

# Sharing is Caring & Giving is Winning

An Evaluation of a Gift Based Wellbeing Initiative During the COVID-19 Pandemic

#### ABSTRACT

The COVID-19 pandemic has been the defining health crisis of our generation. In the UK healthcare industry, where pre-pandemic surveys already demonstrated high levels of stress, it is imperative that actions are taken to support the mental wellbeing of staff from its expected psychological fallout. Feasible, low cost and time efficient interventions are warranted. Rewards-based incentives may carry promise.

Our group distributed 129 free wellbeing packages to junior doctors in a busy London Hospital. Open-ended and anonymised surveys were used to gather qualitative data on their effect. Data was analysed thematically and collated into 5 core themes: Emotional Response, Reaction to Initiative, Reaction to Product Choice, Gratitude and Feeling Valued.

Overall, the significant majority of respondents (n=50, 96%) were highly appreciative of the intervention, deeming it both useful and relevant to supporting their mental health. This study bears useful findings for other organisations looking to implement similar lowcost wellbeing strategies.

**Keywords:** COVID-19, Mental Health, Wellbeing, Support, Healthcare Professionals

Shafiah Muna Abdul Gafoor<sup>1</sup> & Navneet Kandhari<sup>2</sup>

1 St George's University Hospitals NHS Foundation Trust 2 Royal Brompton and Harefield Hospitals

Correspondence to shafiah.abdulgafoor@nhs.net

Cite as: Gafoor, S.M.A. & Kandhari, N. Sharing is caring and giving is winning – An evaluation of a gift based wellbeing initiative during the COVID-19 pandemic. The Physician vol 7; Issue 2: Aug'22 DOI: https://doi.org/10.38192/1.7.2.10

Article Information Submitted 9.8.22 Pre-print 10.8.22

#### **INTRODUCTION**

The emergence of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and resultant Corona Virus Disease (COVID-19) pandemic has been the defining health crisis of our generation. Its rapid imminence demanded the swift adaptation of healthcare and public facing services, and in a period of great uncertainty and risk, the vulnerabilities of healthcare professionals and their working environments became widely acknowledged. In order to respond to potential workforce shortages and increased clinical demand, various changes were made to junior doctor training and deployment. Alongside reduced formal training, many faced unfamiliar and daunting challenges, anxiety-eliciting realities leading to and apprehension amongst trainees <sup>1,2</sup>. Moreover, infection-control and shielding legislations resulted in staff having to self-isolate for recommended periods, preventing individuals from reaching out to their social support networks; ultimately augmenting morale injury and potential burnout <sup>3</sup>

Overtime, the psychological sequalae from caring for patients with COVID-19 became increasingly apparent, with up to 45% of healthcare staff reporting symptoms of moderateto-severe depression, anxiety <sup>4</sup>, insomnia, selfdoubt and distress <sup>5</sup>. Common explanations for this include fear of personal infection and concern of infecting their loved ones <sup>2</sup>. Interestingly, these findings are in keeping with psychological responses to previous infectious epidemics, where common predictors of distress amongst healthcare professionals included feelings of vulnerability or loss of control, concerns about personal health or family and feeling isolated, long working hours, and lack of support or vital equipment <sup>4,5</sup>As with other global crises, the COVID-19 pandemic can be divided into emotional phases; 'initial impact', 'heroic', 'disillusionment' and 'recovery' 6. The emotional seen during the long-lasting downslope disillusionment phase requires the greatest outlay of supportive efforts. Institutions are encouraged to ensure sustained supportive services are in place for the acute phases and when of aftermath risk burnout and psychological stress are at their peak. With respect to the potential impact of COVID-19 on

UK healthcare staff, this finding is particularly important to recognise as pre-pandemic surveys of the workforce already showed high levels of work-related stress, low morale, and risk of burnout <sup>4,7</sup>

