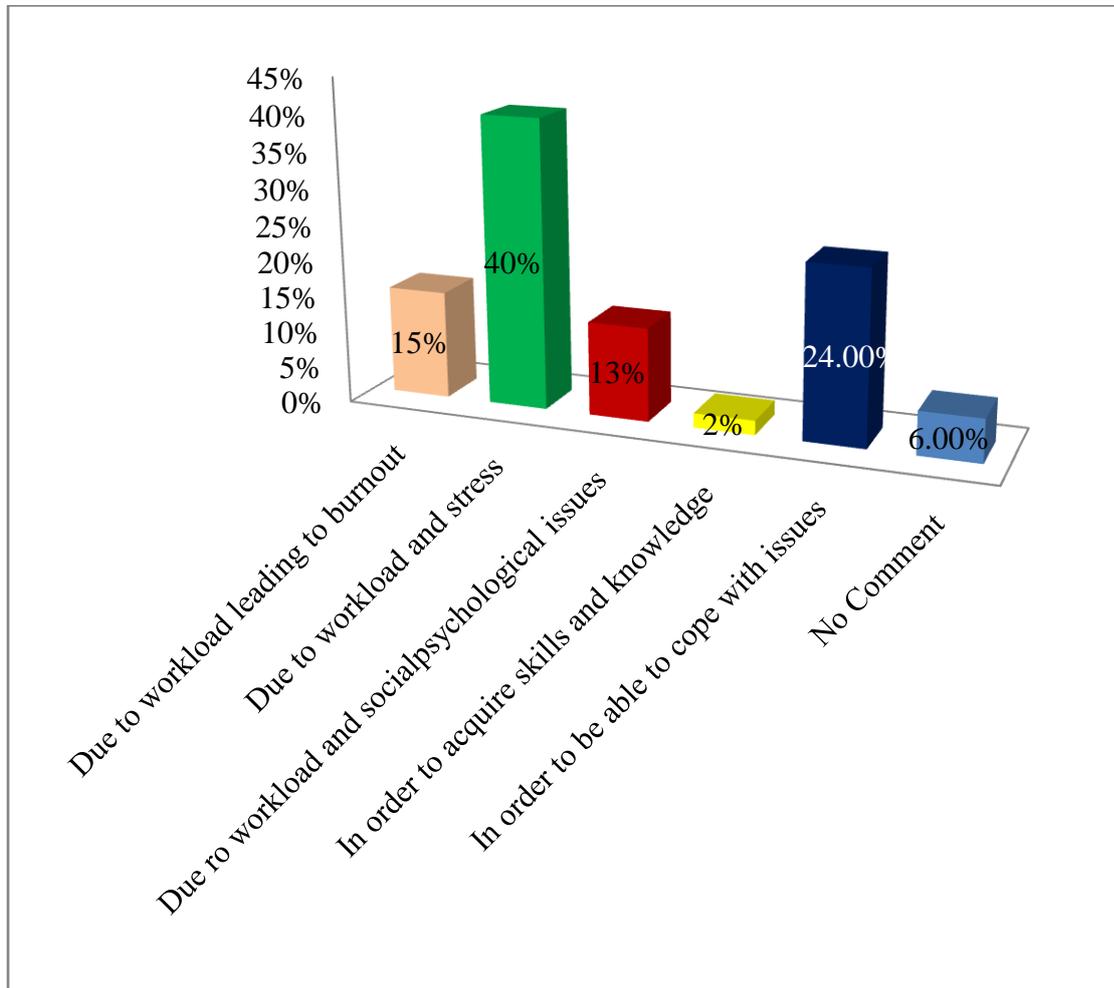


Figure 3: Reasons for counseling services among nurses

Source: Research Data (2017)

From the findings 15% of the respondents stated that nurses need counseling services due to workload leading to burn out, 40% of the respondents stated that nurses need counseling services due to workload and stress, 13% of the respondents stated that nurses need counseling services due to workload and social and psychological issues, 2% of the respondents stated that nurses need counseling services in order to be able to acquire skills and knowledge, 24% of the respondents stated that nurses need counseling services in order to be able to cope with issues while 6% of the respondents did not give a reason for nurses to go for counseling services. This implies that majority of the respondents felt that the main reason that nurses should go for counseling service is due to workload and stress.

