ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

Burn out e salute mentale: aspetti clinici e terapeutici

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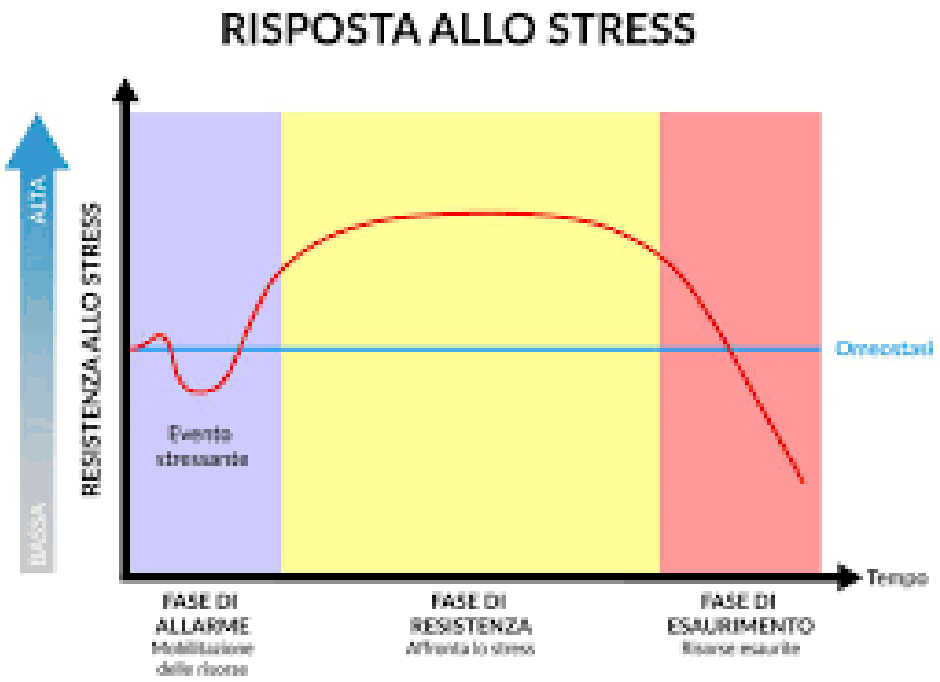
Stress cronico , burn-out e salute mentale

Burn out comporta una riduzione delle prestazioni professionali, una maggiore probabilità di commettere errori, tassi più elevati di assenteismo, minore impegno, minore soddisfazione sul lavoro, maggiore frequenza di congedi per malattia e maggiore sofferenza personale. Lo stress a livelli elevati condiziona la salute mentale dei lavoratori

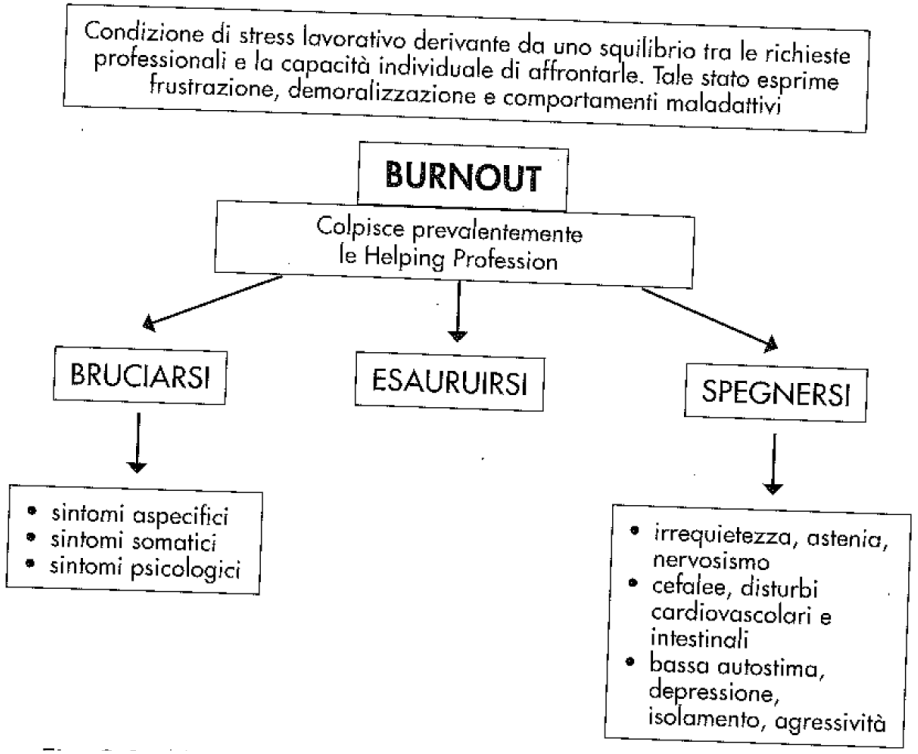


Burn-out fattori di rischio e fattori protettivi

Età: 30-40 anni a rischio (i più giovani lasciano, i piu anziani hanno superato il problema

Fattore protettivo: benessere e soddisfazione lavorativa

Secondo Edelwich e Brodsky, gli ideali e le motivazioni all'aiuto degli operatori tendono progressivamente a indebolirsi a causa di determinate condizioni lavorative e, in tale situazione, questi professionisti possono incorrere nella sindrome da burnout.



Sbilanciamento tra quantità di lavoro e tempo a disposizione

Conflitti di ruolo

Ambiguità dei compiti, mancanza di autonomia e controllo

Il concetto di salute mentale

…a state of well-being in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his/her community (p.12).

World Health Organization, 2004

In realtà, il senso comune equipara la salute mentale con la MALATTIA mentale (= psicopatologia)

DSM-5 Chapters

- Neurodevelopmental Disorders
- Elimination Disorders
- Neurocognitive Disorders
- Substance-Related and Other Addictive Disorders
- Schizophrenia Spectrum and Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Somatic Symptom and Related Disorders
- Dissociative Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Paraphilic Disorders
- Feeding and Eating Disorders
- Sleep–Wake Disorders
- Disruptive, Impulse Control, and Conduct Disorders
- Personality Disorders
- Other Disorders
- Medication-Movement Disorders and Other Adverse Effects of Medication
- Other Conditions That May Be a Focus of Clinical Attention

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Disturbi ansiosi

Disturbi dell' umore

Disturbi legati allo stress e ai traumi

Disturbi della nutrizione e dell'alimentazione

Disturbi ossessivi

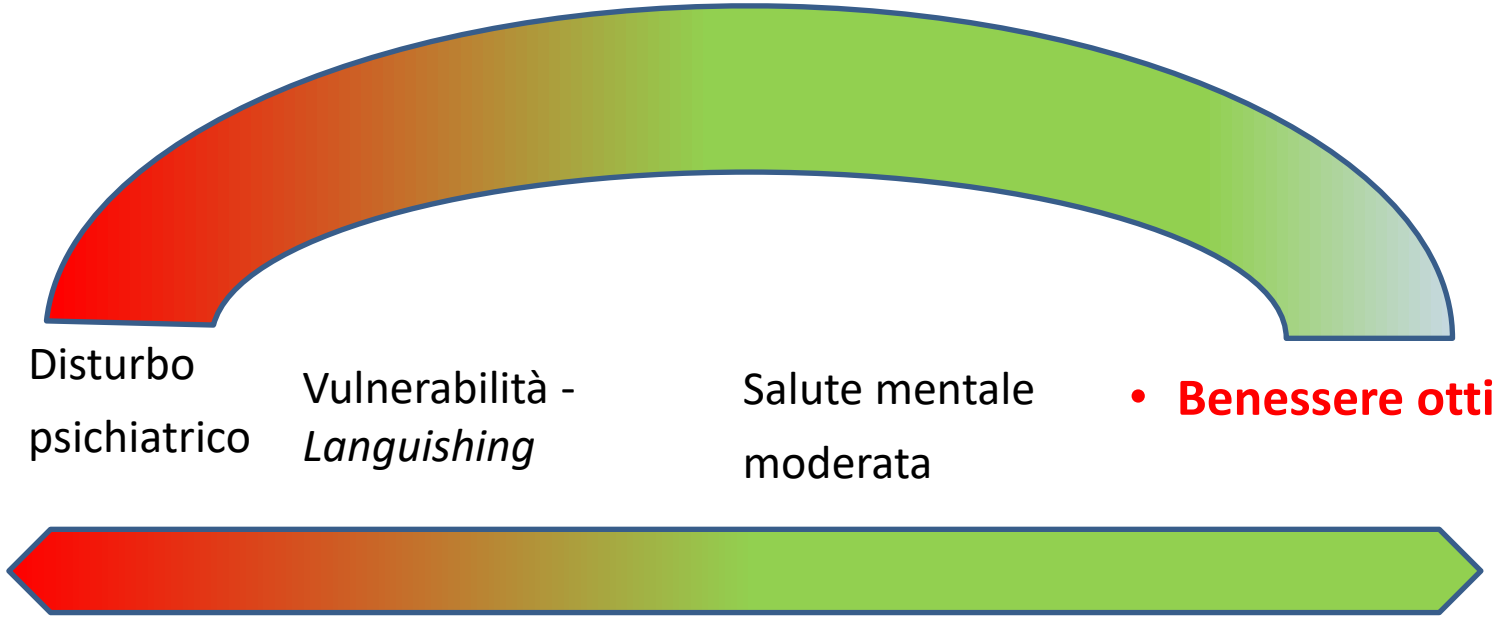
Disturbi di somatizzazione

Verso una definizione più positiva di SALUTE MENTALE

Secondo Mary Jahoda (1988), la definizione di salute mentale è influenzata da 4 assunti di base:

(1) i criteria per valutare la salute e la malattia non sono assoluti, ma dipendono da contesti socio-culturali e storici
(2) nè la salute, nè la malattia mentale possono essere definite semplicemente dall'assenza dell'una o dell'altra ;
(3) Esiste un continuum tra salute e malattia mentale (varie sfumature)
(4) Livelli carenti di salute mentale non equivalgono alla presenza di psicopatologia.

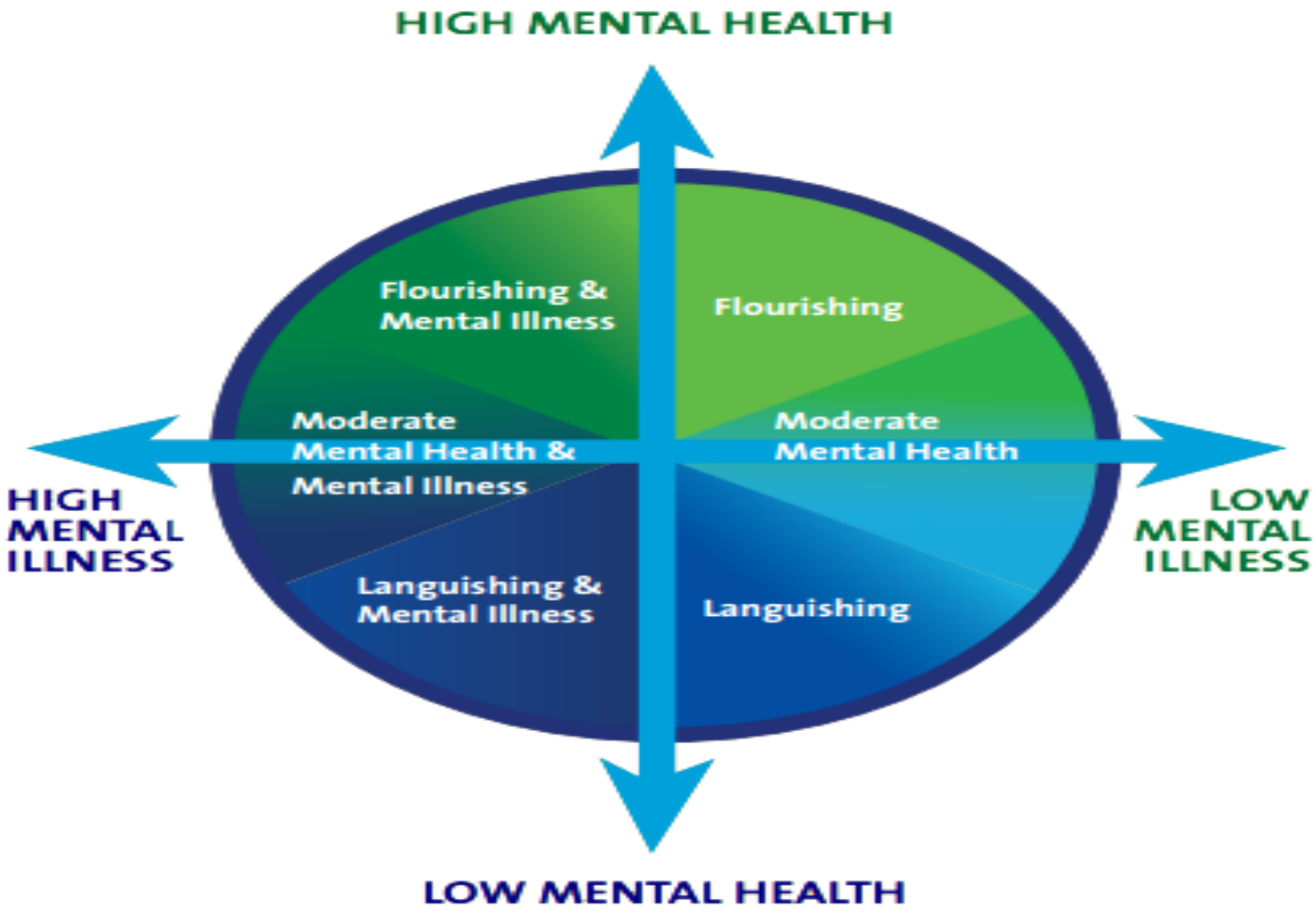
Il concetto di salute mentale secondo la Psicologia positiva (Keyes, 2002)



Il concetto di Flourishing

Secondo la psicologia positiva il benessere ottimale e il funzionalmento positivo sono costituiti da 3 elementi:

1. Emozioni positive
2. Benessere psicologico
3. Benessere sociale



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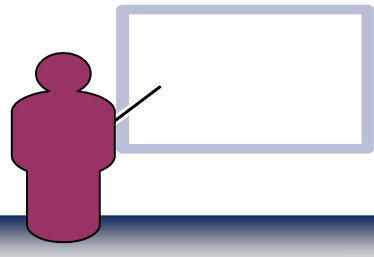


Languish or Flourish?

Flourishing= prevalenza di emozioni + su quelle -

The State of Mind (SOM) model

- From the psychiatric research (Garamoni & Schwartz, 1991);
- Well-Being= optimal balance between positive and negative affect
- Negative is stronger than positive
- NON LINEAR relationship:

P/[P+N]

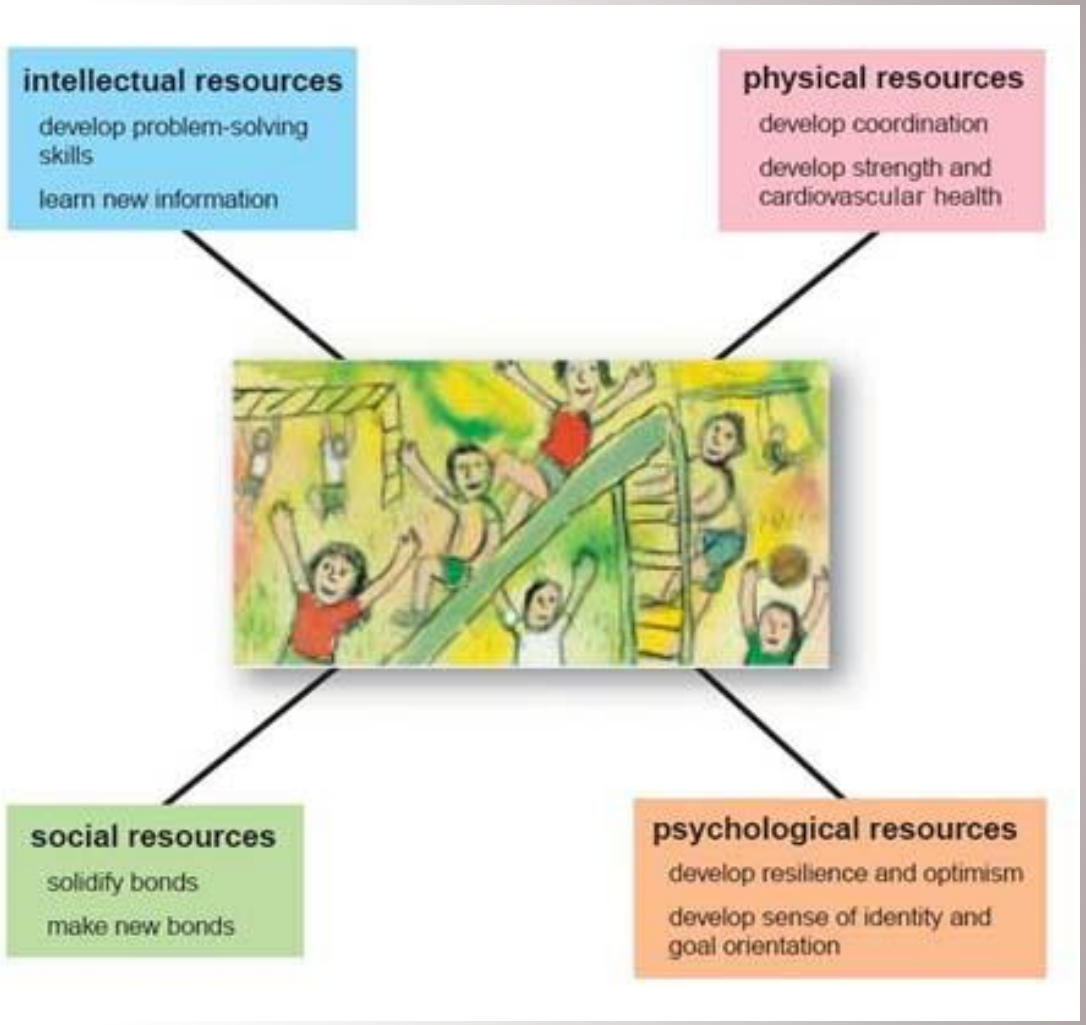
- coping with severe negativity and low mood (SOM=.500)
- to coping with stress (SOM = .62),
- to normal functioning (SOM = .72) ,
- optimal functioning (SOM = .81) and
- deep positive mood (SOM =.*87*). (Ipomania?? Workholism??)
- this latter value may be linked to excess of positivity associated with denial, grandiosity, and current manic states.
- The SOMs distinguish degrees of psychopathology , from mild, to moderate and severe (Schwartz, 1997).