There is evidence that the NHS can support wellbeing through providing services that improve health and productivity. Given that NHS staff are directly involved in healthcare provision, efforts to protect and promote their mental wellbeing are a justifiable goal<sup>8</sup>. Indeed, poor staff wellbeing has been linked with suboptimal patient outcomes <sup>9</sup>. Moreover, doctors providing direct care for patients with COVID-19 are more susceptible to mental health problems <sup>10</sup>, thereby reinforcing the need for organisations to psychologically support their staff <sup>11</sup>. Despite this recognised 'need', there has been poor adoption and implementation of wellbeing services in healthcare. The barriers for this include cultural factors, unreal expectations of mental or physical resilience, stigmatisation of mental health disorders resulting in poor user uptake of services, and organisational factors including financial constraints and logistical challenges with coordinating leave and shift work <sup>4,12</sup>. The need for simple solutions, feasible within the context of a pandemic with respect to organisational and cost factors is warranted.

The Areas of Work-life model identifies six key determinants of burnout including job workload, individual control, reward, sense of workplace community, fairness, and values <sup>13</sup>, all of which can be addressed by organisations to mitigate burnout risk and improve the workplace environment (

Table 1). Many of these domains are likely to be further endangered by the pressures of COVID-19. Certainly, workload and control may suffer due to increased clinical demand and need for adherence to protocol, and the ability to maintain a community will be impacted by social distancing and shielding measures. Given these factors, reward and recognition remain viable options to target within the constraints of a COVID-19 adapted landscape. Indeed, measures taken to improve recognition can help workplace morale<sup>14</sup> and promote allow individuals to tolerate a greater workload <sup>15</sup>

Domain	Description
Workload	The balance between job demands and human ability to meet them
Control	The degree of professional autonomy employees have in their workspaces
Reward	The sense of feeling recognised and rewarded for work
Community	The level of social interaction and connection with others at work
Fairness	The extent to which employees are being treated equitably and with respect
Values	The degree to which the organisational values match the personal values of their
	employees

Table 1 - Areas of Work-life (adapted from Leiter, 2006)

Various methods for rewarding staff efforts and behaviour exist. These range from monetary and social incentives such as free parking, consumable items, and discounted offers on wellbeing related services (such as gyms) or dedicated calm rooms <sup>16</sup>. Intrinsic incentives, where individuals derive feelings of reward from the job itself, can be supported through organisation awards or peer-led schemes, such as GREAT-ix which recognises admirable work ethic <sup>17</sup>. Of these rewards-based interventions, gift giving can be seen as a simple and relatively low-cost endeavour. These traits are important to recognise for the feasibility of these initiatives are limited by institutional logistical and budgetary factors.

From a psychological perspective, gift giving is a central aspect of human behaviour, allowing individuals to communicate feelings of appreciation, strengthen social bonds and improve connections <sup>18</sup>. These benefits are further enhanced through the expression of gratitude, altogether culminating to develop a more humanised and adaptable workforce <sup>19,20</sup>

End-user acceptability and uptake is another important consideration, and whilst positive results have been noted when individuals are offered an unexpected gift <sup>21</sup>, the evidence for a care-package based intervention in the healthcare setting is limited. Our study therefore aimed to investigate the acceptability and effects of a care-package based intervention on supporting staff mental wellbeing during the COVID-19 pandemic.

#### METHODS AND MATERIALS

#### Research team and reflexivity

The research project was conducted by two junior doctors, male and female, at both foundation and core-medical training levels respectively. No relationship was established between participants and researchers prior to commencing the study. Participants were aware of the goals of the project when the packages were distributed. No bias was correlated to researcher selection; prior to, during and after the research project.

#### Participant selection

Participants were selected based on *purposive* sampling methodologies. Our research subjects were selected based on the specific criterion of being junior doctors at a specific hospital in London.

#### **Care Package Content**

To optimise end-user acceptability, relevant, meaningful care packages with useful products were needed. Psychologists claim that wellbeing is equivocal to *'psychological wealth'* which takes happiness and mental-health into consideration <sup>22</sup>, but scientists argue that physical health remains a core component of mental wellbeing <sup>23</sup>. Based on these concepts, we aimed to focus our packages (Image 1) on the concepts of *'improved physical health'* <sup>23</sup> and *'enhanced psychological wealth'* <sup>22</sup> in the aim of supporting mental wellbeing amongst junior doctors <sup>24</sup>

#### Multivitamins

Micronutrient status can impact psychological mood. Studies have revealed that Vitamin D

deficiency is prevalent in the UK <sup>25</sup> and its supplementation can improve mental health and quality of life <sup>26</sup>. Dysregulation in Vitamin-C levels have also been linked to depression <sup>27</sup>. Based on these findings, we felt distributing supplements would be an ideal way to encourage overall health <sup>28</sup> and improve mood amongst the junior doctor cohort.

