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Total Worker Health® Participatory Initiatives to Address Stress and Burnout: Perceptions of Correctional Health Services Unit

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Outline & Objectives

- Identify key stressors and burnout factors unique to correctional healthcare workers.
- Describe the Health Improvement through Employee Control (HITEC) Total Worker Health approach and its participatory design process.
- Evaluate the effectiveness of employee-driven interventions in reducing perceived stress and burnout.

Background

- Correctional healthcare workers in the U.S. operate within a uniquely challenging environment, facing high levels of stress and trauma.
- Over 2.1 million adults incarcerated in U.S. prisons and jails, there is a significant need for healthcare services to address the needs of this underserved population (Statisticser, 2024; Tuholske et al., 2024).
- Research indicates that healthcare workers in correctional settings face higher rates of mental health symptoms compared to their peers outside of these environments (Burhanullah, 2022), .
- These disparities are largely due to the unique stressors and challenges inherent to correctional facilities.

Health Improvement Through Employee Control (HITEC)

- HITEC: A participatory staff driven process, through the use of Design Teams
- Goal: Improve correctional work-life
“Live well past your 25!”



Why HITEC Got Started...

The Problem:

- Life Expectancy (66.5 years vs 79 years)
- Identified Risk Factors and Root Causes
 - NIC : Occupational Stress

•Solution:

- HITEC: A participatory staff driven process

Support:

- Surgeon General
- Connecticut State Senator Osten



HITEC Background

- Federally funded research project between UConn and CT DOC
- Focus on the health concerns experienced by correctional workers
 - High rates of cardiovascular disease, substance use, divorce
 - Physical and mental health concerns
- Evolved into state funded program
- Focus on improving employee well-being



UConn and UMass Lowell Work with DOC Healthcare and 1199

- Civility Among Healthcare Professionals (CAHP) program (2008-2015)
- Gender Differences in Occupational Health Risks and Health Behaviors among Correctional Nurses (2015)
- National Institute of Corrections (NIC) Responding to Staff Trauma and Organizational Stress in Prison and Jail Settings (current)
- York CI Health Service Unit Design Team (2023-present)

Recent findings from National Study on Stress and Trauma Resources in Corrections (NIC)



- Generally limited evidence of resources.
- The 3 levels of prevention are included.
- There is opportunity to better address the **usefulness and helpfulness** of policies, practices, peer supports and training designed for trauma prevention and response.
- Gap of awareness of some resources.
- Different perceptions of resource use, helpfulness and fitting the needs of correctional workers.

Recommendations from National Study on Stress and Trauma Resources in Corrections (NIC)

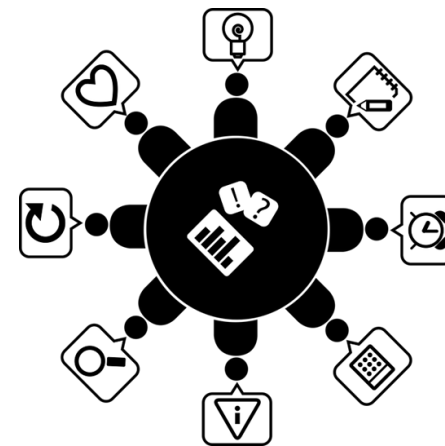
Offer **time** for meeting using resources



Improve **communication** of available resources and how they can be accessed and utilized

