

From Strengths to Success: A Model for Integrating CliftonStrengths into Health Care Education

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Abstract

Health care programs are intense academically and emotionally demanding, requiring students to balance rigorous study with the development of health knowledge, clinical skills, and teamwork. Drawing on a strengths-based educational framework, Utah Valley University (UVU) embedded the CliftonStrengths assessment within its Master of Physician Assistant Studies (PA) program to support student success and well-being. This case study illustrates how faculty, staff, and students engaged in the "Name it, Claim it, Aim it" framework through personalized coaching, classroom activities, and leadership development. Survey responses from three cohorts (n=76, 85% response rate) indicated consistent benefits, including increased self-awareness, academic confidence, collaboration, and resilience. While this study focused primarily on student perceptions, prior research has shown that strengths-based approaches can also reduce attrition (Tatel et al., 2024), enhance self-awareness (Stebbleton et al., 2012), and support improved retention outcomes (Soria & Stubblefield, 2015). This article offers a scalable implementation roadmap for health and high-stakes academic programs seeking to elevate student success through personalized strengths development.

Keywords: student success, CliftonStrengths, health professions education, professional identity formation, student well-being, physician assistant education, strengths-based education

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Healthcare education places considerable academic, emotional, and professional demands on students. Individuals in programs such as Physician Assistant (PA), Nursing, and Physical Therapy must master complex medical knowledge, develop clinical reasoning skills, and adapt to high-pressure environments within condensed timeframes. These programs typically involve extended hours, rigorous assessments, and emotionally demanding clinical rotations, which researchers have linked to elevated stress, burnout, and attrition (Ali & Fatemi, 2025; Dyrbye et al., 2005).

Empirical studies have documented that students in health-related disciplines report significantly higher levels of stress, anxiety, and depression than peers in other academic fields (Bartlett et al., 2016; Frese et al., 2021; Melaku et al., 2015). Nursing and physical therapy students frequently cite academic workload, uncertainty about competence, and clinical performance expectations as primary sources of stress (Chernomas & Shapiro, 2013; Frese et al., 2021). Observations by Ali and Fatemi (2025) indicate that inconsistent clinical supervision and unmet expectations also contribute to psychological strain during clinical placements.

Researchers have thoroughly documented the mental health risks associated with these academic and clinical challenges. In a pilot study, Oakley et al. (2025) reported that 56% of baccalaureate nursing students experienced moderate to severe levels of secondary traumatic stress (STS). Similar trends have been reported by other researchers, with between 40% and 55% of students experiencing moderate STS symptoms (Oakley et al., 2025), raising concerns about emotional exhaustion and long-term retention in the health workforce.

Despite growing awareness of these risks, educators and program leaders often lack structured interventions to proactively support students. Ali and Fatemi (2025) identified a gap between student expectations and coping preparedness during clinical placements, underscoring the need for intentional strategies that foster resilience, reflection, and identity development throughout health professions education.

One such strategy draws from the field of positive psychology, which emphasizes the cultivation of well-being, strengths, and optimal functioning rather than focusing solely on deficits (Lopez & Louis, 2009; Wingert et al., 2022). Within this framework, strengths-based education has emerged as a promising model that shifts the emphasis from remediating weaknesses to intentionally developing students' innate talents (Soria & Stubblefield, 2015; Stebleton et al., 2012).

A widely adopted strengths-based tool is CliftonStrengths (formerly StrengthsFinder), a research-based assessment developed by Gallup that identifies an individual's top five talent themes across four domains: Executing, Influencing, Relationship Building, and Strategic Thinking (Asplund & Harter, 2023). CliftonStrengths was selected for its established use in higher education and its structured framework for self-awareness, as demonstrated in Gallup's meta-analyses (Tatel et al., 2024). These talents and themes offer a structured vocabulary for exploring how individuals approach collaboration, leadership, learning, and challenges. The "Name it, Claim it, Aim it" model operationalizes this approach, guiding students to identify their strengths, understand their impact, and apply them purposefully in academic, professional, and personal settings (Clifton & Harter, 2003).

