

Stress Management Practices Among Clinical Instructors in University of Bohol

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ABSTRACT

Stress has an indeterminate response as a normal reaction to stressful events, to both external and internal body components, indicating both positive and negative reactions. Both positive and negative events can impact how people live their lives and how they manage stress emotionally, socially, and spiritually. Clinical teachers face a variety of stresses, particularly when the academe transitions to a new normal. This study aims to determine the stress management practices among clinical instructors at the University of Bohol. This research utilized a descriptive quantitative method. It included all 19 regular and contractual clinical instructors from the college of nursing of the University of Bohol. A self-constructed questionnaire was used to conduct the online survey, utilizing the google form for the respondents' responses. The questionnaire was of two parts; demographic profile and stress management practices categorized as spiritual, emotional, and social. The questionnaire was validated through pilot testing using Cronbach's Alpha test to assess its reliability and obtained a more than accepted reliability result of 0.70. The study's findings indicated that clinical instructors are more inclined to spiritual activities such as talking to God and going to church as the best way to manage stress. It also showed that doing diversional activities and getting along with friends contribute to managing stress. The finding also revealed that the demographic profile does not influence the level of stress management practices. The study further concluded that clinical instructors utilize stress management practices and found it useful to maintain a strong, healthy workplace culture conducive to creativity and productivity.

Keywords: stress, spiritual, social and emotional stress management practices, correlational descriptive, clinical instructors.

INTRODUCTION

Primarily, stress is a physical response of the body. It can become harmful if it interferes with daily activities (American Psychological Association, 2019). According to Boyd (2020) of the American Institute of Stress, workload accounts for 46% of stress-related complaints, while balancing work and personal lives accounts for 20%. Stress is also linked to 80% of workplace injuries and 40% of employee turnover.

Multiple researchers state that stress affects virtually every profession, consistent with entirely different studies by activity health establishments. Stress arising from everyday events will progressively weaken and regulate the activities of the immune system, predisposing the person to physical and mental diseases. Stress raises blood pressure and heart rate, changes heart rate, and leads to habits such as tiredness, insomnia, depression, and anxiety (Shariatkhah, Farajzadeh, Khazae, 2017).

In the 11th International Classification of Diseases, the World Health Organization (WHO, 2019) categorized burnout as a syndrome induced by uncontrolled stress in the job. Emotional tiredness, depersonalization or cynicism, and a lack of personal success are some of the symptoms of burnout (Maslach & Leiter, 2016; WHO, 2019). According to studies, 22 to 43 percent of nurses and 39 percent of nursing faculty suffer from emotional exhaustion (Yazon, Ang & Manaig, (2019).

Nursing professors must be instructors, mentors, advisors, and scholars while balancing their jobs and personal lives. Inconsistencies between situational factors like work demands and emotional factors like conflicting commitments can cause chronic stress, putting nurse educators at risk of burnout (Bakker & Costa, 2014). Inadequate role preparation and work overload, combined with interpersonal stress, can lead to chronic stress and burnout (Alves, Oliveira, and Paro 2019; Zhang, Zheng, and Zhong 2016). Sciarra (2020) concluded that teacher stress is a natural phenomenon. Various causal factors, such as those intrinsic to teaching, human weakness, and organizational forces, are correlated with high levels. For the faculty in the Nursing profession, a recent study found out that there were more than 3,000 nurse faculty who intended to quit from work, and nearly 40% reported high levels of fatigue which is mainly related to increase workload and work/family balance as its main factors (Yazon, Ang & Manaig 2019).

The COVID-19 pandemic is a global concern with a profound effect on the education system. Overwhelmingly, teachers and faculty show elevated stress and anxiety levels. Most educators were given just days of notice about the move to online classrooms. Under normal conditions, designing a curriculum for an online course is a significant undertaking. Further, the burden of a global pandemic and changes made in the middle of the semester, and, unsurprisingly, many educators feel stressed and drained. Several studies have shown just how serious the emotional toll is on U.S. educators. At the end of March 2020, a team at the Yale Center for Emotional Intelligence launched a study on the emotional lives of teachers during the COVID-19 crisis alongside the Collaborative for Academic, Social, and Emotional Learning (CASEL). About 5,000 U.S. teachers replied within only three days. The top five feelings among educators were, according to the survey: anxiety, fear, worried, overwhelmed, and sadness (Caduceus International Publishing, 2020).