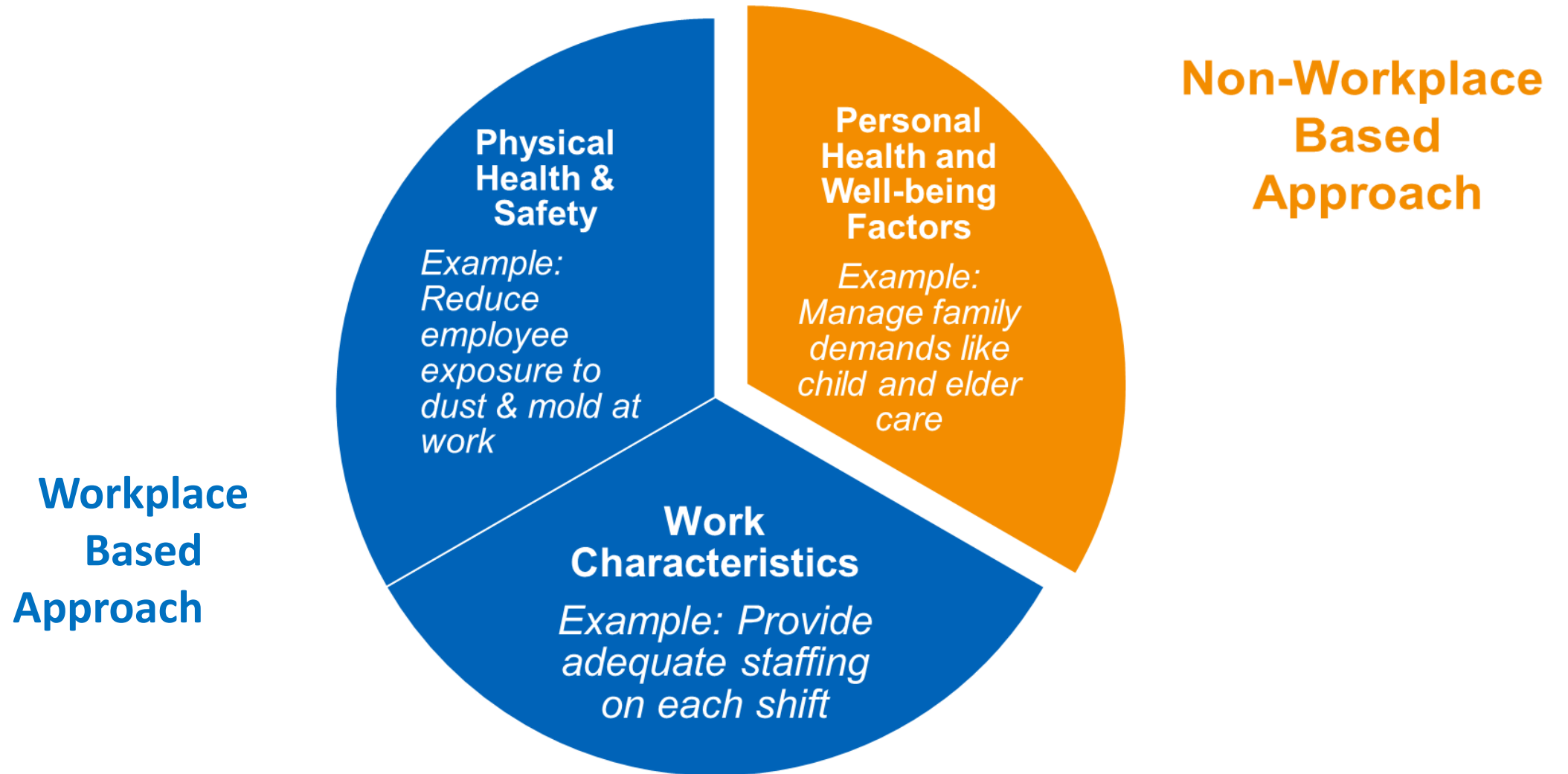


Tailored resources
 Multi-levels of prevention
 Process and Structures (IDEAS & Participatory Processes)



Worker engagement
 Peer support

Traditional Methods



Total Worker Health[®] (TWH)