#### Refillable water bottles and healthy snacks

Junior doctors working intense schedules often experience compromised break-times, resulting in reduced oral intake and fluid depletion. Refillable water bottles, herbal teas and snacks may be potential solutions to this. Water bottles aim to encourage hydration and are environmentally friendly, herbal teas have shown benefit in reducing anxiety in some individuals, and cereal bars have been linked to increased energy levels and happiness when consumed during working hours 29

#### Souvenirs and bags

Souvenirs form an important component in *life altering experiences* and individuals may enjoy reminders of significant moments in their lives <sup>30</sup>. Therefore, we felt that distributing 'thank you' mugs and magnets would help us demonstrate 'gratitude' and help recognise the efforts of healthcare professionals during the pandemic. Tote bags are environmentally friendly, reusable and increasing in popularity. We therefore decided to distribute our products in colourful bags <sup>31</sup> which can later be kept as a memorable keepsake <sup>30</sup>

#### Approaching Companies

Forty-five companies were approached via email. Here, we stated our current concern with morale amongst junior doctors, and how a wellbeing pack may be able to boost spirits. In total, we received 19 responses, of which 9 respondents were able to donate to the project. On summation, the care packages consisted of one tote bag, Vitamin C capsules, Vitamin D tablets, a protein drink, a protein cereal bar, a NHS 'Heroes' fridge magnet, a NHS 'heroes – thank you' mug, beauty cream samples, a refillable water bottle, herbal tea bags and a thank you card. The bags were compiled individually and placed in large cardboard boxes for ease of distribution.

#### Package distribution

The delivery of the care packages took place over a one-month period in February 2021. Packages were distributed at teaching sessions, socially distanced events and directly to high acuity wards where staff would have faced difficulties in leaving their clinical duties to collect them. Packages were also left in designated office spaces for individuals to collect at their own convenience. In total 129 packages were delivered.

#### Data collection

Six weeks after circulation of the packages, a sixitem questionnaire was distributed to 129 junior doctors in April-2021 via email and SMS messaging to complete at their convenience. Responses were submitted anonymously.

Numerous scales for measuring wellbeing exist. We based our theoretical framework and survey design on content analysis. We were keen to extrapolate both relational and conceptual analyses within our qualitive research; therefore, the final subjective item within our 6-item questionnaire was an open-ended question, requesting respondents to 'write a few sentences on their thoughts on the wellbeing packages'. By adopting a thematic analysis, we were able to identify, analyse and report themes within the data set, representing some level of pattern or meaning.

#### Thematic Analyses

The relevance of a theme is largely dependent on the prevalence of the theme across the entire data set. Some researcher judgment is necessary to determine what a theme is. Thematic analyses are often divided into deductive and inductive approaches <sup>32</sup>. An inductive methodology suggests that the themes identified are strongly linked to the data themselves, whereas a deductive analysis is driven by the researcher's interest in the subject area. We decided to proceed with an inductive approach which allowed the data to determine our themes <sup>33</sup>

#### RESULTS

109 junior doctors were approached and 52 responses were established. The reason for 77 non-respondents were not identified. One datacoder coded the data for this research project. The coder was also the co-author and researcher, and was therefore aware of the

#### THE PHYSICIAN

description pertaining to the coding tree. Ultimately, the themes were derived from the data manually. We extrapolated the data corpus for individual data items. Within the 52 responses we received, we systemically achieved 99 individual data items. Following thematic analysis, five themes were identified from the data set: Emotional Response (ER), Reaction to Initiative (RI), Reaction to Product Choice (RPC), Gratitude (G) and Feeling Valued (FV). Participant quotations have been presented to illustrate the themes elicited in the study (Table 2).

