

Impact of relationship the coping strategies and social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers: literature review 2024

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Abstract

Background

Forensic social work in Saudi Arabia is challenging, increasing the likelihood of secondary traumatic stress among its practitioners. Proactive coping strategies are necessary to reduce the impact of secondary traumatic stress on forensic social workers. Health Care Social Workers (HCSWs) employed in hospital settings frequently experience many occupational stressors leading to post-traumatic stress disorder (PTSD) symptoms. Literature has increasingly highlighted PTSD as a major issue that involves both staff and healthcare organizations; the consequences of PTSD may include medication errors and lower standards of care. **Aim of this systematically review:** To describe the relationship of the social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers in Saudi Arabia 2024. **Method:** Online searching engines were using databases to identify relevant articles through the included electronic databases: Google Scholar, PubMed, and Saudi Digital Library (SDL), MEDLINE using selected keywords. Each article was reviewed and categorized into one or more of the following four categories based on its subject matter: stress assessment, post-traumatic and disorder symptoms, social supports, occurrence rates. **Results:** The usability and outcome of relationship the coping strategies and social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers are based on Vision 2030. 7 articles were selected that compliant with the theme of this present systematic review (Table 1). Among the 7 reviewed articles, articles have explained the post-traumatic stress disorder symptoms in Health Care Social Workers in Saudi Arabia; articles assess the prospective role of Health Care Social Workers goals in the healthcare system. **Conclusion:** The findings of the present review highlight the PTSD as a major concern for both Health Care Social Workers, HCWs and healthcare organizations. Significantly higher prevalence of post-traumatic stress disorder symptoms has been found among HCWs compared to adult general population, worldwide, particularly in emergency departments, psychiatric wards and trauma surgery departments. Perceived post-traumatic stress disorder symptoms have significant direct and indirect affects on Post-traumatic stress symptoms. We suggest that strengthening perceived social support for Health Care Social Workers can enhance their resilience. **Keywords:** relationship, social supports, associated, post-traumatic stress, disorder symptoms, Health Care Social Workers.

Background:

Social work is considered a highly specialized and exclusive activity that involves providing qualified testimony on legal and psychological aspects of sexual assault, child abuse, neglect and violations of parental rights (1). The South African Council for Social Service Professions (2). Prevention of work-related post-traumatic stress disorder (PTSD) symptoms in Health Care settings represents a global concern for both Health Care Social Workers, organizations and healthcare workers (HCWs), as Health Care Social Workers are likely to experience many acute and chronic, often unpredictable, occupational stressors (e.g. sudden death, managing critical trauma cases, dealing with patients with great potential for violent behavior) leading to post-traumatic stress disorder symptoms (3-4). A relationship has been found between PTSD affecting Health Care Social Workers and poor quality of care; in fact it has been reported that PTSD can lead Health Care Social Workers to experiencing compassion (5), reduced productivity (6), burnout (7) and increased risk of patient and, consequently, overall lower quality of care (8). Moreover, a study (8) defines a Health Care Social Workers as : a social worker with scientific and specialized knowledge, skills, training and education and experience in social work, who provides the court with written or oral impartial and factual expert testimony. (9) found that Health Care Social Workers facing high risk of post-traumatic stress disorder incurred an increased risk of depression which in turn may be considered as a complication of post-traumatic stress disorder and its impairment. (10) This finding is in line with existing literature that showed

substantial proportions (between 21% and 94%) of Health Care personnel suffering from post-traumatic stress disorder symptoms also suffering from comorbid depression (11). Co-morbidity with depression may work bi-directionally, both as a possible pre-existing mediator for post-traumatic stress disorder and also as a consequence or indirect effect of post-traumatic stress disorder (12).