Keep Workers Safe

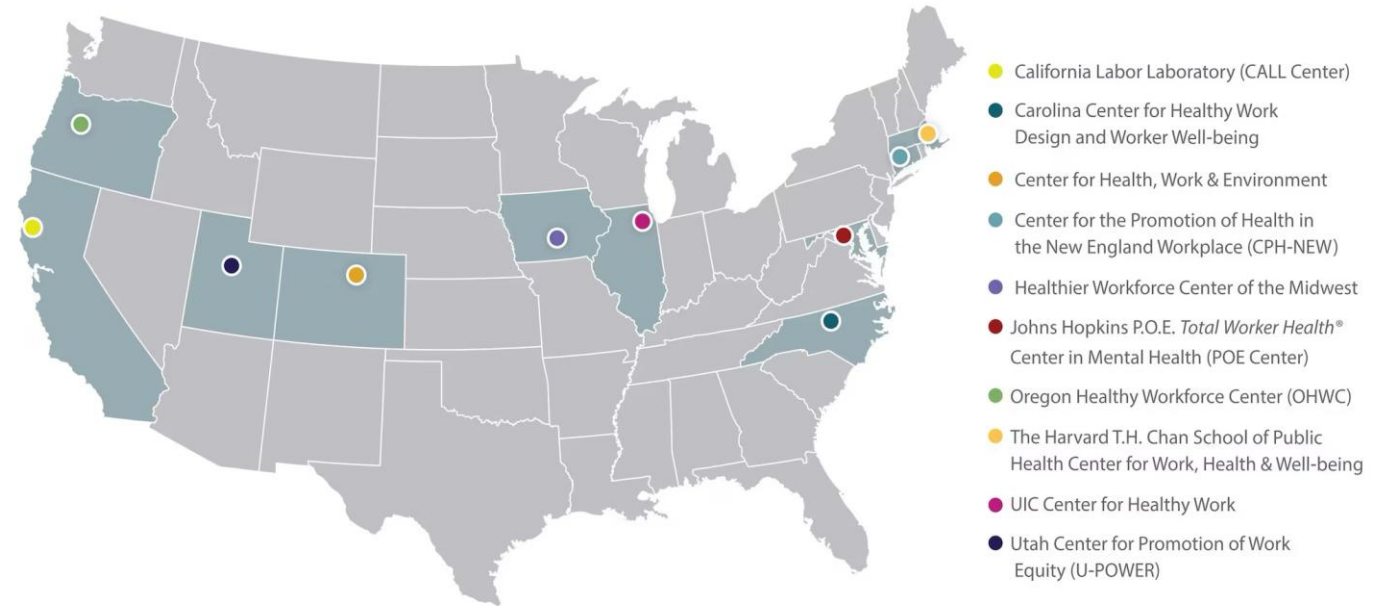


Establish Workplace Policies, Practices, and Programs that Improve Health



Create Worker Well-Being

Centers of Excellence for Total Worker Health[®]

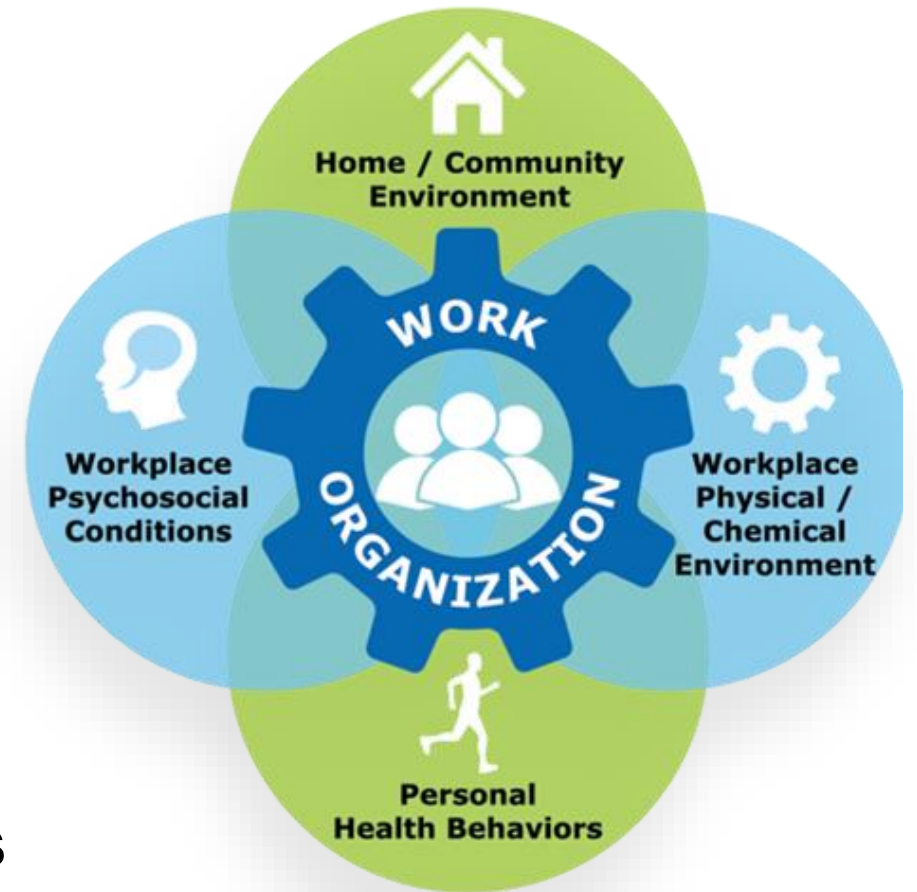


National Institute for Occupational Safety and Health . (2025, Sep). *NIOSH Centers of Excellence for Total Worker Health*[®] <https://www.cdc.gov/niosh/twh/centers.html>