Evidence suggests that strengths-based interventions improve student engagement, self-awareness, and academic persistence (Soria & Stubblefield, 2015; Tatel et al., 2024). For example, a recent Gallup meta-analysis found that students who engaged in structured

CliftonStrengths programming were significantly more likely to be retained from their first to second year of college, with interventions decreasing attrition by nearly five percentage points (Tatel et al., 2024).

Building on this evidence, the Master of Physician Assistant Studies (PA) program at Utah Valley University (UVU) sought to proactively support students' development by embedding a strengths-based framework across its faculty, staff, and student experiences. Drawing on an existing culture of strengths-based leadership within the College of Health and Public Service, the program implemented a three-tiered strategy using CliftonStrengths as a foundation for reflection, resilience, and self-awareness.

This article presents a case study of how UVU integrated CliftonStrengths framework throughout its PA program to promote academic success, emotional well-being, and professional growth. Specifically, we (1) describe the implementation of the strengths-based model, (2) explore student survey responses related to its perceived impact, and (3) offer recommendations for adapting this model across other graduate health education programs. CliftonStrengths was selected due to its widespread use in higher education, established psychometric properties, and structured application model (Asplund & Harter, 2023; Clifton & Harter, 2003).

Literature Review

Overview of Strengths-Based Education

Strengths-based education is grounded in positive psychology and emphasizes the intentional development of individuals' natural talents, rather than focusing on remediating deficits (Lopez & Louis, 2009; Soria & Stubblefield, 2015). Within educational settings, this approach seeks to create learning environments that help students "name, claim, and aim" their strengths, leading to improved motivation, engagement, and self-efficacy (Hodges & Harter, 2005). Strengths-based education has been implemented in various formats, including first-year experience (FYE) programs, leadership development courses, and wellness curricula, often through the integration of the CliftonStrengths assessment (formerly StrengthsFinder).

In one foundational study, Stebleton et al. (2012) examined the integration of CliftonStrengths in an undergraduate FYE curriculum and found that students who participated in the strengths-based program reported significantly higher levels of academic engagement, sense of belonging, and perceived ability to succeed in college. Similarly, Soria & Stubblefield (2015) demonstrated that students whose instructors adopted strengths-based pedagogical practices reported greater classroom engagement, collaborative learning, and higher-order thinking. These studies largely focused on traditional undergraduate populations but consistently showed that strengths-based interventions support key elements of academic persistence and success.

CliftonStrengths Framework and Educational Interventions

The CliftonStrengths assessment includes 177 paired statements where respondents are given 20 seconds to select the statement that best describes him or her. The timed response is used to help capture the first or initial reaction to the paired statements. Feedback is provided through a Top Five report that identifies individual's top five from a taxonomy of 34 talent

themes grouped into four domains: Executing, Influencing, Relationship Building, and Strategic Thinking (Asplund & Harter, 2023).

The Gallup-developed "Name it, Claim it, Aim it" framework is used to guide students in identifying their dominant themes, considering potential blind spots, reflecting on how those themes influence their behaviors, and intentionally applying them in academic, professional, and personal contexts (Dyess et al., 2017). These practices have been embedded into a variety of classroom and co-curricular settings.

For example, Latimer et al. (2024) implemented a strengths-based module into a required wellness course at Georgia Tech and found measurable improvements in students' emotional intelligence, self-awareness, and coping strategies. In a related study of leadership education, Wingert et al. (2022) found that strengths interventions contributed to increased self-confidence and professional growth in student participants. The meta-analysis by Gallup reviewed more than 100 studies and confirmed that strengths-based development was associated with increased student retention, persistence, and satisfaction across higher education institutions (Tatel et al., 2024).

Use in Health Professions Education

While strengths-based education has been broadly applied in undergraduate populations, its integration into health professions education remains limited. Existing research primarily reports descriptive data on the distribution of strengths among student pharmacists and residents, rather than on interventions that actively use strengths for student development (Janke et al., 2010; Yee et al., 2018). For example, several pharmacy schools have implemented the CliftonStrengths assessment as part of leadership or advising programs, documenting common top five themes such as Learner, Achiever, and Responsibility (Traynor et al., 2010). However, the focus of these studies was often on the prevalence of particular strengths and their alignment with professional roles, rather than the longitudinal use of strengths-based strategies within the curriculum to promote academic success or professional identity.