Perceived social support is recognized as an important environmental resource for reducing threat perceptions and coping with adverse situations. In recent years, there has been considerable research confirming that social support predicts post-traumatic stress disorder symptoms. (13) that lower perceived social support significantly increased post-traumatic stress disorder symptoms among disaster paramedics. A Japanese study showed that poorer perceived social support among Health Care Social Workers was associated with the severity of post-traumatic stress disorder symptoms during public health emergencies (14). In addition, the level of perceived social support is closely related to, and interacts with, resilience and positive coping style (15). Resilience is the ability of an individual to recover quickly and adapt positively to adversity after experiencing significant trauma or stress (16). Existing research suggests that resilience has a positive moderating effect on stress and the mental health of medical staff and Health Care Social Workers. (12)

There is a wealth of existing research on the current status of post-traumatic stress disorder symptoms among medical staff and Health Care Social Workers in the context of public health emergencies. (17) However, most studies have started from a single aspect and focused only on the superficial connection between related factors and post-traumatic stress disorder symptoms in Health Care Social Workers. (18) For example, although one study explored the detection rate of post-traumatic stress disorder symptoms among medical staff and its influencing factors, it only focused on the relationship between general demographic elements, sleep status, and post-traumatic stress disorder symptoms, while neglecting other key factors such as cognitive evaluation and social support (19). These studies lack systematic theoretical guidance, and the influencing factors have not been systematically studied, which gives limited value to the subsequent effective psychological intervention strategies that can be provided.

Methodology

Aim of the study:

To describe the relationship of the social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers in Saudi Arabia 2024.

Study design:

Systematic reviews using Online searching engines were using databases to identify relevant articles through the included electronic databases: Google Scholar, PubMed, and Saudi Digital Library (SDL), data extracted from published articles were systematically analyzed for determining the relationship the coping strategies and social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers to achieving higher level.

Search strategy:

A systematic review of literature from January 2020 to March, 2024 regarding the post-traumatic stress disorder symptoms in Health Care Social Workers. The general methods and selection criteria were based on different sources. First, two major electronic databases (MEDLINE/Pubmed); second, the reference sections of the identified studies were scanned for additional relevant studies satisfying the criteria. Selected keywords were used to identify articles for this review of literature. The keywords were: Post Traumatic Stress Disorder, SPTD, post-traumatic stress disorder symptoms, Health Care Social Workers, Management, relationship, social supports. The keywords were systematically combined in order to conduct the literature search. For example, "PTSD" AND "Health Care Social Workers" AND "social supports" was one combination. We aimed to identify original research articles (i.e. non-reviews) using the above mentioned keywords with the following inclusion criteria: 1) full reports; 2) written in English; 3) published from January 2020 to March, 2024 and 4) indexed in MEDLINE/Pubmed. The exclusion criteria were: 1) non-human studies; 2) studies that were not peer-reviewed and 3) commentaries, case series, case reports, review articles, letters to the editors.

Searches and Data Sources

A comprehensive search was performed to obtain studies on the strategies and social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers. The databases used in the search included ProQuest and Scopus, and the keywords used were 'relationship', 'strategies', 'social supports', 'post-traumatic stress', 'Health Care Social Workers'. These keywords were used to find articles with matching terms in their abstracts or titles. To discover the most recent studies and literature on our review topic, the search was limited to articles published between 2020 and 2024.

Inclusion criteria and Exclusion Criteria

Every full-text article that met the inclusion criteria was reviewed and categorized into one or more of the following three categories based on its subject: risk assessment (articles aimed at the identification of occupational risk factors

for post-traumatic stress disorder symptoms,(risk management (articles focused on occupational interventions for reducing the likelihood of PTSD symptoms occurrence), and occurrence rates (e.g. incidence or prevalence of PTSD symptoms among Health Care Social Workers). This systematic review was reported in accordance with the Preferred Reporting Items for Systematic Reviews .

Data Extraction

The screening of articles was carried out in two phases. In the first phase, articles were screened on the basis of title and abstract. The abstracts of all the selected titles were sorted for more detailed information. Two independent reviewers read the abstracts and categorized them as relevant, not relevant, or possibly relevant. In the second phase, the full-text articles were assessed for eligibility. Two reviewers independently applied inclusion and exclusion criteria to potentially eligible papers and both reviewers then independently extracted data from the original articles. Any disagreements were independently checked by the second reviewer and a consensus was reached.

The process of selecting the articles, which are contained in this review.