HITEC: A Participatory Total Worker's Health (TWH) Approach

A process that uses employees' knowledge & experiences to:

- Discover root causes of physical, social, and mental stress.
- Discover root causes of unhealthy behaviors.
- Generate solutions to these stressors and concerns.
- Contextualize solutions to stressors



Benefits of this Approach

HITEC is a program that promotes improvements in health, safety and well-being that is:

- **Employee driven** – creates ownership and commitment to change.
- **Solution driven** – builds a programs that makes change happen.
- **Interaction driven** – improves communication between staff and management.
- **Sustainable** – builds programs that last for the **long-term**

Benefits to the DOC Workforce

- Improved safety, security and well-being of staff
- Positive public image
- Opportunities for leadership & competency development



Hartford Courant

For Staff by Staff

- Design Teams (DT) are groups of 6-8 frontline staff who meet to identify, design and implement interventions.
 - DT members are made up of all correctional staff roles
 - DTs provide a safe place to discuss workplace concerns
- DTs meet with facility administration to collaborate in selecting, monitoring and evaluating interventions.

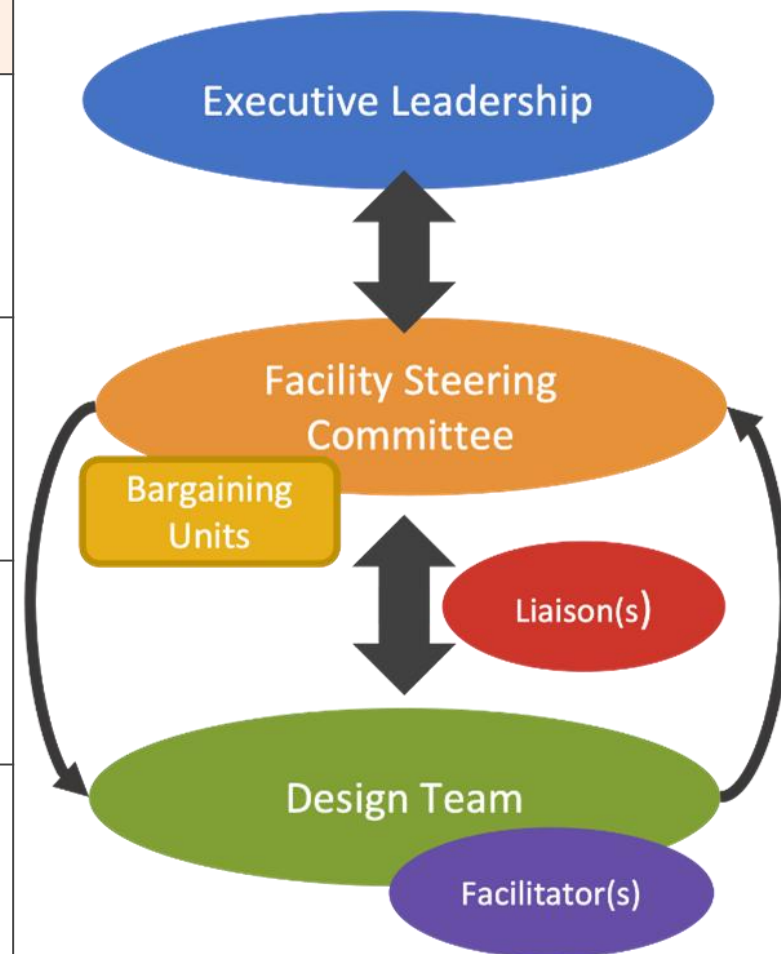
Existing Design Teams

- **York Correctional Institution Health Services**
- 391 Ambassadors:
 - Regional design team, covering 4 facilities
- CSEA-SEIU Corrections Supervisors Council
 - Statewide: LTs, Capts, CSs, D/Ws, PCS Managers
- Manson Youth Institution
- York Correctional Institution
- USD #1 Educators
 - Educators from facilities state-wide



HITEC Operation Structures

Structure	Who	Engagement Role(s)
Executive Leadership	Commissioner, Deputy Commissioner, HR Director, Training Academy Director	<ul style="list-style-type: none"> Secure resources for Design Teams
Facility Steering Committee	DAs, Wardens, Dep. Wardens, Labor Reps, Bargaining Units	<ul style="list-style-type: none"> Budget and/or policy authority Collaborative decision making
Design Team & Facilitators	Front line employees and 1199 delegates	<ul style="list-style-type: none"> Design organizational and personal health interventions
Liaison	Appointed staff	<ul style="list-style-type: none"> Advocate for resources for the Design Team