Benessere edonico

Teoria di ampliamento e costruzione delle emozioni positive

- Risorse fisiche (salute, longevi
- Risorse sociali (amicizia, capi
- Risorse cognitive (curiosità.
- Risorse psicologiche (resilien
  ottimismo,creatività)

- Fredricks



I benefici delle Emozioni Positive

- ampliano le capacità percettive e cog
- Sono un antidoto per le emozioni n
- Alimentano la resilienza
- Costruiscono nel tempo le risorse personali
- Ci fanno rifiorire…

Benessere Eudaimonico

Aristotele

- Aristotele definisce la felicità come
  con "*attività dell'anima secondo virtù*

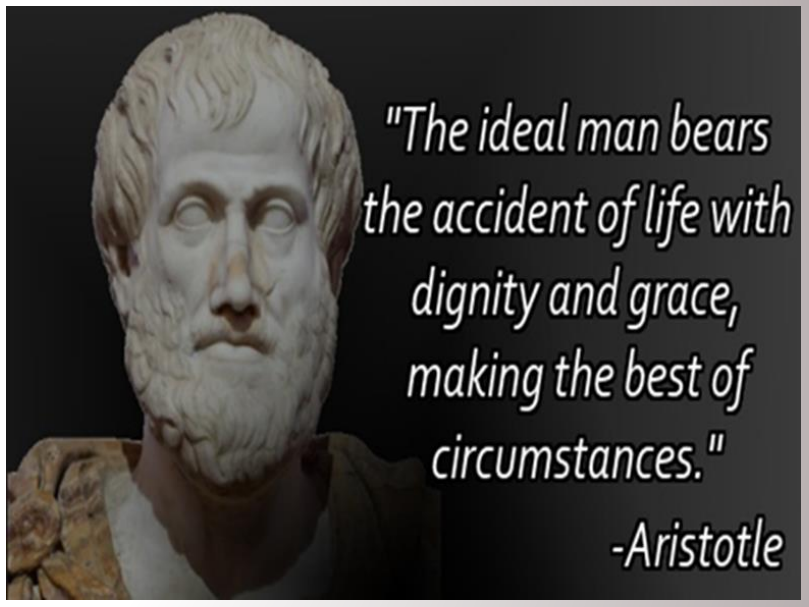
- Concetto di EUDAIMONIA: vi
  morali e razionali. Viviere in acc

DEMONE= spirito, energia intellet
realizzazione completa delle prop

Potenzialità: a. comuni a tutti

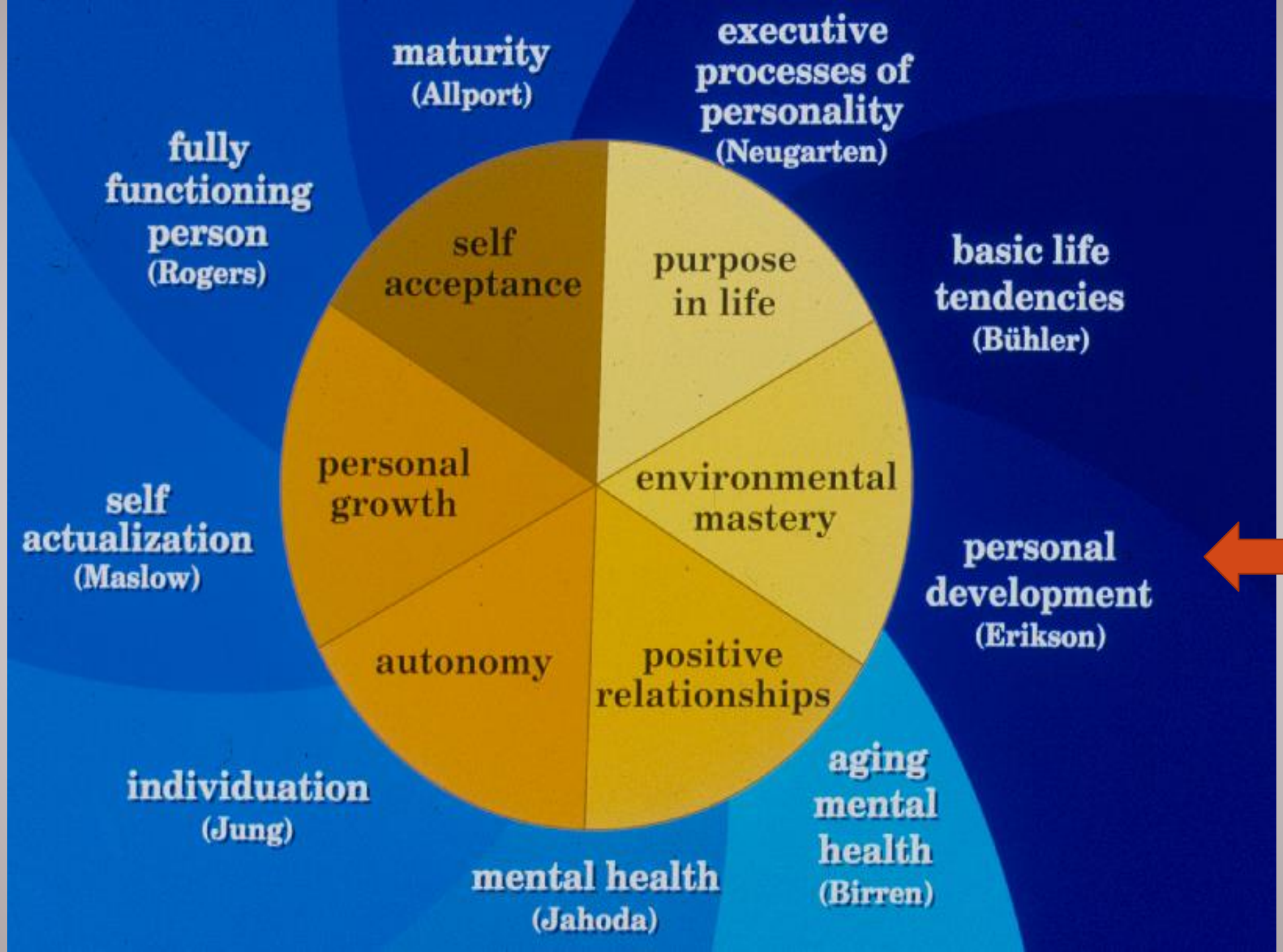
b. uniche

Importante ruolo della società e delle n
permettere a tutti gli uomini di vivere se



IL MODELLO MULTIDIMENSIONALE DI BENESSERE PSICOLOGICO DI CAROL RYFF

- ✓ Queste dimensioni sono strettamente intercorrelate, ma possono coesistere a diversi livelli, in modo soggettivo ed individuale. (Ryff, 2008).
- ✓ Il modello presuppone quindi che non ci sia una sola combinazione di dimensioni che assicuri il benessere, piuttosto che **tutte le persone abbiano profili altamente specifici di risorse e vulnerabilità** .
- ✓ Il modello di Ryff è risultato ideale per essere applicato in ambito clinico(Fava, et al. 2001; Rafanelli, et al., 2000). Molte di queste dimensioni sono infatti deficitarie in pazienti con disturbi affettivi. (Fava et al, 1998a; Fava, et al. 2001; Rafanelli, et al., 2000).
- ✓ Benessere come fattore protettivo per lo stress


maturity
(Allport)
executive processes of personality
(Neugarten)
fully functioning person
(Rogers)
self acceptance
purpose in life
basic life tendencies
(Bühler)
personal growth
environmental mastery
self actualization
(Maslow)
personal development
(Erikson)
autonomy
positive relationships
individuation
(Jung)
aging mental health
(Birren)
mental health
(Jahoda)

Negative correlation between burnout and eudaionic well-being.