According to Jiang, Du, & Dong (2017), reforms in the health professions in education would require an expansion in modern educational technologies. Teaching approaches within curricula would also need to change to complete online course offerings or blended learning. Everyone, especially “late adopters,” may not support these new technologies used in online learning. These include students, supervisors, and instructors who do not appreciate this teaching method, particularly those who predominantly used pre-pandemic offline teaching methods. Lack of resources, time, and support are significant impediments to teachers’ ability to use and integrate technology in the classroom (Pittman & Gaines, 2015).

Furthermore, teachers are more likely to experience stress if required to use technology for which they do not feel competent (Asmat, Bilal, Batool & Syeda, 2021). Since the world is facing a new normal condition, the new environment and new teaching methods contribute to stress, and even before pandemics, the focus is prevalent among clinical instructors. Therefore, the present study will be conducted to determine the management status of stress among clinical instructors at the University of Bohol. This study is directed to provide baseline data for future studies and university administrators to establish education initiatives that will improve the well-being of clinical instructors.

METHODOLOGY

This quantitative study aimed to determine the different stress management practices under these categories (Emotional, Social and Spiritual) among Clinical Instructors in the College of Nursing at the University of Bohol. Using purposive sampling, the chosen respondents included fourteen regular and five contractual clinical instructors of the school year 2020-2021 in the College of Nursing at the University of Bohol, with a total population of 19. The researchers chose the University of Bohol - College of Nursing as the environment because it was easy to access. The respondents were easily accessible. Exclusion criteria included Instructors from the University of Bohol outside the College of Nursing Department.

The researchers utilized a self-constructed questionnaire to gather the relevant data for the study; an online Google form questionnaire was being used. Part 1 of the questionnaire contained the profile of the respondents. Part II assessed the respondent's stress management practices categorized into three: emotional stress management, Social Stress Management, and Spiritual Stress Management. Each category consists of at least three-five questions. It was distributed through the email/ messenger of the respondents. These questions were presented in tabular form guided by the Likert scale. A Likert scale is a unidimensional scale that researchers use to collect respondents' attitudes and opinions.

A pilot testing was done to test the reliability of the questionnaire. The respondents for the actual data gathering were not included in the pilot testing. The three categories (Emotional Stress Management = .708, Social Stress Management = .802, Spiritual Stress Management = .844) obtained greater than the accepted reliability result for Cronbach's Alpha was .70; thus, the tool was reliable.

Primary ethics concerns were observed and considered throughout the conduct of the study. The researchers underwent an ethics review from the ethics committee of the University of Bohol. Voluntary participation was emphasized to the respondents. They were made aware that they can refuse to answer certain questions or groups of questions and may withdraw from the study at any point. Securing the informed consent from the respondents was made after the purpose of the study was presented. Since the survey was conducted online, privacy and confidentiality were strictly observed; reproducing result copies was strongly prohibited.

throughout the conduct of the study. Assuring no harm would take place during the duration of data gathering.

RESULTS AND DISCUSSION

The findings revealed that the Spiritual Category has the highest-rank among the three categories. It garnered a weighted mean of 4 described as Often, which means the Clinical Instructor Occasionally practices it. The social category ranked as lowest with a weighted mean of 3.5 is often described as Often, which means it is also Occasionally Practiced.

The overall composite mean is 3.9, described as Often was interpreted as Occasionally Practiced. Though the data revealed that clinical instructors just occasionally practiced the different stress management practices given, they still manage stress. They were inclined with the Spiritual Category among the three categories of stress management practices (See Table 1).