One exception is the University of Minnesota's College of Pharmacy, where strengths-based development has been incorporated into leadership coursework, residency training, and preceptor development (Traynor et al., 2010). These efforts emphasize reflection, discussion, and alignment of tasks with personal strengths.

Gap in the Literature

Although strengths-based education has shown broad applicability across undergraduate contexts and emerging relevance in pharmacy education, there is a notable absence of applied research within Physician Assistant (PA) programs. Most studies in health professions either describe the frequency of certain strengths among students or present anecdotal implementation in leadership contexts (e.g., Janke et al., 2010; Yee et al., 2018).

This gap is particularly relevant given the intense academic rigor, high-stress clinical environments, and rapid identity transition characteristic of PA training. While professional identity formation has been widely studied in medical and nursing education, its intersection with strengths-based education remains underexplored, particularly in PA programs (Hodges et al., 2005). As such, this study responds directly to the need for research that (1) applies strengths-

based interventions intentionally within a PA curriculum, and (2) evaluates their perceived impact on key outcomes such as student engagement, resilience, and professional development.

Methodology

Program Structure and Strengths-Based Implementation

To support student success during the launch of the new Physician Assistant (PA) program at Utah Valley University (UVU), a three-tiered, strengths-based approach was developed using the CliftonStrengths framework. The UVU PA program is a 28-month, graduate-level professional degree preparing students for licensure as physician assistants, integrating biomedical science, clinical reasoning, and practical rotations. The intervention aligned with Gallup’s “Name it, Claim it, Aim it” model and was led by the Associate Dean (AD) of the College of Health and Public Service, a certified CliftonStrengths coach, and supported by the PA clinical coordinator who also was a certified strength coach. The approach was designed to create a shared vocabulary, promote self-awareness, and embed strengths language across the program’s culture for faculty, staff, and students.

Oversight of the initiative was provided by the AD in collaboration with the PA Program Director. To ensure sustainability, the Clinical Coordinator also completed Gallup’s Strengths Coaching training and became the program’s internal strengths coach. Coaching and training sessions were primarily conducted by the AD and Clinical Coordinator. The three-tier strategy of implementation are described below (see Table 1):

Table 1

Three-Tiered Strategy of CliftonStrengths in the UVU PA Program

<i>Tier</i>	<i>Focus</i>	<i>Activities</i>	<i>Participants</i>	<i>Timing</i>
Tier 1 Faculty & Staff Development	Build foundational strengths-based culture	<ul style="list-style-type: none"> • CliftonStrengths assessment • One-on-one coaching • Shared vocabulary and advising strategies 	Faculty & Staff	Pre-program launch
Tier 2 Student Orientation & Integration	Foster self-awareness and academic application	<ul style="list-style-type: none"> • CliftonStrengths assessment • Classroom workshop (2 hrs) • Guided reflection on top 5 strengths 	First-year PA students	First 2 weeks of didactic year
Tier 3 Applied Use in Leadership Course	Promote professional growth and clinical readiness	<ul style="list-style-type: none"> • Strengths-based reflection in leadership course • Application to communication, 	Second-year PA students	Clinical year (Year 2)

(continued)
stress management,
and clinical skills

Note. Overview of the UVU PA program’s three-tiered approach to implementing CliftonStrengths across faculty, staff, and students.

Tier 1: Faculty and Staff Development (Pre-Program Launch)

Prior to admitting the first cohort, all program faculty and staff completed the CliftonStrengths assessment and received one-on-one coaching from the AD or Clinical Coordinator. Coaching sessions introduced the “Name it, Claim it, Aim it” model and explored how each individual’s top five strengths could enhance communication, decision-making, and teamwork. The concept of blind spots, defined by Gallup as the potential overuse or misapplication of a dominant talent theme, was also introduced (Asplund & Harter, 2023). These conversations helped faculty and staff identify their strengths-based “blind spots,” fostering awareness of potential biases in their roles as educators and mentors. A shared vocabulary emerged, allowing students and employees to use strengths language during advising sessions, clinical debriefs, and academic support conversations. Discussion with faculty and staff focused not only on their strengths, but on how to help students when they experience challenges.