Theme	No.	Data items
	1	Made me feel warm inside
	2	Mada ma taar un
		Made me tear up I loved it so much!
	3	
	4	Definitely boosted morale!
	5	Restores my faith in humanity Put a smile on everyone's faces
Emotional	7	Heart touching!
Response	8	This made me cry!
(ER)	9	After a challenging few months, this is definitely something that cheered me up!
	10	It made my day
	11 12	Mentally has had such a positive impact on me It's the exact pick me up and recognition that was needed
	12	it's the exact pick the up and recognition that was needed
	13	Think it's very important to have a few memories about the difficult times we've been through
	14	Heart touching!
	1	
	15	Such a beautiful idea
	16	A very thoughtful idea
	17	The sweetest thing ever
	18	Lovely idea!
	19	Well done to those involved!
	20	Lovely
	21	Great idea
	22	Such a lovely idea!
	23	Brilliant concept
	24	A thoughtful and unexpected idea
	25	It was lovely to get this
Reaction	26	Really thoughtful
to	27	well received by myself and everyone I've spoken to
initiative (RI)	28	this was and is a fantastic scheme, one which I hope propagates further.
	29	Nicely put together
	30	Very thoughtful
	31	Thank you for organising this!
	32	this is definitely something that cheered me up!
	33	The wellbeing pack has been such a thoughtful and wonderful gesture that my kind NHS colleagues organised amidst the covid pandemic.
	34	Absolutely lovely thought
	35	Lovely idea!
	36	Very nice to receive the package!
	37	Such a lovely idea
	38	I think it is such a wonderful and thoughtful idea! Love it! 🕯
	39	should be encouraged in other hospitals
	40	The wellbeing pack has been such a thoughtful and wonderful gesture

## THE PHYSICIAN

	41	To be honest I felt like the overriding message here was "don't get sick and don't eat lunch because we need you to keep working".
	42	The products were well thought out
	43	I feel the vitamins were a great touch
	44	I carry my water bottle into work every day now.
	45	Honestly, the bag and the magnet were the only ones worth keeping
	46	The skin care products were amazing, the face needs some serious TLC after a long time of facemask wearing.
	47	The cup and water bottle were a nice touch too.
	48	It's not often as health care professionals we get goodies provoked out for.
Ē	49	The items were very relevant to us as medical SHOs as well
	50	especially loved the mug with the lovely NHS design and the vitamins which are much needed after working through covid).
-	51	I particularly liked the magnet and bag!
Reaction	52	The mug was also very sweet.
to Product Choice	53	I liked how personal the gifts were!
(RPC)	54	thank you card made me feel really appreciated!
-	55	Great range of actually useful healthy products!
-	56	Loved the bag and magnet in particular!
	57	The supplies within the pack are incredibly useful, especially the vitamins!
	58	I really enjoyed my tea and treats!
	59	The bag is just beautiful!
	60	Was a very nice bag of goodies to receive
	61	Multivitamins and a shake are not exactly useful.
-	62	People have just not been bothered to pick up their wellbeing bags since that's what we got.
	63	To be honest, nothing in that bag was interesting or enjoyable to me.
	64	If you wanted to put a smile on my face, honestly a bag of Percy Pigs, while not healthy, is all I needed.
-	64	Many thanks to all the companies that contributed
	65	We are very thankful.
	66	Thank you
-	67	Thank you!
-	68	Thank you for organising!
Gratitude	69	thank you :)
(G)	70	Really appreciated the whole thing.
-	71	Thank you 😂
	72	Thank you so much!
	73	thank you
	74	Thank you for organising this!
	75	Thank you to the companies and teams involved!