Higher purpose and growth predict lower emotional exhaustion and cynicism.

Meaningfulness of work inversely linked to burnout risk.

Flourishing mediates between psychological resources and burnout.

Eudaimonic well-being buffers stress and promotes resilience.

Programs enhancing purpose and meaning reduce burnout.

International Journal of
Environmental Research and Public Health

MDPI

Review

Meaningful Work, Well-Being, and Health: Enacting a Eudaimonic Vision

Andrew Soren [1,*] and Carol D. Ryff [2]

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[2] Institute on Aging, MIDUS, University of Wisconsin-Madison, Madison, WI 53706, USA; cryff@wisc.edu
* Correspondence: andrew.soren@eudaimonicbydesign.com

Abstract: Work is one of the most enduring and consequential life domains regarding how meaning and purpose impact health and well-being. This review first examines scientific findings from the MIDUS (Midlife in the U.S.) national longitudinal study that have linked work to well-being and health. Most have focused on adverse work or work conditions as influences on poor health, with a few recent findings investigating links to purpose and other aspects of eudaimonic well-being. Organizational scholarship is then selectively reviewed to show how meaningful work is often linked to motivation, performance, and commitment. Paradoxically, meaning can also lead to the exploitation and erosion of health and well-being when managed without regard for decent working conditions. Recent workplace phenomena known as the Great Resignation and Quiet Quitting underscore the societal consequences of work without meaning or adequate working conditions. Both the scientific and organizational literature are enriched by a vision of meaningful work rooted in Aristotle's writings about virtue, ethics, and the realization of potential. Evidence-based practices tied to these eudaimonic ideals are examined at multiple levels, including the societal context (public policy), organizational conditions (culture, human resource practices, leadership), and individual strategies to find meaning, engagement, and fulfillment in work. A concluding section highlights strengths and omissions in the scientific and organizational literature and, going forward, calls for greater interplay among researchers, practitioners, and policymakers in enacting eudaimonic ideals.

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Tuttavia….

Ricerche prevalentemente CORRELAZIONALI

Nei pochi studi LONGITUDINALI emerge che:

A) il burnout erode la salute fisica e la salute mentale, andando a minare la motivazione personale e la soddisfazione lavorativa

B) individui con elevate livelli di motivazione e scopo nella vita sono più a rischio di Burnout (cultura del Superlavoro? Workholism?? Ipomania??)

Recenti sviluppi : interazione dinamica tra benessere e disagio psicologico

3 tipi di interazione: buffering, bolstering, and building.

1) **Buffering** (cuscinetto) : si verifica quando emozioni e dimensioni di benessere possono a diminuire o affievolire l'impatto negativo degli eventi critici di vita.

2) **Bolstering** (rinforzo): si verifica quando emozioni, e dimensioni di benessere agiscono per mantenere la salute mentale nonostante la crisi.

3) **Building** (costruzione) : emerge quando l'individuo è in grado di utilizzare la crisi in modo trasformativo per sviluppare nuove strategie (ad esempio, un maggiore uso dei propri punti di forza), nuovi processi (ad esempio, più auto-compassione) e nuove prospettive (ad esempio, un nuovo significato di vita) che possono portare a un miglioramento della propria salute mentale in futuro.

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Positive psychology in a pandemic: buffering, bolstering, and building mental health

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ABSTRACT

As the COVID-19 global health disaster continues to unfold across the world, calls have been made to address the associated mental illness public crisis. The current paper seeks to broaden these calls by considering the role that positive psychology factors can play in buffering against mental illness, bolstering mental health during COVID-19 and building positive processes and capacities that may help to strengthen future mental health. The paper explores evidence and applications from nine topics in positive psychology that support people through a pandemic: meaning, coping, self-compassion, courage, gratitude, character strengths, positive emotions, positive interpersonal processes and high-quality connections. In times of intense crisis, such as COVID-19, it is understandable that research is heavily directed towards addressing the ways in which people are wounded and weakened. However, this need not come at the expense of also investigating the ways in which people are sustained and strengthened.

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Positive psychology; growth; coping; mental health

Positive psychology in a pandemic: buffering, bolstering, and building mental health – Waters, et al., 2020

2) Bolstering

Folk et al., (2020) hanno utilizzato un disegno longitudinale per indagare l'impatto del COVID-19 sulla connessione sociale, la solitudine e la soddisfazione della vita in un campione di studenti di una università canadese,(n = 467). Le misure di connessione sociale e la soddisfazione della vita ottenute prima del COVID-19 sono state confrontate con quelle raccolte nella fase iniziale della pandemia. I risultati hanno rilevato che, nonostante l'adesione alle misure di distanziamento fisico le persone erano essenzialmente in grado di mantenere i livelli pre-pandemia di connessione sociale.

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3) Building

Resilienza vs crescita post-traumatica (PTG)

Il termine crescita post traumatica descrive quell' insieme di cambiamenti psicologici positivi esperiti dalle persone come risultato del loro fronteggiamento di esperienze di vita stressanti

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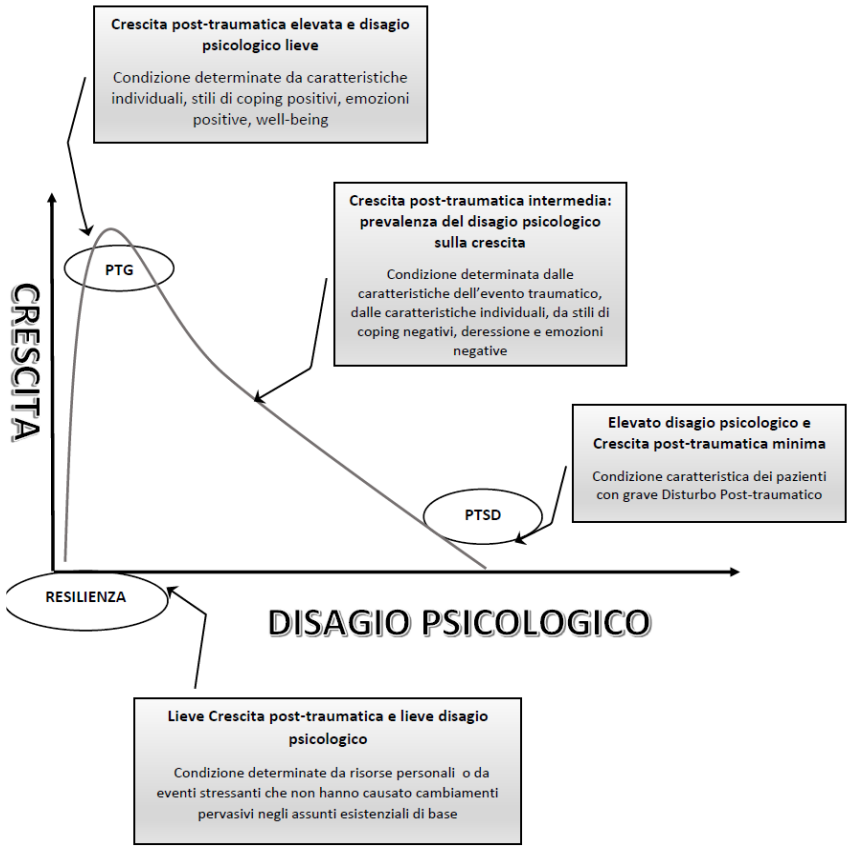
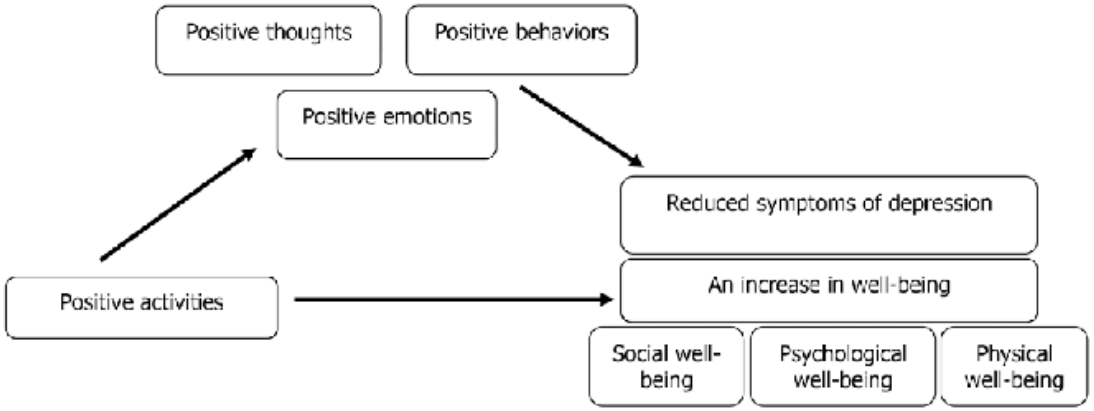
Figura 3.1 Traiettorie di resilienza, disagio e crescita post-traumatica (PTG).