Tier 2: Student Orientation and Integration (Didactic Year)

During the first two weeks of the didactic year (i.e., the primarily classroom based first year of the program focused on foundational biomedical and clinical science instruction prior to clinical rotations), students completed the CliftonStrengths assessment as part of orientation. They participated in a facilitated 2-hour classroom session that introduced the CliftonStrengths philosophy and emphasized the “Name it” and “Claim it” stages of the model. The session was facilitated by a PA faculty member, Clinical Coordinator, and AD. Students were guided through reflection activities and small group discussions to explore their top five strengths, potential blind spots, and consider how these traits could be applied to team dynamics, learning strategies, and academic resilience.

Tier 3: Applied Use in Leadership Course (Clinical Year)

In the second year of the program, students revisited their strengths during a formal leadership course. Personal and Clinical Leadership (PAS 6762) is a required semester long, lecture-based two credit hour course that introduces foundations of professional practice and leadership in clinical settings, including conflict management, self-reflection, mindful practice, and patient safety awareness. The course covers content mapped to the Accreditation Review Commission on Education for the Physician Assistant ARC-PA standards and program competencies, supporting PA competencies in leadership, interprofessional collaboration, patient safety, professionalism, and provider wellbeing. Emphasis shifted toward the “Aim it” stage, encouraging students to reflect on how their strengths could shape their communication preferences, clinical behaviors, and stress management strategies. Faculty embedded CliftonStrengths into classroom discussions, leadership assignments, and reflections on professionalism and collaboration during clinical rotations.

Ethical Considerations

This project received IRB exemption from Utah Valley University's Institutional Review Board (Protocol #IRB-L-1023).

Survey Design and Data Collection

To evaluate the perceived impact of the strengths-based initiative, an anonymous survey was distributed to students in three cohorts (n = 89). Faculty and staff also received a separate version of the survey (n=10). The survey was administered during the leadership course in the second year, shortly after the CliftonStrengths reflection session. The survey was web-based and distributed via email using Qualtrics. The student survey included a mix of multiple-choice and open-ended questions. Two main questions guided the qualitative data collection:

1. Do you feel learning about your top five strengths was beneficial to you?
If yes: In what way was it beneficial in the PA program?
If no: Why not? In what ways could it be beneficial?
2. In what ways could the PA program improve the use of CliftonStrengths?

Faculty and staff were asked parallel questions about their own strengths and the use of CliftonStrengths in the program.

Data Analysis Procedure

Thematic analysis was guided by Braun and Clarke's (2006) six-phase framework. The lead author initially used AI-assisted exploration (ChatGPT) to identify response patterns and generate provisional codes. While this tool helped identify early patterns, all final coding was conducted manually by both authors. These codes were then manually reviewed, refined, and categorized by both authors through an interpretive approach. Codes were grouped into themes that reflected the perceived impact of CliftonStrengths on students' academic, interpersonal, and clinical experiences. Analysis was conducted manually using spreadsheets, and no qualitative software was used.

Findings

A total of 89 students across the first three cohorts of the PA program were invited to participate. Cohort 1 included 29 students, Cohort 2 included 30, and Cohort 3 included 30. Of these, 76 students completed the survey, yielding a response rate of 85.4%. In addition, 10 faculty and staff members also participated in the survey. While this article focuses primarily on student outcomes, faculty and staff responses provided useful context and supported themes of shared vocabulary, consistent coaching, and cultural reinforcement.

Perceived Benefit of Strengths Awareness

In response to the question “Do you feel learning about your top five strengths was beneficial to you?” 92% of students (70 out of 76) responded “yes” (see Table 2). This perception was consistent across all three cohorts. Among faculty and staff, 100% indicated that learning about their top five strengths was beneficial.