Table 1. Level of Stress Management Practices

Category	Weighted Mean	Descriptor	Interpretation	Rank
Spiritual	4.0	Often	Occasionally Practiced	1
Emotional	3.9	Often	Occasionally Practiced	2
Social	3.5	Often	Occasionally Practiced	3
Overall Mean	3.9	Often	Occasionally Practiced	

Legend:

Scaling

1.00 – 1.79

1.80 – 2.59

2.60 – 3.39

3.40 – 4.19

4.20 – 5.00

Descriptor

Never

Rarely

Sometimes

Often

Always

Interpretation

Does not practiced at all

Seldom Practiced

Moderately Practiced

Occasionally Practiced

Highly Practiced

The results in Table 2 revealed that Item 1 (Talking to God, with my situation every day.) ranked as highest of all, garnered a weighted mean of 4.79, and was interpreted as Highly Practiced. In addition, in the study of Sullivan (2018), there is an explanatory structure provided by most religions that can be used to integrate life's events that provide those events meaning. People who view God as benevolent and in control can and peace even in the face of adversity because they believe that 1) God

will provide a way to cope with the events, and 2) they will be rewarded in the afterlife. We have chosen to measure surrender to God (Surrender), conjecturing that it is the act of surrendering one's will to that benevolent, controlling God's will, resulting in a lessening in the perception of stress.

Table 2. Level of Spiritual Stress Management

Items	Weighted Mean	Descriptor	Interpretation	Rank
1. Talking to God with my situation every day.	4.79	Always	Highly practiced	1
2. Going to church regularly and when experiencing stress.	4.42	Always	Highly practiced	2
3. Joining spiritual groups to gain strength spiritually.	3.84	Often	Occasionally practiced	3
4. Reading bible every time stress will occur.	3.79	Often	Occasionally practiced	4
5. Seeking help from pastors, priest and another spiritual individual	3.16	Sometimes	Seldom practices	5
Composite Mean	4.00	Often	Occasionally practiced	

The table also shows that Item 2 (Going to church regularly and experiencing stress) garnered a weighted mean of 4.42 and was interpreted as a consistently ranked second. This finding is congruent with the conclusion to the study of Bruce, Martins, Duru, Beech, Sims and Harawa (2017), which found out that churchgoers (the religious) had lower stress overall. And as church attendance increased, so did the benefits of better health.

Furthermore, Item 5 (Seeking help from pastors, priests, and another spiritual individual) garnered a weighted mean of 3.16 and interpreted as Sometimes, got the lowest-ranked. This result shows that the clinical instructors are not likely to share their situations with the pastors, priests, and spiritual individuals. Instead, they are likely to talk to God.

Table 3 revealed that Item 1 (Doing diversional activities like reading, writing, listening to music, doing outdoor activities (gardening, swimming) ranked as highest of all, garnered a weighted mean of 4.68, interpreted as Highly Practiced. Physical activity affects neurotransmitters in the brain, such as dopamine and serotonin, which control mood and habits.

It enhances the way the body absorbs stress due to changes in hormone responses, according to a study by Sullivan (2018).

Table 3. Level of Emotional Stress Management

Category	Weighted Mean	Descriptor	Interpretation	Rank
1. Doing diversional activities like reading, writing, listening to music, doing outdoor activities (gardening, swimming, etc.)	4.68	Always	Highly Practiced	1
2. I express my feelings to the person I love or someone close to me when I'm stressed	4.42	Always	Highly Practiced	2
3. Seeking emotional support to family and friends	4.26	Always	Highly Practiced	3
4. Going out and spending time with friends and pets	3.68	Often	Occasionally Practiced	4
5. Talking to experts or therapist when I'm experiencing stress	2.47	Rarely	Seldom Practiced	5
Composite Mean	3.90	Often	Occasionally Practiced	

Table 3 also shows that Item 2 (I express my feelings to the person I love or someone close to me when I'm stressed) ranked second with a weighted mean of 4.42 and interpreted as Always. In addition, talking about how stressed you can help you get it out of your system. Talk about how you're feeling with someone who can validate your sentiments, whether or not they've personally dealt with the same challenges. It'll be beneficial because everyone wants to be heard, according to Eva Stubits, Ph.D., a clinical psychologist with specialization in stress management.

Moreover, Item 5 (Talking to experts or therapists when I'm experiencing stress.) garnered a weighted mean of 2.47, interpreted as Seldom Practiced got the lowest-ranked. This result is congruent to the conclusion of the study conducted by Conroy, Lin, and Ghaness (2020), who cited that there is a reason why people don't seek help from experts. It includes cost, thinking they could handle the problem without treatment, not knowing where to go for services, and not having time.