4.3.3 Deployed to offer counseling services

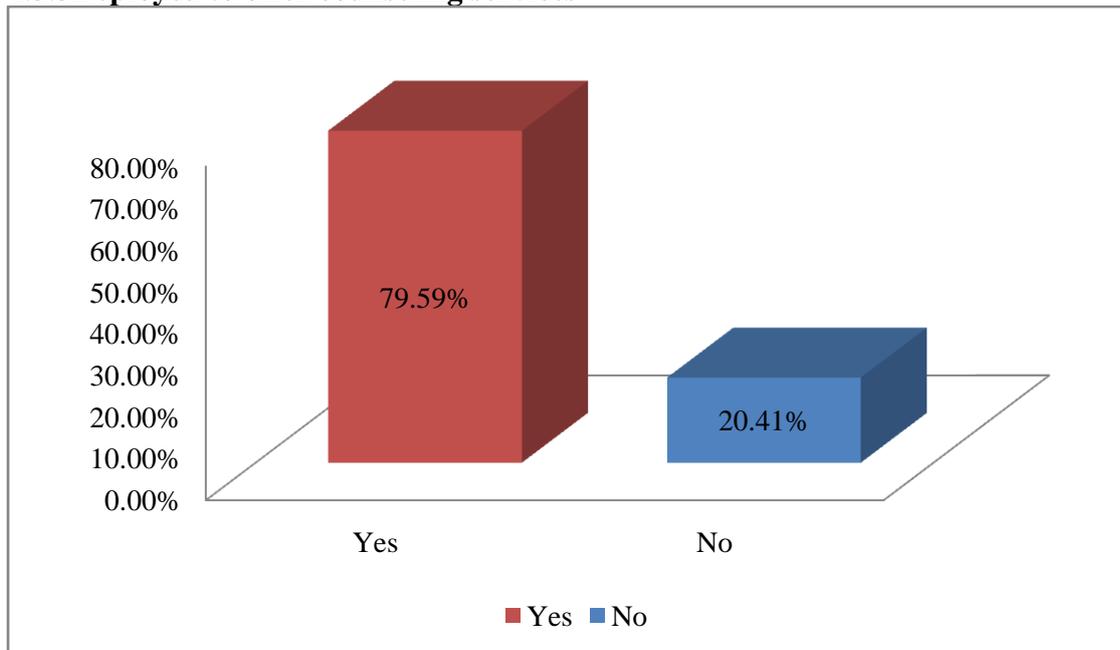


Figure 4 : Deployed to offer counseling services

Source: Research Data (2017)

From the findings 79.59% of the respondents stated they had been deployed to offer counseling services in the work place while 20.41% of the respondents stated they had not been deployed to offer counseling services in the work place. This implies that majority of counselors had been deployed to offer counseling services in the work place. Due to the high demand for counseling services in various departments such as Youth Friendly centres, Hospice, Orphans and Vulnerable department, Comprehensive Care Centers (CCC) and wards, hospitals need to deploy counselors specifically for counseling services.

4.3.4 Challenges counselors face in the hospital

Table 6: Challenges counselors face in the hospital

Challenges	Frequency	Percentage
Most don't see counseling as a form of treatment	2	4
Most don't appreciate counseling services	9	18
No adequate counseling rooms	5	10
Language barrier	2	4
Challenging issues from clients	8	17
Lack of support from other staff	3	6
Being undermined	2	4
Overworking	2	4
Most not aware of the services	3	6
No comment	11	22
Fear by clients to disclose their status	1	2
No adequate clients	1	2
Total	49	100

From the findings 4% of the respondents stated that one of the challenges counselors face in the hospital is that nurses don't see counseling as a form of treatment, 18% of the respondents stated that nurses don't appreciate counseling services, 10% of the respondents cited lack of adequate counseling rooms as one of the challenge counselor face in the hospital, 4% of the

respondents cited language barrier as one of the challenge counselor face in the hospital, 17% of the respondents cited issues from client as one of the challenge counselor face in the hospital, 6% of the respondents cited lack of support from other staff as one of the challenges counselor face in the hospital, 2% of the respondents stated that counselors are undermined in the hospital, 4% of the respondents stated that counselors are overworked in the hospital, 6% of the respondents stated that most of the nurses are not aware of the services, 22% of the respondents had no comment on the challenges counselors face in the hospital, 2% of the respondents stated fear by clients to disclose their status is one of the challenges counselor face in hospitals while another 2% of the respondents stated inadequate clients is one of the challenges counselor face in hospitals. This implies that majority of the counselors had not identified challenges they face in the hospital. According to Gibson and Mitchell (2003) nurses in their course of duty face challenges such as work overload, time pressure, lack of social support, exposure to infectious diseases and injuries, exposure to work related violence, sleep deprivation, role ambiguity and conflict, and dealing with difficult or critically ill patients and their relatives.

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 CONCLUSIONS

From the findings the researcher concluded that majority of nurses had experienced situations that required counseling. Nurses are faced with situations that demand counseling. The findings is in line with a study by (Lombardo, 2011) who found out that some of the common stressor among nurses include high pressure of work, demands in the workplace, night shift work, exposure to threats, violence in the workplace sleep and rest disturbance on holidays. Despite experiencing situations that demand counseling majority of nurses had not gone through counseling session. Some of the reasons that the nurses cited were lack of counseling service, others cited lack of time to attend counseling session and lack of opportunity to attend counseling services.