Table 2

Student Responses to Question 1

Cohort	Yes	No
Cohort 1	19	0
Cohort 2	23	5
Cohort 3	28	1
Total	70 (92%)	6 (8%)

Thematic Analysis of Student Perceptions

To analyze open-ended responses to Question 2 (“If yes, how was it beneficial?”), researchers independently coded each student’s response and then met to reach consensus. During this process, 17 responses were initially assigned two codes (e.g., “self-awareness” and “confidence”), but for clarity, a single primary theme was selected. Where dual coding occurred, researchers prioritized the applied or outcome-based aspect (e.g., teamwork or academic application) over general awareness.

Five major themes emerged from the student responses: Increased Self-Awareness, Academic/ Professional Application, Confidence and Resilience, Teamwork and Collaboration, Minimal Benefit (see Table 3 for theme definitions).

Table 3

Theme Definitions

Theme	Definition
Increased Self-Awareness	Reflects enhanced understanding of personal traits, tendencies, blind spots, or learning styles.
Academic/ Professional Application	Utilizes personal strengths to enhance learning, clinical performance, and career readiness.
Confidence and Resilience	Describes an increased belief in one’s abilities, improved emotional coping, or reduced stress through strength awareness.
Teamwork and Collaboration	Highlights improved peer relationships, empathy, communication, or team synergy.
Minimal Benefit	Indicates a student found little to no impact from the CliftonStrengths experience.

Increased Self-Awareness

Students frequently reported gaining a deeper understanding of their motivations, default behaviors, and blind spots. This self-knowledge was foundational to how they approached

academic and interpersonal challenges. For example, one PA student reflected that the experience “made me reflect on how I could use my strengths to my advantage.” Another student explained that “recognizing my strengths allows me to understand why I do the things I do,” and a third noted that it “helped me identify my blind spots better.” This self-awareness was foundational to how they approached academic and interpersonal challenges.

Academic and Professional Application

Students also described using their identified strengths to guide how they studied, interacted with patients, and prepared for future employment. Strengths were viewed as practical tools that supported academic efficiency and clinical confidence. One participant shared that the intervention “helped guide how I utilized my strengths as a PA and how I studied.” Another remarked that it “helped me know how to present myself for future job interviews,” and a third student reported that “it allowed me to hone those skills to help my classmates and people in the community better.”

Confidence and Resilience

Across responses, students emphasized the role of strengths awareness in promoting emotional stability and persistence. Several participants described how reflecting on their strengths provided reassurance during challenging periods in the program. As one student recounted, it “was a good way to get through the feeling of inadequacy in the beginning of the program.” Another explained, “learning my strengths helped me through difficult times... I look at my strengths to see how I can use them to get out of it.” A third participant noted that the experience “gave me confidence and things to focus on that I could use as strengths.”

Teamwork and Collaboration

The strengths framework also appeared to foster stronger peer connections and more intentional collaboration. Students reported that knowing their classmates’ strengths improved team dynamics, empathy, and shared decision-making. For instance, one participant reflected that it “helped me better understand some of my peers... sharing strengths was insightful.” Another described “becoming a better team member to my cohort,” and a third commented that “it helped me connect with others more when I found out their strengths.”

Minimal Benefit

A small subset of students reported neutral or limited impact from the strengths activities. These participants tended to view the experience as interesting but not transformative. One student described it as “more interesting than beneficial,” whereas another stated, “I don’t think it made a difference to me in the PA program specifically.”

Suggestions for Improvement

In response to Question 3 (“In what way could the program improve with the use of CliftonStrengths?”), students offered constructive ideas. These included adding more practical

applications such as scenario-based role-play, incorporating strengths check-ins before clinical rotations, and exploring how to identify and manage “blind spots” more explicitly. These suggestions reinforce the perceived value of the model and point toward opportunities for deeper integration.

Summary of Findings

The majority of students described clear academic, emotional, and interpersonal benefits from engaging with CliftonStrengths. Themes suggested that strengths awareness served as a developmental tool that helped students adapt to PA program demands. These findings are consistent with strengths-based studies in undergraduate and wellness settings (Latimer et al., 2024; Soria & Stubblefield, 2015) and extend them to a graduate health education context.