Table 4 indicated that Item 1 (Getting along with friends and do specific tasks or activities.) ranked highest of all, garnered a weighted mean of 4, and was interpreted as Often. According to the study of Jiang, Du, and

Dong (2017). Friends reduce body's stress response. It is found in studies about children who had a negative experience. Those who had their best friend present at the same time not only felt better afterward, but also had lower levels of cortisol, the stress hormone, than those who did not. In addition, it states that having a friend makes us healthier. When one friend is healthy, we tend to be healthier too. The study found that the healthier people's friends were in terms of their diet and exercise levels, the healthier they were.

The table also shows that Item 2 (Joining organization or groups, related or nonrelated to stress) was second in rank with a weighted mean of 3.32 and was interpreted as Sometimes. This study is congruent with the conclusion of Skaalvik, and Skaalvik (2016) that social support group is a factor that minimizes the effects of stress. It does not help people feel less stressed, but it can also improve your health and decrease their mortality risk.

Table 4. Level of Social Stress Management

Category	Weighted Mean	Descriptor	Interpretation	Rank
1. Getting along with friends and do specific task or activities.	4.00	Often	Occasionally practiced	1
2. Joining organization or groups, related or non-related to stress.	3.32	Sometimes	Moderately practiced	2
3. Indulging to sports with friends and acquaintances.	3.26	Sometimes	Moderately practiced	3
Composite Mean	3.52	Often	Occasionally practiced	

The outcome of the correlational analysis presented that the No. of children and level of stress management practices showed that the critical value (.879) was > than the p-value (0.05) where the null hypothesis was accepted. The results were insignificant, which meant that no matter how many children they have has nothing to do with the level of stress management practices among the Clinical Instructors in the University of Bohol (See Table 5).

Table 5. Relationship between the No. Of Children and Level of Stress Management Practices

Variables	Pearson Correlation Test Value	P-value	Decision	Interpretation
No. Of Children and Level of Stress Management Practices	-.038	.879	Failed to reject null hypothesis	There is no significant relationship between the no. of children and level of stress management practices.

The outcome of the correlational analysis of sex and Level of Stress Management Practices that obtained a critical value of 1.000 was $>$ than p-value of 0.05. Thus, the null hypothesis was accepted. According to the findings, there was no statistically significant relationship between the two variables, which meant that regardless of the clinical instructor's sex, it is not associated with stress management practices (See Table 6 below).

Table 6. Relationship between Sex and Level of Stress Management Practices

Variables	Pearson Correlation Test Value	P-value	Decision	Interpretation
Sex and Level of Stress Management Practices	.487	1.000	Failed to reject null hypothesis	There is no significant relationship between Gender and Level of Stress Management Practices

The Outcome Correlational Analysis of Age and Level of Stress Management Practices. It garnered a critical value of .761 greater than the p-value of 0.05, where the null hypothesis was accepted. The findings indicated that there was no significant relationship between age and stress management practices. As a result, the clinical instructors' age does not correlate with stress management practices (See Table 7).

Table 7. Relationship between Age and Level of Stress Management Practices

Variables	Pearson Correlation Test Value	P-value	Decision	Interpretation
Age and Level of Stress Management Practices	-.075	.761	Failed to reject null hypothesis	There is no significant relationship between age and level of stress management practices.

The outcome of the correlational analysis of the marital status and level of stress management practices showed that the critical value (.490) was more significant than the p-value (0.05), where the null hypothesis was accepted. The findings were insignificant; suggesting that no matter the clinical instructor's marital status of the clinical instructor has nothing to do with the level of stress management practices (See Table 8).

Table 8. Relationship between Marital Status and Level of Stress Management Practices

Variables	Pearson Correlation Test Value	P-value	Decision	Interpretation
Marital Status and Level of Stress Management Practices	4.339 ^a	.490	Failed to Reject Null Hypothesis	There is no significant relationship between Marital Status and Level of Stress Management Practices

In the outcome of the correlational analysis of highest educational attainment and level of stress management obtained a critical value (.705) was more significant than the p-value (0.05), which was interpreted that there was no significant relationship between highest educational attainment and level of stress management practices. It meant that the null hypothesis was accepted. As a result, Clinical Instructors' highest educational attainment was not associated with the level of stress management practices (See Table 9).