Presents method used for selecting eligible studies for this review. In the first stage, ProQuest and Scopus returned 240 articles. After duplicate articles and those published before 2020 were removed, 94 remained. Non-peer-reviewed articles (75) and articles not mainly about health insurance Saudi Arabia, (22) were then excluded. After excluding studies with sample sizes under 80 and response rates under 60%, 7 articles were included in this review

Table1: Summary of Findings of the relationship of coping strategies and social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers.

Author, Date, Country	Region	Study design	Study aim	Results
Mashego et al (2023)(20)	South African	A quantitative approach with a cross-sectional descriptive design.	To describe the association between the frequency of different coping strategies and the frequency of secondary traumatic stress symptoms in forensic social workers.	<p>The study found a substantial positive association between maladaptive coping strategies, notably avoidant and emotion-focused coping, and STS symptoms. The findings indicate that as the use of maladaptive coping strategies becomes more common, so does the occurrence of STS symptoms. This may exacerbate the detrimental impact of traumatic incidents, asserts that maladaptive behavior may temporarily relieve stress or anxiety, but the underlying thoughts, fears and concerns are not being addressed. As a result, it's critical to address these coping strategies in interventions aiming at reducing STS in high-stress occupations such as forensic social work. Developing appropriate coping strategies and avoiding maladaptive ones may be necessary in the long term to prevent or lessen STS symptoms.</p> <p>Conclusions</p> <p>Although previous research looked at the links between coping strategies and STS symptoms in general, this study focused on forensic social workers in South Africa specifically. Avoidant and emotion-focused coping strategies (adaptive and maladaptive emotion-focused coping) were found to be positively related to STS symptoms based on the associations</p>

				<p>between the three coping strategies. The findings indicated that as the frequency of using these coping strategies increased, so did the frequency of experiencing STS symptoms. The study therefore emphasises the importance of the association between problem-focused coping strategies and STS symptoms among forensic social workers. This is because avoidance and emotion-focused coping strategies may provide only temporary relief, while problem-focused coping strategies can help address the root causes of stress and trauma, leading to more long-lasting solutions.</p>
<p>Alshahrani et al (2022) (21)</p>	<p>Kingdom of Saudi Arabia</p>	<p>the Screen of Post-Traumatic Stress Disorders; SPTSD), passive and active coping strategies (Brief COPE Scale; BC), and three forms of social support: support from friends, family and organizational support.</p>	<p>1. To estimate the prevalence rate of posttraumatic stress disordered (PTSD) symptoms among Saudi paramedics, 2. To investigate which types of coping strategies were associated with PTSD symptoms among Saudi paramedics, 3. To explore which sources of social support were associated with PTSD symptoms among Saudi paramedics.</p>	<p>The study also used self-selecting participants which may have led to some sampling bias. It also used self-report measures, which are prone to producing inflated estimates of mental health disorder prevalence (Dang et al., 2020). We therefore recommend that future research recruits a larger sample size of Saudi paramedics and uses stratified sampling to help ensure representativeness. Due to the high prevalence level of PTSD among Saudi paramedics that was related to passive coping strategies and that no study to date has examined the effects of psychological interventions to treat PTSD in Saudi paramedics, we advocate urgent further research. Specifically, researchers ought to investigate the effectiveness of psychological interventions, such as cognitive behavior therapy-based interventions, to help coping with stressful events . In addition, researchers should also explore the extent to which group based workplace interventions, such as acceptance and commitment therapy, might yield beneficial effects for Saudi paramedics. Interventions aimed at reducing worry and rumination may also prove to be helpful. More generally, the results of current study also confirm the need to develop mental health services in SRCA in all Saudi regions instead of being in one region (Riyadh).</p> <p>Conclusions</p>