Discussion

The findings from this study reinforce the potential of strengths-based interventions to positively influence student experiences in health professions education. Students in the UVU PA program described how CliftonStrengths helped them better understand themselves, build confidence, and work more effectively with peers and patients. These benefits align with the intended outcomes of professional identity formation (PIF), which include integrating personal values with the expectations of professional practice (Toubassi et al., 2023).

CliftonStrengths, with its focus on self-awareness and applied reflection, appears particularly well-suited to support this process. When used intentionally, strengths-based education can help students develop both the confidence and resilience needed to thrive in high-stress environments while fostering empathy, communication skills, and leadership behaviors essential for healthcare delivery. These findings help address the documented gap in applied strengths-based interventions within PA education.

Importantly, students consistently reported benefits across three domains central to PA education: academic and professional success, emotional well-being, and team-based collaboration. These findings echo outcomes from other strengths-based educational interventions, including Latimer et al.’s (2024) wellness course, where students reported gains in resilience, optimism, and emotional intelligence, and meta-analytic research by Gallup (Tatel et al., 2024), which linked strengths-based programming to lower attrition rates.

While professional identity formation is well-documented in health professions literature, few studies explore how strengths-based models contribute to this process—particularly in PA programs. This study helps fill that gap by illustrating how strengths-based reflection can serve as a developmental bridge between personal authenticity and professional expectations. The model described here does not replace PIF frameworks but rather enriches them by offering tools for self-reflection and intentional growth.

Strengths and Limitations

This study demonstrated several strengths. Notably, it achieved a high student response rate across three cohorts, enhancing the robustness of its findings. The use of a consistent coaching model and three tier implementation process provided a stable framework for

evaluating the intervention. Additionally, aligning the strengths-based intervention with curricular goals and co-curricular touchpoints ensured that the program was both relevant and well-integrated into the student experience. However, there were also important limitations. The study relied on self-reported perceptions rather than objective performance data, which may affect the accuracy of the outcomes. The coding and thematic analysis were conducted retrospectively and manually, which could impact reproducibility. Although AI-assisted tools such as ChatGPT were used during the initial code generation, final coding decisions were made by humans without inter-rater reliability metrics, introducing potential for subjective bias. Lastly, the study focused solely on the experience of a single institution, which limits the generalizability of its conclusions.

Future research should explore the longitudinal impacts of strengths-based models on student retention, clinical performance, and validated measures of professional identity formation. Additionally, faculty implementation practices and perspectives merit further investigation, as they play a key role in creating a consistent and supportive learning culture.

Recommendations for Broader Implementation

Health professions programs aiming to support student well-being, retention, and development might consider several key strategies. One effective approach is embedding CliftonStrengths throughout both curricular and co-curricular experiences, allowing students to consistently engage with and apply their strengths. Additionally, providing structured coaching for faculty and staff can help establish a consistent, shared language around strengths, fostering a more cohesive learning environment. Programs should also incorporate reflective activities that connect to identity development, clinical performance, and stress management, helping students deepen their self-awareness and resilience. Reassessing and revisiting students' strengths at multiple points during the program ensures that this work remains relevant and adaptive to their evolving needs. Finally, responding to student feedback by integrating scenario-based learning and offering clearer guidance on balancing strengths with potential blind spots can enhance practical understanding and support more effective personal and professional growth.

Conclusion

This case study demonstrates the value of integrating strengths-based education into the fabric of a high-intensity health professions program. By grounding the PA curriculum in a model of positive psychology and individual talent development, the program addressed three urgent challenges in healthcare education: academic pressure, personal resilience, and collaborative practice.

The implementation of a three-tiered CliftonStrengths model provided a scalable framework that other institutions might consider adopting. Students gained tools that support self-regulation, peer collaboration, and personal meaning-making: all key to professional identity formation and sustainable success.

As health professions education continues to grapple with burnout, attrition, and the emotional toll of training, strengths-based models offer an evidence-informed and student-centered approach. While more longitudinal research is needed, this study suggests that

intentional strengths-based interventions can play a vital role in shaping confident, resilient, and reflective healthcare professionals.

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