Some of the nurses were simply ignorant of the availability of counseling services. In addition the researcher concluded that nurses were experiencing issues that require counseling. Nurses are likely to encounter situations that demand counseling. Contention with the physicians, weak teamwork, and vagueness in the nursing job description are some of the stressors that require counseling. (Hodges,2005). The study further concluded that majority of the nurses had not consulted counselors for help. Analysis of responses of the participating nurses showed that the nurses use varieties of ways to control job stressful situations. They also control stressful conditions through appropriate measures within the framework of the professional duties, routine administrative procedures and individual preferences and abilities. Exploring how nurses cope with job stress showed that coping has preventive functions in some cases.

5.2 RECOMMENDATIONS

From the findings the study recommended that more sensitization sessions should be carried out in hospitals to encourage all nurses to seek counseling services. The study also recommended that more nurses should be hired to create a flexible working schedule; this will reduce job stressor upon nurses. Regular counseling sessions should be made compulsory among nurses to equip them with skills that are required to cope with job stressors.

The findings indicated that hospitals are understaffed. The study recommended that more counselors should be hired to meet the high number of counseling needs. Further research is recommended to find out availability of counseling services for doctors.

5.3 Suggestions for Further Research

The researcher suggested that further studies should be conducted on factors influencing the quality of work life balance among public primary schools.

REFERENCES

- Barbara,G.H.(2014). General System Theory. New York: Routledge.
- Bonano G. (2005). Clarifying and Extending the Construct of Adult Resilience.American Psychologist.Brooks/Cole. Canada: Pearson.
- Comstock, D. (2005). Diversity and Development:Critical contexts that shape our livesand relationships. New York: Brooks/Cole.
- Corey, G. (2009). Theory and Practice of Counseling and Psychotherapy. U.S.A: Brooks/Cole.
- Delaune, C.and K. Ladner. (2002). Foundations of Nursing Standards and Practice. New Delhi: Prentice Hall.
- Egan, G. (2010). The Skilled Helpers U.S.A: Brooks/Cole.
- Feist,J. & D. Rosenberg. (2010). Introduction to Psychology. New Delhi: McGraw Hill.
- Fernald,F. (2007). Introduction to Psychology. New Delhi:A.I.T.B.S Publishers.
- Gibson, R. & M. Michel. (2003). Introduction to Counseling and Guidance. New York: McGraw Hill.
- Glesne,C. and P.Allan.(1992). Becoming a Qualitative Researcher: an Introduction.New York: Longman
- Harrowing, J. (2011). Comprehensive practise by Ugandan nurses who provide HIV care. The Online journal of issues in nursing , 16 (1).
- Hodges, e. a. (2011). Professional Resilience: Practice and Longevity for Baccalaureate Education. Journal of Nursing Education , 16.
- Hult,C. (1996). Research and Writing in the Social Sciences. Boston: Alyn and Baron
- Jackson,B. et al. (2001). Retaining a Viable Workforce: a Critical Challenge of the Contemporary.New York: McGraw Hill.
- Kreg, M. (2011).Rational Emotive Behavior Therapy. England: Counseling Resources.
- Limer, D. et al. (2005).Emergency Care. New Jersey: Prentice Hall. Nursing, University of Minnesota.
- Lindon, J.&Lindon, M.. (2000). Mastering Counseling skill. London: Macmillan.
- Lombardo, B. E.(2011). Compassion Fatigue; a Nurses Prmier. The manuscript , 3.
- Mc. Gee, E (2006).The Healing Circle: Resiliency in Nurses. Issues in Mental Health.NewYork:Prentice Hall.
- Miles,M. and Mitchel, H. (1994). Qualitative Data Analysis.London:Sage Publications.
- Mugenda,O. and Mugenda A. (2003). Research Methods: Qualitative & Quantitative Approach.Nairobi: ACTS Press.
- Nelson, J. (2006). Practical Counseling and Helping Skills.Nursing Journal , 27, 43-57.
- Newman, W.L. (1994). Social Research Methods.Boston:Allyn and Bacon.
- Nystul, M. (2011). Introduction to Counseling,an Art and Science Perspective. Online Journal on Issues in Nursing. , 116 (1).
- Ray.W.et al. (2009).Handbook of Counseling Psychology. New York: MacMillan.
- Saunders, et al. (2014).Nurses Grief: Cancer Nursing. Lippincot: Raxen Publishers.
- Stephen,P.andGlylesten,K. (2002).Counseling in the Work Place. New York:Sage.

Tugade, M. & Fredrick, B. (2004). Resilient Individuals use Emotions to bounce back on Negative emotion experiences. *Journal of Personality and Social Psychology.* , 86, 320-333.

Turner, S. et al. (2006). *Nurses and Emergency disaster: What is known.* New York: School of Nursing, University of Minnesota.