Promuovere la salute mentale : l'approccio della psicologia positiva

- Focus su caratteristiche quali: emozioni positive, gratitudine, gentilezza e compassione, ottimismo, speranza, relazioni interpersonali e autodeterminazione
- Interventi di PSICOLOGIA POSITIVA



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Flourishing e languishing in tempo di pandemia

Durante la pandemia le nostre abitudini di vita sono state cambiate e compromesse e, senza opportune stimolazioni psicosociali , ci siamo arenati fino a raggiungere una condizione di stallo caratterizzato da indifferenza e rassegnazione, che rappresentano terreno fertile per l'insorgenza del languishing (Pope, 2021).

……..sembra permanere nella popolazione una sensazione inspiegabile, caratterizzata da un'assenza di benessere, che prende il nome di "languishing" (languore/intorpidimento emotivo).

Lo psicologo statunitense Adam Grant ha identificato il languishing come l'emozione che dominerà in modo prevalente il 2021 -2022 (Grant, 2021).

In Lombardia, Bassi et al. (2021) : il 33,4% del campione di operatori sanitari era "flourishing", il 57,7% riportava una salute mentale "moderate" e l'8,9% era "languishing".

LA SALUTE MENTALE DEGLI OPERATORI SANITARI DURANTE il COVID

alcuni fattori motivazionali positivi attenuavano gli effetti psicologici negativi sugli operatori sanitari, presenza di familiari e **colleghi solidali** e orgogliosi, modelli di ruolo positivi, apprezzamento del proprio lavoro da parte di pazienti, **esperienza positiva di accudimento** e la conoscenza e accettazione della possibile inevitabilità dell'infezione. (Mohindra et al., 2020)

la sicurezza dei colleghi e la mancanza di cure per COVID-19 sono stati percepiti come fattori che hanno indotto stress in tutto il personale medico (Cai et al., 2020). gli infermieri più ansiosi e nervosi rispetto a medici e ad altri professionisti

L'impatto psicologico della paura e dell'ansia della morte indotti dalla rapida diffusione della pandemia di COVID-19: vulnerabilità degli i operatori sanitari (Aguglia et al., 2021).

LA SALUTE MENTALE DEGLI OPERATORI SANITARI DURANTE IL COVID-19

- Maggiori livelli di sintomi depressivi e da stress post-traumatico nei reparti Covid-19 (Di Tella et al., 2020)
- Elevati livelli di stress acuto durante il primo mese di epidemia (Xiao et al., 2020)
- Maggiore burnout rispetto al periodo precedente l'epidemia (Barello et al., 2020)
- Elevato rischio di sviluppare disturbo da stress post-traumatico soprattutto nei casi di salute mentale languishing; (Bassi et al., 2021)

Ricerche pubblicate su burn out e benessere psicologico

Positive mental health, depression and burnout in healthcare workers during the second wave of COVID-19 pandemic

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Accessible Summary

What is known on the subject?

- In the past 2 years, the COVID-19 pandemic had a robust negative impact on the mental health of healthcare providers, with increasing rates of depression, anxiety, acute stress and burnout.
- Healthcare workers experiencing poor mental health are reluctant to seek help and treatment because they are afraid of being stigmatized and excluded by their colleagues and employers.
- During the pandemic positive emotions, resilience and psychological well-being buffered distress and burnout in healthcare workers.

What this paper adds to existing knowledge?

- This paper describes positive mental health, depression, anxiety and burnout in healthcare workers during the second wave of the pandemic.
- Forty-eight per cent of healthcare workers were flourishing (high levels of positive emotions and well-being), 10% languishing (absence of well-being and positivity).
- Flourishing individuals reported lower levels of depression, anxiety and burnout.
- These findings documented a relevant number of resilient healthcare workers, who restored/maintained their well-being also under stressful conditions.
- Vulnerable healthcare workers were less than 20%, and they reported severe anxiety, depression and burnout.
- No differences emerged between languishing and moderate mental health groups in their levels of anxiety, depression and burnout.

What are the implications for practice?

- The condition of flourishing is the only one that provides protection from depression and anxiety and burnout, while moderate mental health does not differ substantially from the languishing state.
- The study confirms the importance of maintaining and/or promoting the well-being of healthcare workers.
- Interventions for promoting positive mental health of vulnerable workers are needed.

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Positive Affect Predicted Death Anxiety in Health Workers during the Covid-19 Pandemic

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Research Article
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Abstract

During Covid-19 pandemic, the research on health workers' mental health grew significantly and it documented the coexistence of well-being, and trauma/negative affect, with a specific emphasis on death anxiety (DA). However, no studies focused on understanding the factors associated with death anxiety, and the protective role of well-being. The aim of this study is to examine the predictors of DA in a sample of 173 Italian health workers, assessed with indicators of psychological distress (anxiety, depression stress) and well-being (positive affect, positive mental health and post-traumatic growth). The regression model revealed that DA was predicted only by positive affect and gender. Female workers and those with lower levels of positive affect were the most vulnerable. This investigation provides new understanding on the features of DA in health workers, and it confirms the importance of maintaining and/or promoting the well-being of this population, particularly under stressful working conditions.

Keywords: Positive Affect; Death Anxiety; Covid-19; Post-Traumatic Growth; Health Workers

Abbreviations: DA: Death Anxiety; PTG: Post- Traumatic Growth; PA: Positive Affect; NA: Negative Affection; EWB: Emotional Well-Being; PW: Psychological Well-Being; SWB:

buffering effect of these positive characteristics in dealing with lock down consequences and perceived stress due to the pandemic. Some authors documented the presence of

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Progetto Heal the Healers

Partecipazione **progetto di ricerca** europeo su stress, disagio psicologico e resilienza post pandemia negli operatori sanitari

Progetto **Heal the Healers** (Sosteniamo chi ci cura). Progetto nato dalla collaborazione tra vari partner universitari europei (Portogallo, Olanda, UK, Irlanda , Belgio e Svezia). Valutazione del disagio e del benessere psicologico degli operatori sanitari durante e in seguito alla pandemia da Covid 19

Progetto Heal the Healers (Sosteniamo chi ci cura)

SOSTENIAMO CHI CI CURA — PROGETTO BENESSERE PER OPERATORI SANITARI

Progetto di ricerca organizzato in collaborazione tra Unibo e Università Algarve (Portogallo) al fine di **valutare**

- Disagio psicologico (ansia, depressione, stress, disturbi psicosomatici)
- Burn-out
- Benessere psicologico (emozioni positive, benessere sociale, soddisfazione di vita, crescita personale)

- Questionario online, anonimo
- Analisi cumulativa dei dati

https://docs.google.com/forms/d/e/1FAIpQLSfnGro4ZPhn9OBeQ1DyPFXe54M1hYvEzU8aJsYjoNhm0RDEAg/viewform

Copenhagen Burnout Inventory (CBI)

Modello con tre sottodimensioni: burnout personale, burnout legato al lavoro e burnout correlato all'utente.

- La dimensione del **burnout personale** è il grado di affaticamento fisico e psicologico e di esaurimento sperimentato dalla persona''.

- **burnout correlato al lavoro** è il grado di affaticamento fisico e psicologico e di esaurimento che viene percepito dalla persona come correlato al suo lavoro. attribuzione dei sintomi da parte della persona al suo lavoro.