What We've Accomplished in the Last 20 Years

Intervention Design and Analysis Scorecard Tool



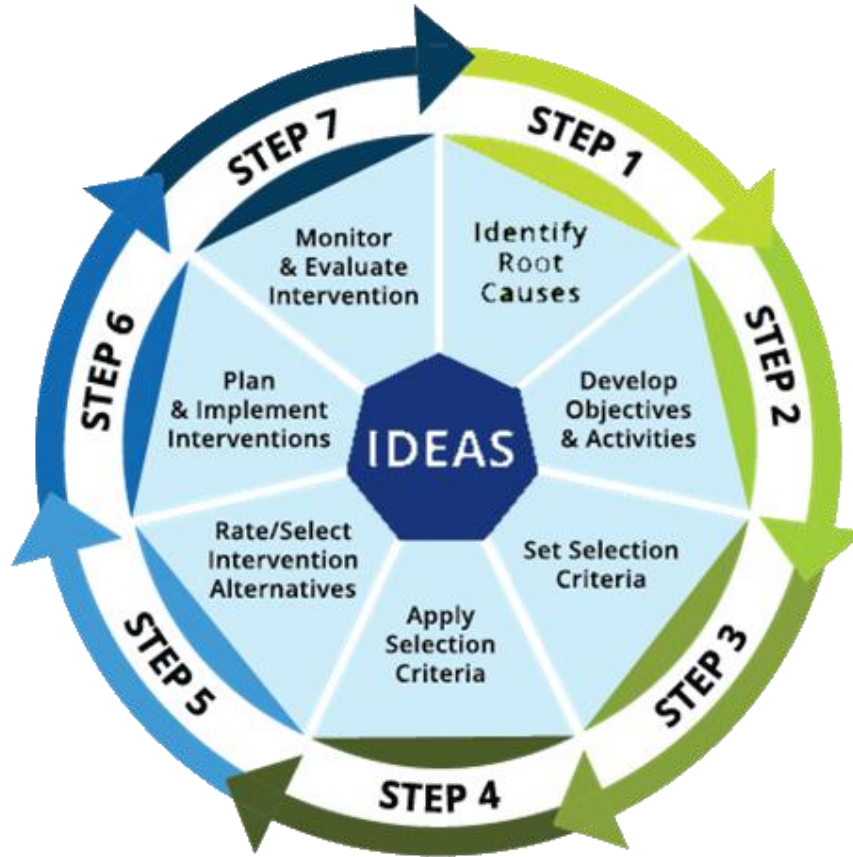
7-Step Participatory Process



Some Major Concerns Addressed:

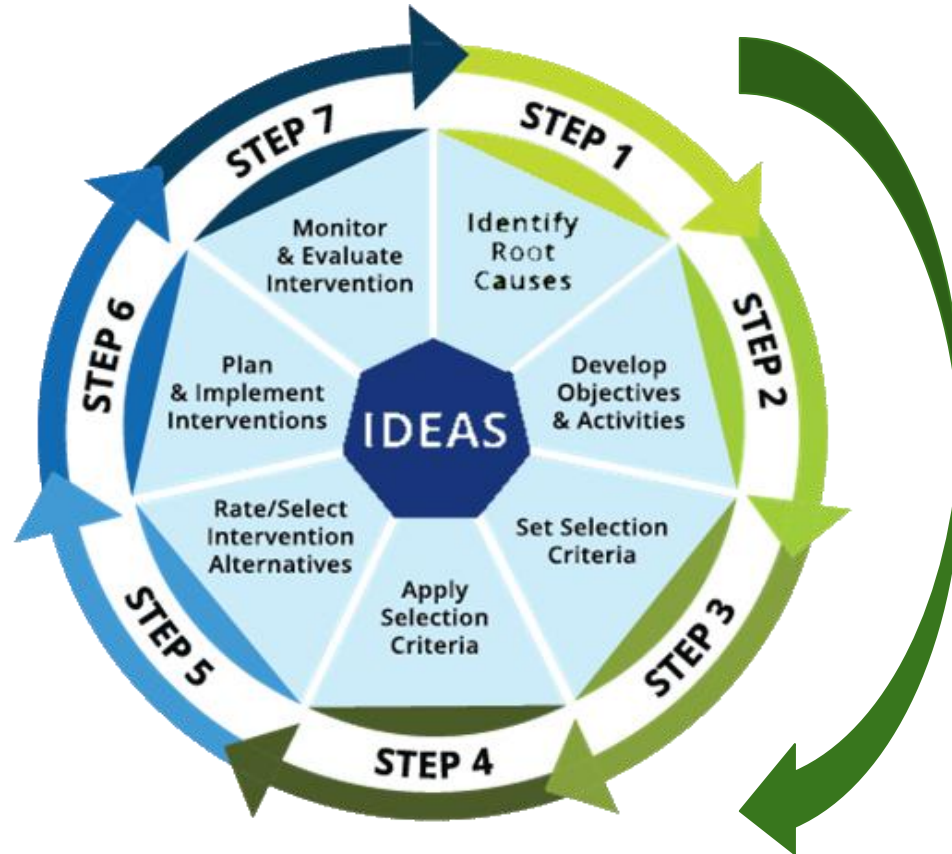
- Indoor Air Quality
- Musculoskeletal Concerns
- Stress Education Training
- Nutrition & Physical Health Intervention Programs
- Report Writing & Decompression
- Sleep Hygiene & Wellness
- Career Support