### THE PHYSICIAN

	76	Thank you,
	77	Much appreciated
	78	many thanks to the team arranging that.
	79	The wellbeing pack has been such a thoughtful and wonderful gesture that my kind NHS colleagues organised amidst the covid pandemic.
	80	The doctors that organised this should be so proud of themselves for the hard work and effort they put into this, especially whilst working on busy covid rota themselves.
	81	many thanks.
	82	thank you
	84	Thank you for your effort in doing this!
	85	Thanks for arranging!
	86	Thank you very much!
	87	Thank you
	88	We should be encouraged to look after ourselves as doctors
	89	It made me feel valued and appreciated
	90	It's so nice to be recognised for our hard work.
	91	Made me feel very appreciated!
	92	made me feel appreciated.
Feeling	93	It's not often as health care professionals we get goodies provoked out for.
Valued (FV)	94	Wonderful show of appreciation.
	95	thank you card made me feel really appreciated!
	96	It's the exact pick me up and recognition that was needed.
	97	I enjoyed the appreciation
	98	way to make doctors feel valued
	99	did make a difference in terms of feeling valued.

#### Table 2 - Participant responses to intervention

#### Emotional response

Fourteen separate data sets within the responses indicated that an emotional response was evoked; two respondents felt the packages were 'heart touching', restoring their 'faith in humanity'. Two respondents reacted with 'tears' in a positive way and there was frequent reference to happiness with mention of synonyms such as 'cheer', 'smile' and 'pick me up'.

#### Reaction to initiative

This was the most frequent theme identified with twenty-seven data sets, mostly representing the overall 'good idea' and 'thoughtful gesture' that was implemented via this wellbeing 'scheme'. Overall satisfaction was the most popular theme identified and the word 'idea' was positively contextualized nine times throughout the data collected. There was specific emphasis on how the packages were deemed 'thoughtful'. Multiple respondents described the concept with adjectives such as 'great', 'beautiful', 'sweet' and 'lovely'. Interestingly, there was also encouragement to initiate such 'schemes' in 'other hospitals and there was hope that these 'ideas' will 'propagate further'. Contrastingly, one respondent stated that the 'overriding message was 'don't get sick and don't eat lunch because we need you to keep working'.

#### Reaction to product choice

Twenty-three data sets were extrapolated for product relevance, labelling the products as 'goodies' that were 'well thought out'. Interestingly, most respondents reacted positively to the 'personal' items such as the magnet and bag; to some, they were 'the only one's worth keeping'. Many doctors defined the 'gifts' as 'healthy' and 'relevant', with specific mention to the vitamins being a 'great touch'. The face products were also commended and were linked to the relevance to skin care after long periods of 'facemask wearing' during the COVID-19 pandemic. Four respondents were dissatisfied. Some felt that the 'multivitamins and shake [were] 'not exactly useful' and there was mention of the package not being 'interesting or enjoyable'. One participant highlighted they would have preferred unhealthy snacks or sweets instead-

#### Gratitude

Twenty-three data sets were identified. 'Thank you' was the most common word identified overall, with 18 mentions throughout the data set. The doctors 'appreciated' the 'gesture' and acknowledged the 'effort' and 'hard work' undertaken by the 'companies and teams involved'.

#### Feeling valued

Participants felt both 'valued' and 'appreciated' which is reflected by twelve data sets within this theme. The doctors felt that the packages 'encouraged' them to 'look after' themselves and the packages were often described as 'needed' with mention of how in-frequent such 'recognition' was.

#### DISCUSSION

The primary aim of our project was to assess the effect of a rewards-based intervention in supporting staff mental health and wellbeing. Secondary outcomes were to gauge the feasibility of this initiative with respect to contextual factors, such as procuring items from local suppliers, and logistical issues with the delivery of our items and maintaining health and safety.

As expected, our data showed that study participants considered pandemic working conditions to be challenging and detrimental to their mental health (ER line 9). This is in keeping with other studies that have also reported burnout and exhaustion amongst the workforce.

Reassuringly, our data showed that the care packages were well received, with many participants stating that the packs made them feel a sense of happiness. A range of feedback was provided in response to package composition. Many commented positively on items that promoted physical health (RPC lines 43-44, 46, 50, 57), whereas others made frequent mention of the souvenir like items such as mugs or tote bags (ER line 13, RPC lines 5, 50, 53-54, 56) or more personal items (RPC line 53, FV line 95). Notably, two participants had negative reactions to the packages, with a lack of usefulness or perceived ulterior motives to providing free items being the main proponents of this (RPC lines 63-64, RI line 41). Despite this, most recipients felt the composition of the package was still 'relevant' and 'useful' (96%). Ultimately, the majority of responders felt that the wellbeing packages were a good initiative for bolstering morale. This supports the hypothesis that free and unexpected gifts may be a useful aid in supporting workplace mental health and wellbeing. Should other organisations aim to implement a similar intervention, it would be prudent to include a range of items to cater to an array of individual preferences and thus optimise end-user acceptability.