Il **burnout correlato all'utente** è definito come il grado di affaticamento fisico e psicologico

e l'esaurimento che viene percepito dalla persona come correlato al suo lavoro con gli utenti. Il grado in cui le persone vedono una connessione tra la loro fatica e il loro "lavoro con le persone".

Partecipanti: 173 operatori sanitari (78,8% donne e 21,2% uomini) suddivisi in professionisti sanitari a contatto con i pazienti (79.7%) e lavoratori tecnico-amministrativi non a contatto con i pazienti (17.3%). L' 81.8% non è mai risultato positivo al Covid-19, il 12.4% è risultato positivo e il 2.9% ha preferito non rispondere

Obiettivi:

- Effettuare un confronto tra le variabili:
  - salute mentale positiva (languishing, moderate e flourishing)
  - disagio psicologico (ansia, stress e depressione)
  - burnout (burnout personale, burnout correlato al paziente, burnout lavoro-correlato)
  - crescita post-traumatica (PTG)
  - paura della morte
- Identificare le risorse psicologiche e i fattori di rischio

Strumenti:

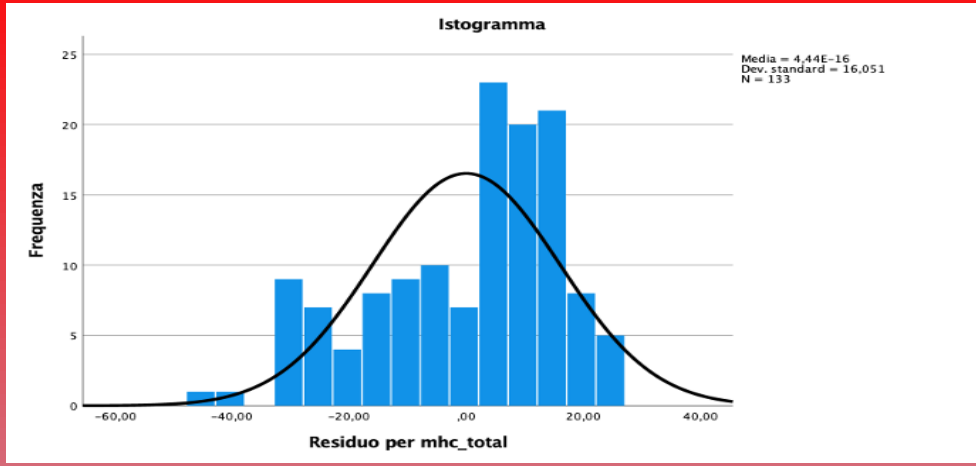
- Mental Health Continuum Short-Form (MHC-SF)
- Depression Anxiety Stress Scales (DASS-21)
- Copenhagen Burnout Inventory (CBI)
- Post-Traumatic Growth Inventory (PTGI)
- Illness Attitude Scale (IAS)

Analisi statistiche:

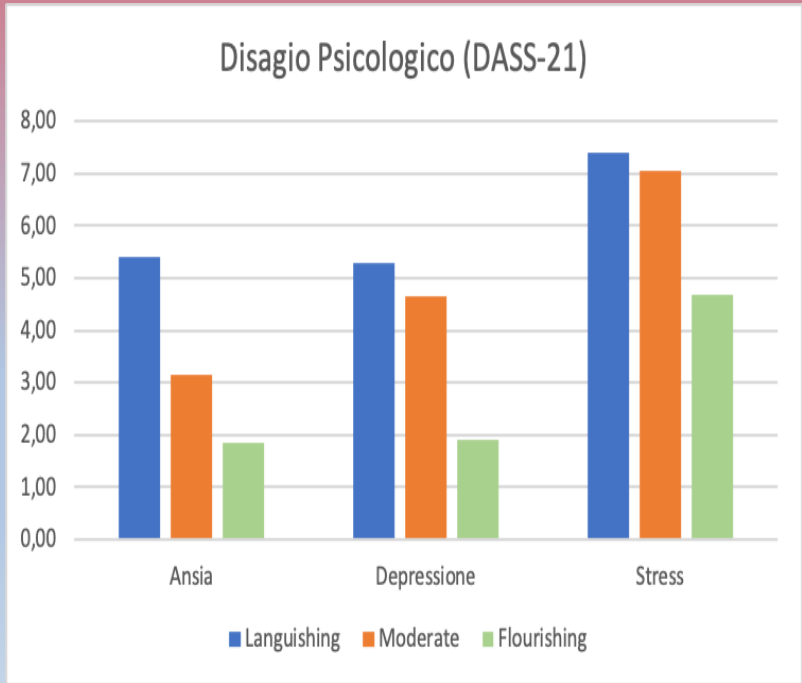
- Statistiche descrittive
- Calcolo delle correlazioni
- Modello lineare generalizzato
- Regressione lineare a tre blocchi (metodo "inserisci")

Risultati

Curva di distribuzione dei valori MHC



- Suddivisione nelle tre categorie di salute mentale: 56.8% flourishing, 35.2% moderate e 8% languishing
- No differenze socio-demografiche
- I soggetti appartenenti al gruppo flourishing presentano livelli significativamente inferiori di ansia, depressione, stress



I lavoratori a rischio di burnout sono quasi esclusivamente raggruppati nei NOT flourishing

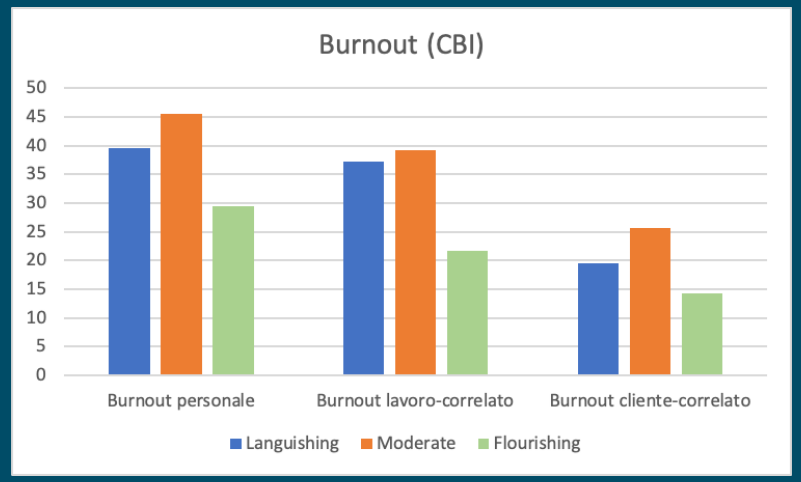
TABLE 3 Differences in frequency distribution of depression, anxiety and risk of burnout between flourishing versus not flourishing Healthcare Workers.

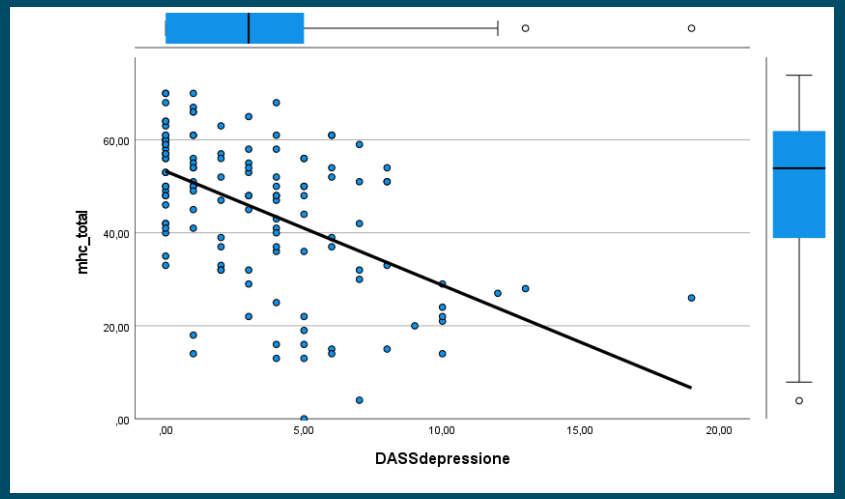
	Total sample ($n = 168$)	Flourishing ($n = 82$) n (%)	Not flourishing ($n = 86$) n (%)	Chi-square
Depression				
Low score	156 (92.9%)	81 (98.8%)	75 (87.2%)	8.474**
High score	12 (7.1%)	1(1.2%)	11 (12.8%)	
Anxiety				
Low score	149 (88.7%)	80 (97.6%)	69 (80.2%)	12.566**
High score	19 (11.3%)	2 (2.4%)	17 (19.8%)	
Burnout risk				
Low score	139 (82.7%)	75 (91.5%)	64 (74.4%)	8.539**
High score	29 (17.3%)	7 (8.5%)	22 (25.6%)	