Intervention, Design, and Analysis Scorecard (IDEAS) Tool Process



- **7-step evidence based process**
 - Structured process
 - Uncovers root causes
 - Leads to more complete solutions
 - Engages/empowers employees
 - Builds “self-efficacy” (competence, confidence in own abilities)

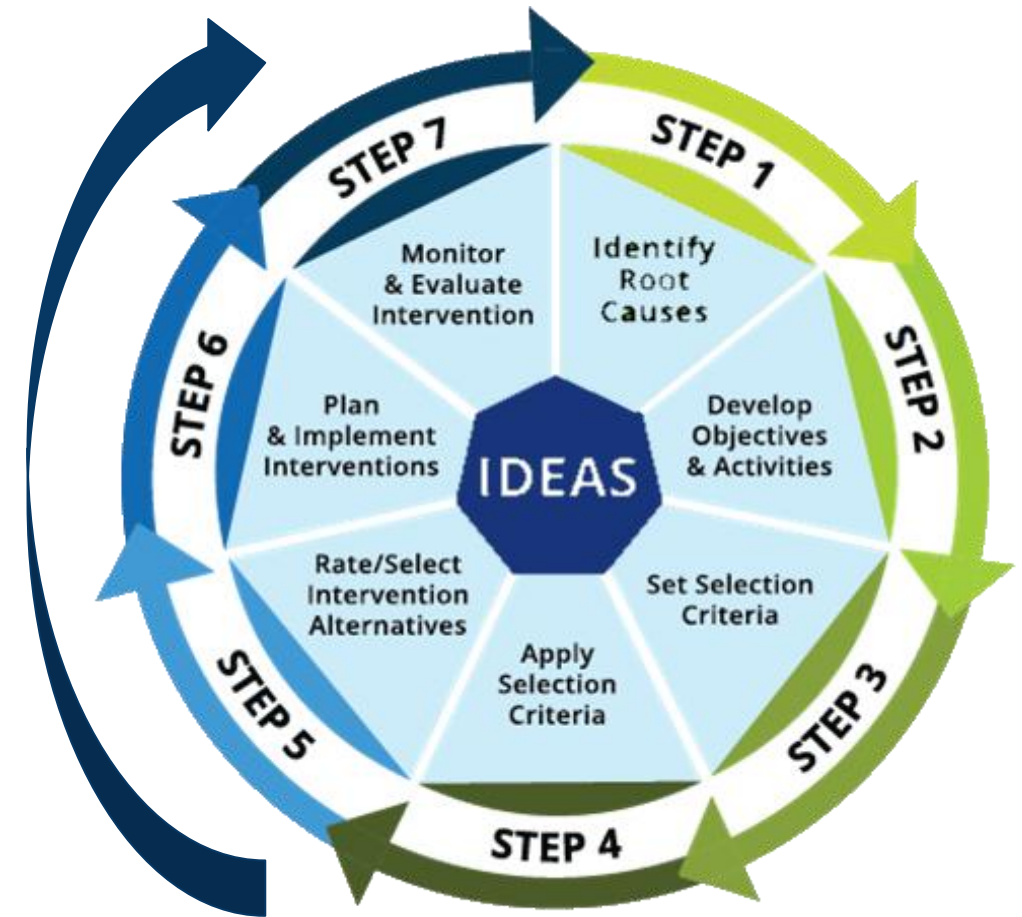
Intervention, Design, and Analysis Scorecard (IDEAS) Tool Process



- **Design Team takes the lead in steps 1-4 to:**
 - Identify root causes behind health concerns.
 - Craft solutions that directly address identified causes.