Given that our intervention was provided freely, it should be noted that some participants may have felt obliged to respond positively when completing the survey. To mitigate this, participants were encouraged to respond objectively and assured that their data would be collected anonymously, although we accept acquiescence bias as a limitation to our findings.

Regarding feasibility, our project was deemed acceptable with respect to time and budgetary constraints. The planning phase, which involved determination of package composition and item procurement, began in January 2021. This was achieved within 3 weeks, allowing for the creation and delivery of the care packages throughout February 2021. Package cost was minimised by reaching out to various local businesses and corporate establishments for voluntary donations. Overall, we were able to show that it is possible to procure and deliver care packages in a short time frame using a small team and limited resources. This may prove noteworthy to other organisations where time and cost are limiting factors.

#### CONCLUSION

Whilst the long-term efficacy of care-package based interventions in supporting mental health remain to be seen, the shown perceived physical and psychological benefits of this initiative are promising. We conclude that rewards-based incentives may present a worthwhile consideration for other organisations looking for low-cost and simple initiatives to utilise in a pandemic affected workplace or where staff morale has otherwise been impaired.

#### REFERENCES

- 1. Wald, H., 2020. Optimizing resilience and wellbeing for healthcare professions trainees and healthcare professionals during public health crises – Practical tips for an 'integrative resilience' approach. Medical Teacher, 42(7), pp.744-755.
- Wu, A., Buckle, P., Haut, E., Bellandi, T. et al., 2020. Supporting the Emotional Well-being of Health Care Workers During the COVID-19 Pandemic. Journal of Patient Safety and Risk Management, 25(3), pp.93-96.
- 3. Coughlan, C., Nafde, C., Khodatars, S., et al., 2021. COVID-19: lessons for junior doctors redeployed to critical care.
- Kinman, G., Teoh, K. and Harriss, A., 2020. Supporting the well-being of healthcare workers during and after COVID-19. Occupational Medicine, 70(5), pp.294-296.
- Zhang, W., Wang, K., Yin, L. et al., 2020. Mental Health and Psychosocial Problems of Medical Health Workers during the COVID-19 Epidemic in China. Psychotherapy and Psychosomatics, 89(4), pp.242-250.
- Phases of Disaster, 2020. Phases of Disaster. [online] Samhsa.gov. Available at: <u>https://www.samhsa.gov/dtac/recoverin</u> <u>g-disasters/phases-disaster</u> [Accessed 3 April 2021].
- 7. Mental Health and Wellbeing in the Medical Profession. BMA, 2019. <u>https://archive.bma.org.uk/collective-</u><u>voice/policy-and-research/education-</u><u>training-and-workforce/supporting-the-</u><u>mental-health-of-doctors-in-the-</u><u>workforce</u> [Accessed 12 May 2021]
- 8. Hu, X. and Huang, W., 2020. Protecting the psychological well-being of

healthcare workers affected by the COVID-19 outbreak: Perspectives from China. Nursing & Health Sciences, 22(3), pp.837-838.