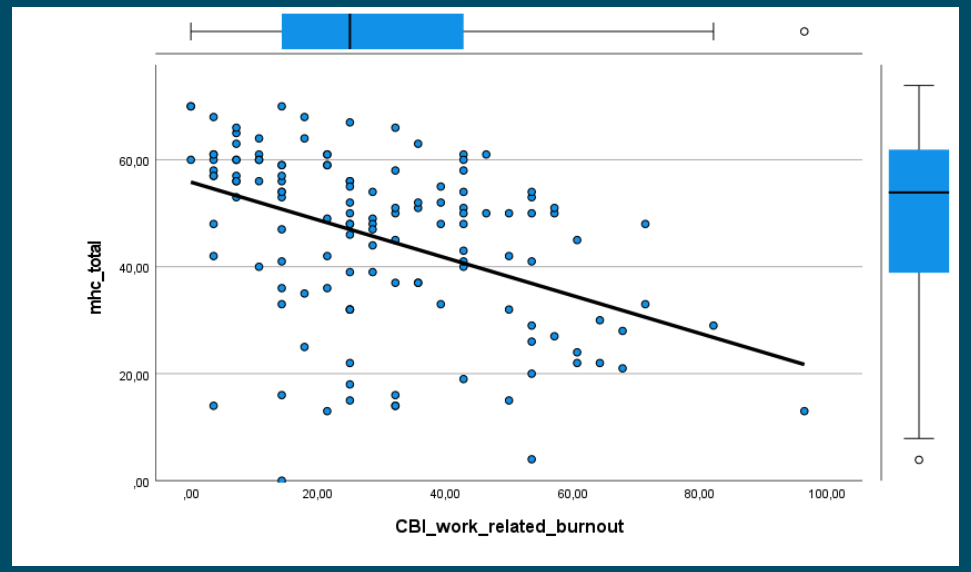
**$p < .008$.

Risultati

- I soggetti appartenenti al gruppo flourishing presentano livelli significativamente inferiori di burnout
- No differenze significative tra moderate e languishing in disagio psicologico e burnout
- Depressione (B = -2.27, p = <.001) e burnout lavoro-correlato (B = -0.17, p = .033) sono dei predittori significativi dei livelli di MHC



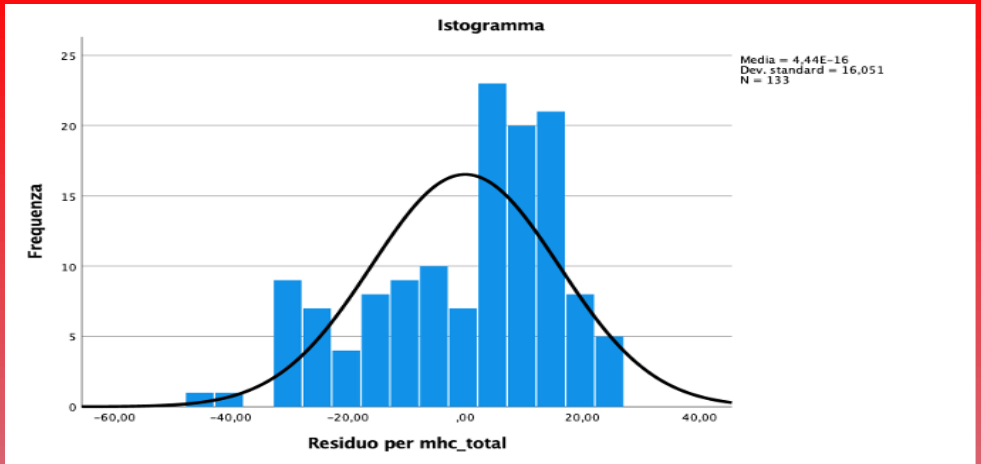




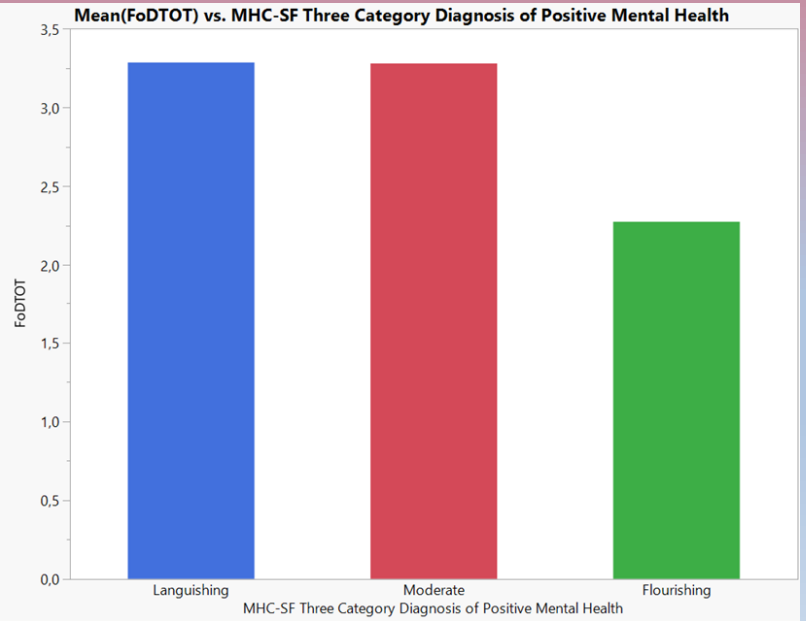
Risultati

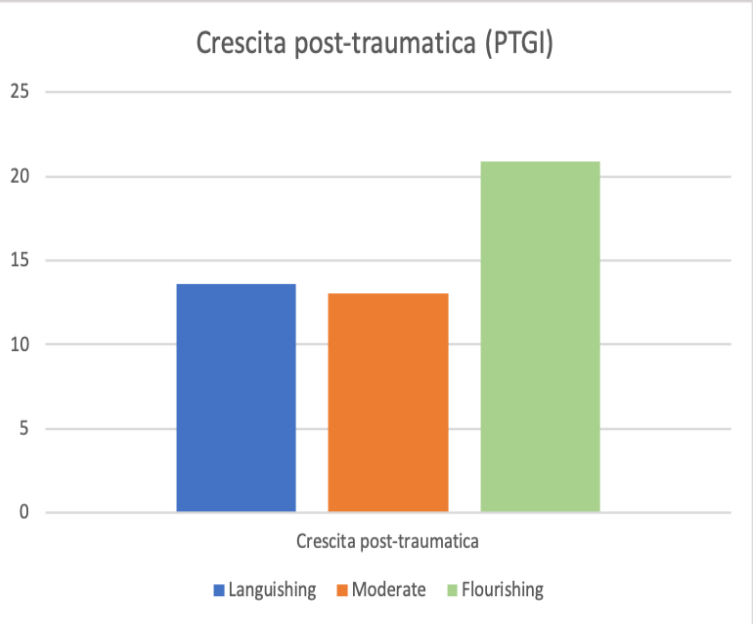
- Suddivisione nelle tre categorie di salute mentale: 56.8% flourishing, 35.2% moderate e 8% languishing
- No differenze socio-demografiche
- I soggetti appartenenti al gruppo flourishing presentano livelli significativamente maggiori di crescita post-traumatica