Table 9. Relationship between Highest Educational Attainment and Level of Stress Management Practices

Variables	Pearson Correlation Test Value	P-value	Decision	Interpretation
Highest Educational Attainment and Level of Stress Management Practices	4.773 ^a	.705	Failed to reject null hypothesis	There is no significant relationship between Highest Educational Attainment and Level of Stress Management Practices

The outcome of the correlational analysis between years of service and level of stress management practices showed that the critical value (.749) was more significant than the p-value (0.05), where the null hypothesis was accepted. The analyses were insignificant, indicating that the clinical instructors' year of service does not relate to stress management practices (See Table 10).

Table 10. Relationship between Year of Service and Level of Stress Management Practices

Variables	Pearson Correlation Test Value	P-value	Decision	Interpretation
Years of Service and Level of Stress Management Practices	.078	.749	Failed to reject null hypothesis	There is no significant relationship between Years of Service and Level of Stress Management Practices

The outcome of the correlational analysis of employment status and level of stress management practices showed that the critical value (1.000) was more significant than the p-value (0.05), where the null hypothesis was accepted. According to the represented findings, there was no significant relationship between employment status and the level of stress management practices. It was concluded that stress management practices were not associated with the clinical instructors' employment status, whether contractual or regular (See Table 11).

Overall, the study's findings showed that the respondents' demographic profile has no significance or influence over the respondents' stress management practices.

Table 11. Relationship between Employment Status and Level of Stress Management Practices

Variables	Pearson Correlation Test Value	P-value	Decision	Interpretation
Employment Status and Level of Stress Management Practices	.652 ^a	1.000	Failed to reject null hypothesis	There is no significant relationship between Employment Status and Level of Stress Management Practices.

CONCLUSION

Based on the data gathered and statistical analysis made, the following conclusions were derived.

The study revealed that clinical instructors occasionally practice spiritual, emotional, and social to manage stress. It corresponds to Roy's theory since it claimed that a person must adapt to react positively to environmental changes. The person's tolerance level comprises a zone showing the reinforcing range that will contribute to a favorable reaction. It also disclosed that clinical instructors are more inclined to spiritual activities such as talking to God and going to church to manage stress. It also indicates that diversional activities such as reading, gardening, and getting along with friends contribute to managing stress. It is associated with the cognitive theory involves developing environmental stimuli and responding to these stressors. It means that events cause a specific reaction of a person at some point in one's life, depending on how he/she reacts to it that can cause mental stress. The study further revealed that the demographic profile of the clinical instructors does not influence the level of stress management. Overall, there is the utilization of stress management practices among the clinical instructors when dealing with stressors, which explains that they wanted to achieve the optimal health level by managing positive stress.

RECOMMENDATIONS

Based on the salient findings and derived results from this study, the following recommendations are put forward.

1. The clinical instructors should consider the idea of seeking help

from pastors, priest, and other spiritual individuals through online forums/ online spiritual counseling or any spiritually related webinars that can utilize resources such as prayers, scripture study, and participation in the congregation community to help guide people on their journey towards transcendence, transformation and greater connection to one's deep self and others as well.

2. Clinical instructors should contemplate the thought of online consultation/ talking to the therapists during stress to further analyze and understand the underlying situation for the betterment of one's moral and sanity, as denying and putting aside internal conflicts can significantly contribute to one's stress.
3. In the center of the health crisis, indulging clinical instructors in sports that can do together with the family such as badminton or even tennis, since it can be used as diversion and alleviation of stress, and better functioning of the body, strengthen physical health; as doing some sports can be beneficial to the family members to establish an excellent therapeutic bond between family members.
4. The clinical instructors should give some thought to join some alternative activities that can build up and nourish their level of stress management practice, most especially under the social category amidst the terms of the new normal condition by derivatively joining to different kinds of an online social organization or non-organization gatherings and webinars that may or may not be directly related to stress, thus aside from it can reduce stress tensions, it could also be a way of meeting new online peers and the addition of one's unique knowledge of newly discovered hobbies that can also help to cope and reduce stress.

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