				<p>He current study found that nearly half of Saudi ambulance personnel were suffering from PTSD symptoms, and that there was an association between greater use of passive coping strategies and higher levels of PTSD symptoms and PTSD casernes. The current findings suggest that interventions to help reduce PTSD in Saudi paramedics should include strategies to reduce passive coping. Future research is urgently required to help understand the psychological, social and work-related factors that contribute to these high levels of PTSD.</p>
<p>Alshehri, et al (2023) (22)</p>	<p>Saudi Arabia</p>	<p>Cross-Sectional Analytical Study.</p>	<p>To determine the prevalence and risk factors of post-traumatic stress disorder (PTSD) among emergency healthcare workers (HCWs) in Saudi Arabia.</p>	<p>Protective factors may deepen or buffer the effects of PTSD among ER staff. Knowing which risk factors are significantly related to PTSD would help guide any interventional program and optimize PTSD management. A multivariate regression model was used to determine which variables were uniquely predictive of PTSD among ER staff. As observed from our questionnaire, having a baseline anxiety disorder was a statistically significant predictor of PTSD. This finding is supported by prior studies established among emergency healthcare providers. Anxiety has been identified as a risk factor for PTSD; those who reported higher anxiety levels were more likely to acquire PTSD symptoms after witnessing traumatic occurrences . A prior study found anxiety to be a predictor of PTSD in other populations, such as military people and natural catastrophe survivors . Alongside, ER staff using psychiatric medication were found to be more prone to PTSD than others. The remaining factors, including mood disorders, psychotic illnesses, diabetes, and hypertension, were not significant as PTSD predictors, according to our multivariate analysis.</p> <p>Conclusions</p> <p>The overall prevalence of PTSD among emergency healthcare workers in Saudi Arabia is estimated to be 14.1%, with female emergency healthcare workers having a higher rate of PTSD than males. Pre-existing</p>

				<p>medical and mental illnesses, such as anxiety and mood disorders, are associated with a higher risk of PTSD. In future studies, we urge methods to reduce the risk and provide optimal management of PTSD among ER workers. Organizational and workplace predictors should be thoroughly addressed; managing other medical and mental illnesses in emergency healthcare workers, improving the work environment, and regulating physical and emotional stressors, will help reduce the risk of PTSD among healthcare staff in the emergency department.</p>
<p>Ashi et al. (2022) (23)</p>	<p>Saudi Arabia</p>	<p>A cross-sectional study</p>	<p>To determine post-pandemic level of secondary traumatic stress and the associated factors among healthcare workers practicing in the Western province of Saudi Arabia.</p>	<p>Found a significant association of STS among female HCW when compared to their counterparts. In addition, our results found that younger HCW to report higher level of STS when compared to older HCW. It is suggested that older HCW to be more experienced to deal with work related stressors. Our results also found that doctors and nurses to exhibit higher STS levels compared to other specialties. Our results are in agreement with multiple studies confirmed that profession to be a risk factor of STS. Moreover, Saudi nationals reported a higher prevalence of STS compared to non-Saudis. Saudi Arabian culture may have unique aspects that influence how individuals experience and express trauma. It has been confirmed that societal expectations, religious beliefs, and familial dynamics can impact coping mechanisms and the development of posttraumatic stress symptoms (STS).</p> <p>Conclusions</p> <p>Female healthcare workers, doctors, and individuals under 50 years of age were significantly more likely to experience post-traumatic stress symptoms (STS). Interestingly, sleeping for 7 hours was associated with a lower risk of STS. Additionally, Saudi nationals reported a higher prevalence of STS compared to non-Saudis. Our research offers a valuable foundation for understanding the level of STS among healthcare workers in Saudi Arabia following the</p>