Curva di distribuzione dei valori MHC

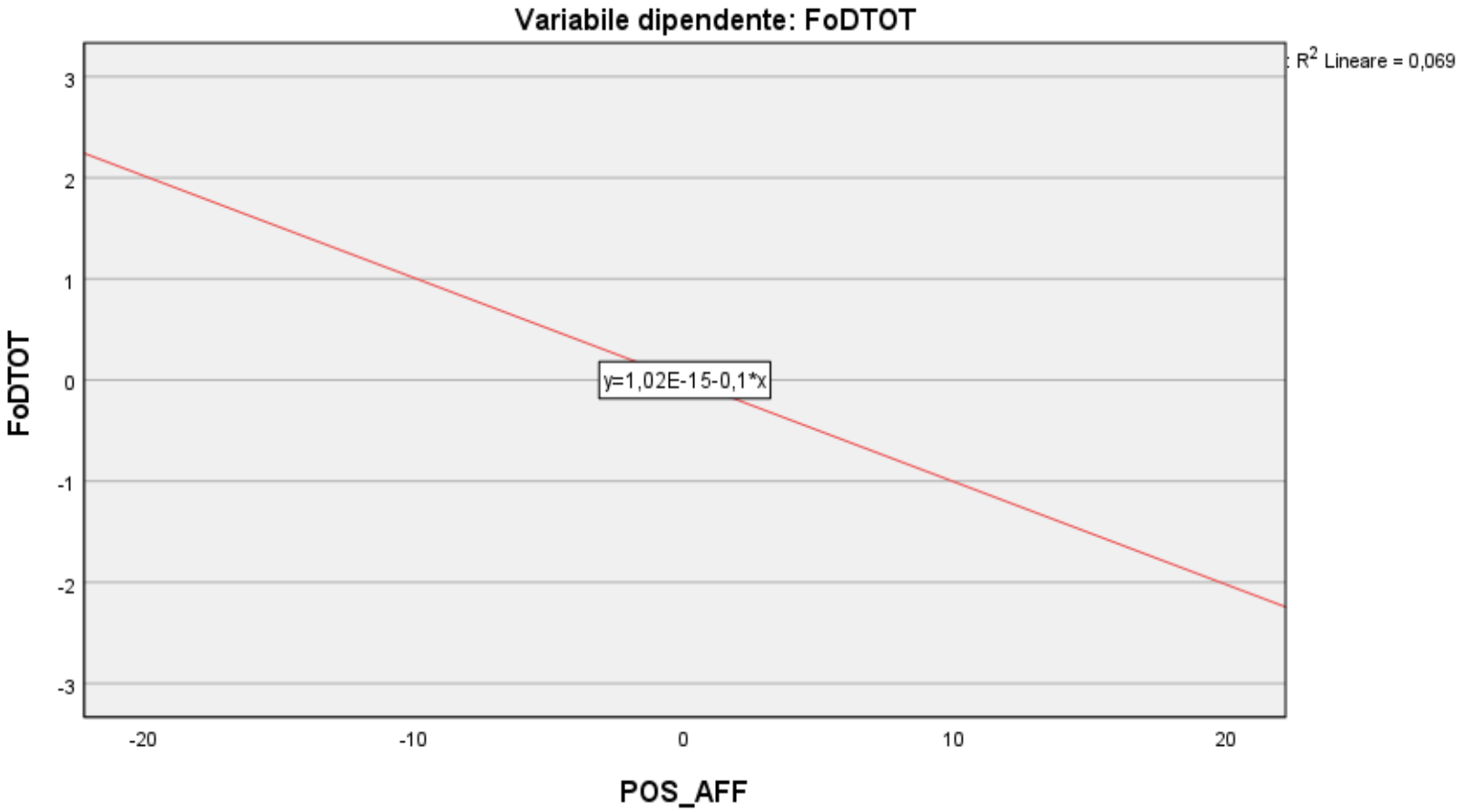


- La paura della morte è risultata positivamente correlata con tutte le sottoscale del DASS-21 e al burnout correlato al paziente e burnout personale





Paura della morte: i predittori



Linear Regression Model: significant predictors of Fear of Death: POSITIVE AFFECT (-) and Female gender
No effect of PTG or MHC or Psychological distress

Discussione e conclusioni

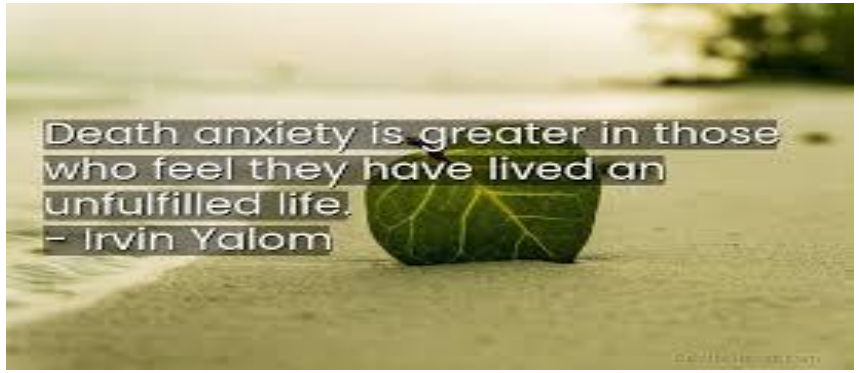
Nessuna correlazione con infezione da Covid -19, con PTG, con distress

Conferma del dato sul genere femminile

Conferma del ruolo protettivo delle benessere (a livelli elevati, non moderati)

Operatori sanitari più vulnerabili: donne, con ridotte esperienze di affettività positiva

Importanza di interventi psicologici per promuovere benessere



IMPLICAZIONI

Valutazioni periodiche dei livelli di salute mentale per identificare gli individui più a rischio

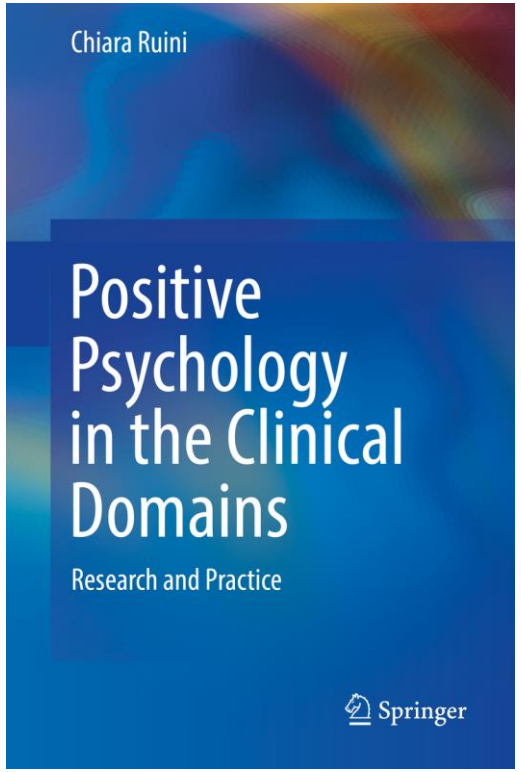
Applicazione di interventi preventivi per aumentare le risorse individuali e il benessere

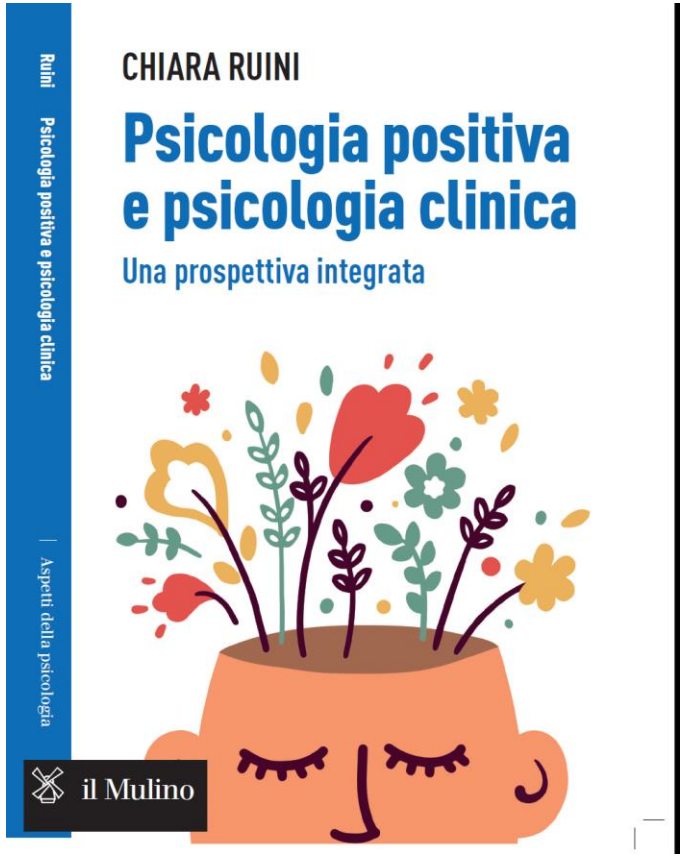
Interventi positivi a livello individuale

- Meditazione
- Interventi positivi per promuovere il benessere (ad es. intervento "Three Good Things" di Seligman, interventi di gratitudine, ottimismo ecc.)

Interventi a livello organizzativo

- Migliorare l'organizzazione degli orari lavorativi
- Promuovere corsi di formazione
- Sostegno psicologico e training di gestione dello stress





Un'integrazione: psicologia clinica positiva

- ....non stiamo suggerendo lo sviluppo di un nuovo frammento di psicologia clinica, ma piuttosto un cambiamento o un riorientamento della psicologia clinica stessa, in modo che il funzionamento positivo e negativo siano considerati allo stesso modo quando si prevede, si comprende e si tratta il disagio.
- *Wood & Tarrier, 2010, 2015*

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