- Hall, L., Johnson, J., Watt, I., et al., 2021. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review.
- 10. Xiang, Y., Yang, Y., Li, et al., 2020. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. The Lancet Psychiatry, 7(3), pp.228-229.
- Behrman, S., Baruch, N. and Stegen, G., 2020. Peer support for junior doctors: a positive outcome of the COVID-19 pandemic?. Future Healthcare Journal, 7(3), pp.e64-e66.
- 12. Quirk, H., Crank, H., Carter, A., et al., 2018. Barriers and facilitators to implementing workplace health and wellbeing services in the NHS from the perspective of senior leaders and wellbeing practitioners: a qualitative study. BMC Public Health, 18(1).
- 13. Leiter MP, Maslach C. Areas of work life survey manual. Wolfville, NS: Centre for Organizational Research and Development. 2006.
- 14. Lasalvia, A., Bonetto, C., Bertani, M., et al., 2009. Influence of perceived organisational factors on job burnout: survey of community mental health staff. The British Journal of Psychiatry, 195(6), pp.537-544.
- 15. Montgomery, A., Panagopoulou, E., Esmail, A., et al., 2019. Burnout in healthcare: the case for organisational change. Bmj, 366.
- 16. Cubitt, L.J., Im, Y.R., Scott, C.J., et al., 2021. Beyond PPE: a mixed qualitative– quantitative study capturing the wider issues affecting doctors' well-being

during the COVID-19 pandemic. BMJ open, 11(3), p.e050223.

- 17. Edwards, K., 2020. Wellbeing initiatives: all things 'Great-ix'. Future Healthc J, 7(Suppl 1), pp.s92-s92.
- Mysterud, I., Drevon, T. and Slagsvold, T., 2006. An Evolutionary Interpretation of Gift-Giving Behavior in Modern Norwegian Society. Evolutionary Psychology, 4(1), p.147470490600400.
- 19. McAllister, M., 2008. Thank-you cards: Reclaiming a nursing student ritual and releasing its transformative potential. Nurse Education in Practice, 8(3), pp.170-176.
- 20. Algoe, S., Kurtz, L. and Hilaire, N., 2016. Putting the "You" in "Thank You". Social Psychological and Personality Science, 7(7), pp.658-666.
- 21. Krockow, E., 2019. Why We Love Free Stuff Too Much. [online] Psychology Today. Available at: <https://www.psychologytoday.com/us/ blog/stretching-theory/201908/why-welove-free-stuff-too-much> [Accessed 3 April 2021].
- 22. Diener, E., Pressman, S., Hunter, J. at al., 2017. If, why, and When Subjective Well-Being Influences Health, and Future Needed Research. Applied Psychology: Health and Well-Being, 9(2), pp.133-167.
- 23. Rath, T. and Harter, J., 2014. Wellbeing. New York: Gallup Press.
- Huppert, F., 2009. Psychological Wellbeing: Evidence Regarding its Causes and Consequences. Applied Psychology: Health and Well-Being, 1(2), pp.137-164.
- 25. Harding, 2021. Vitamin D Deficiency. [online] Patient.info. Available at: <u>https://patient.info/bones-joints-</u> <u>muscles/osteoporosis-leaflet/vitamin-d-</u>

deficiency#:~:text=A%20lack%20of%2 0vitamin%20D%20is%20very%20com mon.,and%20spring%20because%20of %20less%20exposure%20to%20sunlig ht. [Accessed 4 April 2021].

- Penckofer, S., Kouba, J., Byrn, M. et al., 2010. Vitamin D and Depression: Where is all the Sunshine? Issues in Mental Health Nursing, 31(6), pp.385-393.
- Pullar, J., Carr, A., Bozonet, S. et al., 2018. High Vitamin C Status Is Associated with Elevated Mood in Male Tertiary Students. Antioxidants, 7(7), p.91.
- NHS UK, 2020. Vitamins and minerals -Vitamin C. [online] nhs.uk. Available at: <u>https://www.nhs.uk/conditions/vitaminsand-minerals/vitamin-c/</u> [Accessed 4 April 2021].
- 29. Smith, A. and Wilds, A., 2009. Effects of cereal bars for breakfast and midmorning snacks on mood and memory. International Journal of Food Sciences and Nutrition, 60(sup4), pp.63-69.
- 30. Wilkins, H., 2010. Souvenirs: What and Why We Buy. Journal of Travel Research, 50(3), pp.239-247
- 31. Gano-an, J., 2017. Consumers' preferences on the use of eco-friendly bags: a green marketing perspective.
- 32. Frith, H. and Gleeson, K., 2004. Clothing and Embodiment: Men Managing Body Image and Appearance. Psychology of Men & Masculinity, 5(1), pp.40-48.
- Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), pp.77-101.