				<p>pandemic. Future studies could benefit from longitudinal designs to track participants over time and explore how work experiences and personal factors influence STS development.</p>
<p>Alshammari, et al (2024) (24)</p>	<p>Saudi Arabia</p>	<p>Explanatory mixed methods approach .</p>	<p>To identify and analyze the socio demographic, occupational, and psychological factors that influence the severity and variation of STS experienced by these nurses .</p>	<p>The current study revealed that an increased trauma caseload significantly increases secondary traumatic stress. Several studies have found a significant positive association between secondary traumatic stress and the number of trauma cases admitted to the ED , hearing or learning about a traumatic event can induce secondary traumatic stress . In addition, reinforcement of nurses with coping strategies should be planned to help them to improve mental wellbeing, decreases stress and improve their resilience . So that, psychological support and assistance from the healthcare providers should be provided for nurses to improve their working conditions. Administrators and policymakers should encourage reasonable client caseloads, which is important to reduce STSS among ED nurses.</p> <p>Conclusions</p> <p>The study has demonstrated an insight into the nature of secondary traumatic stress and its impact on nursing professionals. These messages underscore the complex dynamics of secondary traumatic stress in healthcare settings and offer guidance for addressing this pervasive issue. Firstly, the study reveals the high prevalence of secondary traumatic stress among ED nurses, with a significant portion experiencing severe levels of stress. This underscores the emotionally taxing environment of emergency care and the urgent need for targeted interventions to support the mental health and well-being of these essential healthcare workers. Nurses in the ED may experience reduced emotional attachment due to brief patient interactions, potentially lowering secondary traumatic stress. Conversely, the critical nature of care in the ED, involving life-threatening situations and patient deaths,</p>

				significantly heightens the risk of secondary traumatic stress.
Ageel et al (2024) (25)	Jazan region Saudi Arabia	A cross-sectional observational design	To quantify the prevalence of depression, anxiety, and post-traumatic stress disorder (PTSD) among ICU survivors	<p>Socio demographic factors play a significant role in shaping individual experiences of trauma and recovery trajectories, interacting with established theoretical models. Herman's Three Stage Model emphasizes the importance of establishing safety, remembrance and mourning, and reconnection, all of which are influenced by socioeconomic status, cultural norms, education, and social support. Similarly, the Post-traumatic Growth (PTG) Model highlights how age, education, and pre-existing social networks affect personal strength, openness to new possibilities, relational improvements, life appreciation, and spiritual change post-trauma. The Bio psychosocial Model for PTSD Recovery underscores the role of access to healthcare, psychological understanding, and community support in mediating recovery, which are all shaped by socio demographic variables .</p> <p>Conclusions</p> <p>The study underlines the multifaceted psychological repercussions experienced by ICU survivors. Among the participants, 24% were classified as 'abnormal' and 20% as 'borderline abnormal' for anxiety, while 25% were 'borderline abnormal' and 21% 'abnormal' for depression. About 8% of participants were diagnosed with severe PTSD. Anxiety was more strongly correlated with post-traumatic stress symptoms than depression. The study found significant associations between distress scores and factors such as gender, education, employment status, income, and marital status. These</p>

				results highlight the need for comprehensive mental health evaluations and tailored interventions to support the psychological well-being of ICU survivors .
Cao. et al (2024), (26)	China	A cross-sectional study	To investigate the relationship between perceived social support and Post-traumatic stress disorder symptoms and to explore the chain-mediated role of resilience and positive coping style, among medical staff in Hubei Province, China, during a public health emergency .	<p>PTSD was significantly and negatively correlated with perceived social support, resilience, and positive coping scores in this study, and resilience and positive coping style acted as chain mediators between perceived social support and PTSD symptoms, supporting H4. This aligns with the findings of a previous study on the psychological status of survivors after flooding storms , which showed that social support and resilience can limit avoidance responses in coping style and thus reduce PTSD symptoms. Coupled with the fact that social support has a significant effect on resilience , we can, therefore, activate resilience in people at risk of PTSD by providing more social support and appropriate psychotherapy to help them adopt a positive coping style. However, the sample size of this study was limited to medical staff, and the results need to be subsequently validated in other populations.</p> <p>Conclusion</p> <p>This study confirms that the perceived social support of medical staff is negatively correlated with PTSD symptoms two years after a public health emergency. Not only can it directly affect the symptom level of PTSD, but also indirectly through the mediating role of resilience and positive coping style, respectively, as well as indirectly through the chain mediating effect of resilience and positive coping style on the symptoms of PTSD. In the follow- up intervention, PTSD symptoms can be addressed to improve the mental health level of medical staff by strengthening the perceived social support for medical staff, enhancing the resilience of medical staff, and strengthening the adoption of positive coping style by medical staff.</p>

Results and discussion

The usability and outcome of relationship the coping strategies and social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers are based on Vision 2030. 7 articles were selected that compliant with the theme of this present systematic review (Table 1). Among the 7 reviewed articles, articles have explained the post-traumatic stress disorder symptoms in Health Care Social Workers in Saudi Arabia; articles assess the prospective role of Health Care Social Workers goals in the healthcare system.

Our search of literature found that in the last 5 years used for selecting eligible studies for this review. In the first stage, Pro Quest and Scopus returned 240 articles. After duplicate articles and those published before 2020 were removed, 94 remained. Non-peer-reviewed articles (75) and articles not mainly about health insurance Saudi Arabia, (22) were then excluded. After excluding studies with sample sizes under 80 and response rates under 60%, 7 articles were included in this review. The relationship the coping strategies and social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers . with the aim to describe the relationship of the social supports are associated with post-traumatic stress disorder symptoms in Health Care Social Workers in Saudi Arabia 2024. Among the 26 papers 15 were focused on pre-trauma risk factors and analyzed both organizational and individual factors related to the occurrence of post-traumatic stress disorder symptoms . Organizational pre-trauma risk factors for post-traumatic stress disorder symptoms were detected as follows: heavy workload, poor training on traumatic events in hospital settings, lack of cohesiveness among workers. Interestingly, a study by (23) found significant increasing in post-traumatic stress disorder symptoms risk among trauma surgeons operating more than 15 cases per month having more than seven call duties per month and with less than 4 hours of relaxation per day. These findings allowed the authors to hypothesize a relationship between increased workload and higher risk of developing post-traumatic stress disorder symptoms , in line with recent literature (19) which found stressful work conditions positively associated with post-traumatic stress disorder symptoms (27). In particular, that work stress relating to organizational and staffing issues might leave Health Care Social Workers feeling dejected and unvalued due to lack of consultation, lack of collaboration, ongoing staff conflict in the workplace, and, therefore, more susceptible to PTSD symptoms after traumatic episodes. On the contrary, group-oriented culture and cohesiveness among workers were found by Mishra et al. (28) protective factors for post-traumatic stress disorder symptoms . With regard to the effectiveness of training for prevention of post-traumatic stress disorder symptoms , attending courses focused on aggression-management decreased the risk of post-traumatic stress disorder symptoms in Health Care Social Workers who experienced workplace violence from in-patients in mental care settings; this finding suggests that staggered and regular training over a period of years gives Health Care Social Workers repeated opportunities to rehearse aggression-management . (26) Individual pre-trauma factors predicting post-traumatic stress disorder symptoms were detected by the selected papers as following: increased years of service, older age (>40), previous year exposure to violence, personality traits (i.e. neuroticism), history of mental disorders, being no graduates. In a cross-sectional study, (22) found a relationship between post-traumatic stress disorder symptoms and both age and length of service; based on these findings, the authors hypothesized that stressful experiences, including workplace violence, in hospital settings are more likely to be recurring, and therefore, may contribute to the development of post-traumatic stress disorder in a vulnerable population over time; therefore, this potential cumulative effect may explain why HCWs with post-traumatic stress disorder symptoms were frequently older with more years of service rather than a young, inexperienced Health Care Social Workers. Moreover, (20) speculated that most likely older subjects reported the lower education levels compared to younger HCWs; in accordance with existing literature, training and professional education protect workers from PTSD, in fact, the more professional education is heightened the more resilient coping strategy increases.

Conclusion

This study confirms that the perceived social support of Health Care Social Workers is negatively correlated with post-traumatic stress disorder symptoms two years after a public health emergency. Not only can it directly affect the symptom level of post-traumatic stress disorder symptoms, but also indirectly through the mediating role of resilience and positive coping style, respectively, as well as indirectly through intervention, post-traumatic stress disorder symptoms can be addressed to improve the health level of Health Care Social Workers by strengthening the perceived social support for Health Care Social Workers, enhancing the resilience of Health Care Social Workers and strengthening the adoption of positive coping style by Health Care Social Workers.

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