Intervention, Design, and Analysis Scorecard (IDEAS) Tool Process

- The Design Team, Facilitator, will work with the Facility Steering Committee on steps 3, & 5-7 to:
 - Evaluate the Design Team’s intervention proposals.
 - Provide feedback on criteria measures
 - Recommend modifications.
 - Help decide which intervention to support/fund.
 - Support and guide implementation.





York Health Services Design Team

DT Facilitators: Leslie Bumpus, Shelby Taylor, Caitlyn O'Hara

RCOO: Lydia Rostkowski

Academic Advisor: Mazen El Ghaziri

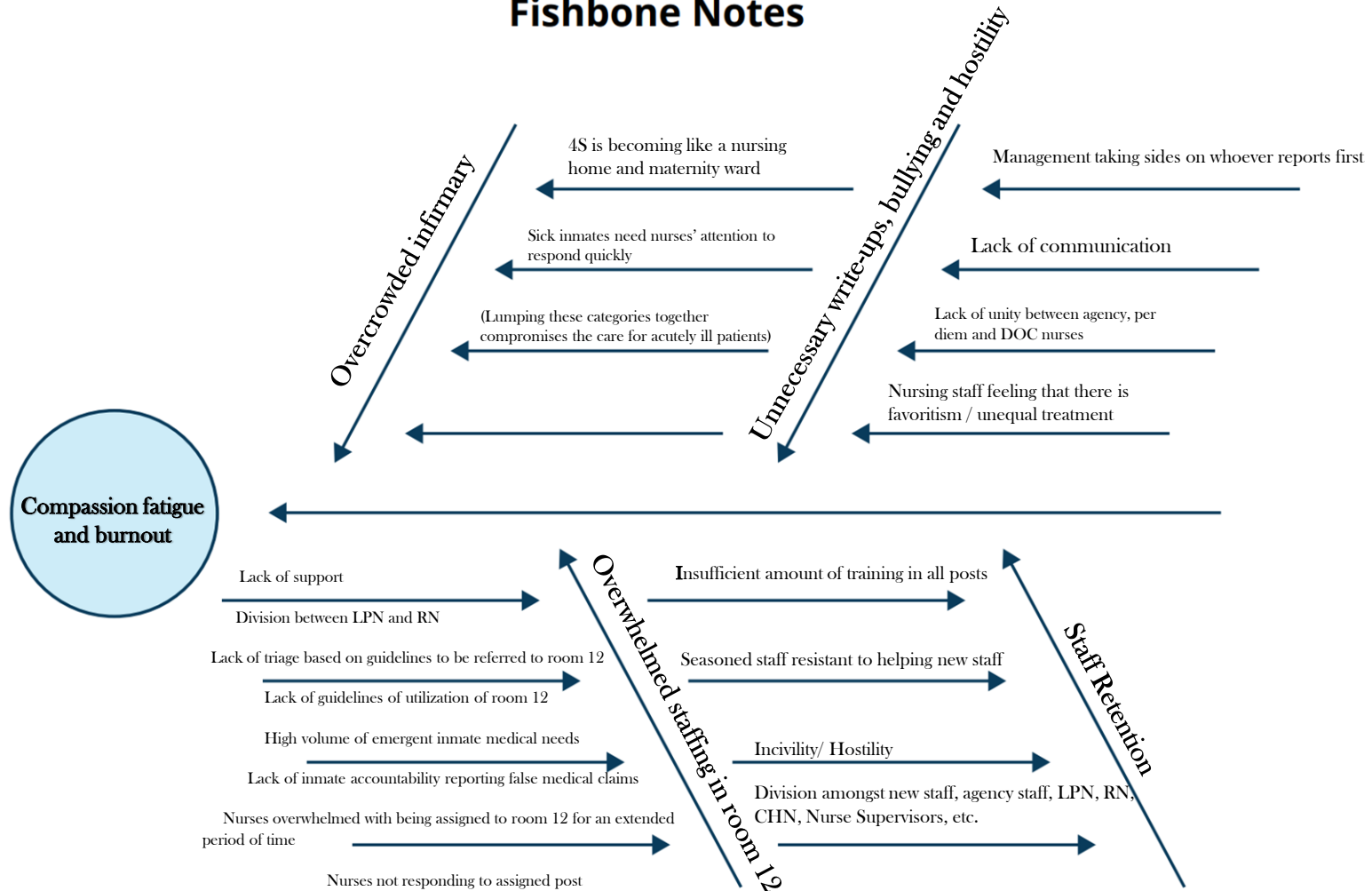


Who we are:

York Health Services Unit Design Team

- 3-5 members per meeting with 3 core members
- Representative from mental health and dental providers
- Admin and Liaison support (meets with Design Team as needed)
 - Advisors, RCOO, Deputy Wardens, Warden, YCI Custody Design Team
 - *Admin and Liaisons offer support in HITEC initiatives including Zen Den, Retirement planning, and Health Service Initiatives*
- Meet 1-3 times per month

Fishbone Notes





Step 1: Identify Root Causes – Sub-Issues and Contributing Factors

General Health and Safety Concern:

Compassion fatigue and burnout

Sub-Issue:	Sub-Issue:	Sub-Issue:	Sub-Issue:
<u>Overcrowded infirmary</u>	<u>Unnecessary write ups, bullying, hostility</u>	<u>Nurses overwhelmed in Room 12 (emergency sick call)</u>	<u>Staff Retention</u>
Contributing Factors:	Contributing Factors:	Contributing Factors:	Contributing Factors:
<ol style="list-style-type: none"> 1. 4S is becoming like a nursing home and maternity ward 2. Sick inmates need nurses' attention to respond quickly (Lumping these categories together compromises the care for acutely ill patients) 	<ol style="list-style-type: none"> 1. Management taking sides on whoever reports first 2. Lack of communication 3. Staff not working together to solve problems - Instead, they go straight to higher up without communicating with each other 4. Staff gossiping 5. Lack of unity between agency, per diem and DOC nurses 6. Nursing staff feeling that there is favoritism / unequal treatment 7. Short staffing 	<ol style="list-style-type: none"> 1. Lack of support 2. Division between LPN and RN 3. Lack of triage based on guidelines to be referred to room 12 4. Lack of guidelines of utilization of room 12 5. High volume of emergent inmate medical needs 6. Lack of inmate accountability reporting false medical claims 7. Nurses overwhelmed with being assigned to room 12 for an extended period of time 8. Nurses not responding to assigned post 9. Unit officer just sending IM down without nurse triage 	<ol style="list-style-type: none"> 1. Insufficient amount of training in all posts 2. Seasoned staff resistant to helping new staff 3. Incivility/ Hostility 4. Division amongst new staff, agency staff, LPN, RN, CHN, Nurse Supervisors, etc.

Step 2: Develop Measurable Objective and Solution Activities

Major Health and Safety Objective:

Compassion fatigue and burnout

<p>Solution 1:</p> <p><i>[Try to create space and better distribution of acute patients]</i></p>	<p>Solution 2:</p> <p><i>[Better communication and protocols for staff conflict]</i></p>	<p>Solution 3:</p> <p><i>[Add additional staff/ support to room 12]</i></p>	<p>Solution 4:</p> <p><i>Improve retention efforts</i></p>
<p>Specific Activities/ Components of Solution 1:</p>	<p>Specific Activities/ Components of Solution 2:</p>	<p>Specific Activities/ Components of Solution 3:</p>	<p>Specific Activities/ Components of Solution 4:</p>
<ol style="list-style-type: none"> 1. Open an additional wing for assisted living unit 2. Assign nurses to continued care 3. Assign CNA/LPN to ambulate those patients that need help 4. Be consistent with OBGYN issues- assign medical staff to continue with their care 5. Stable patients to be discharged from infirmary to make space and hospital beds for critically ill patients 	<ol style="list-style-type: none"> 1. Establish protocol to enhance staff communication and reduce incivility 2. Use mediation strategy to solve staff conflict 	<ol style="list-style-type: none"> 1. Collect data on IM conditions each day/week- (ex. phone calls, unnecessary workload, accucheck, codes, injections, emergencies, etc.) 2. Partner the room 12 nurse with an assistant/ LPN, etc. 3. Establish protocol to hold inmates accountable for false medical claims 4. Consider rotating room 12 assignment every 2 weeks rather than 1 month like other job posts 5. Second nurse for room 12- task list/ post orders 6. Enforcing staffing ratios and standards 	<ol style="list-style-type: none"> 1. Introduce a welcome committee 2. Peer mentors 3. Team building exercises 4. New staff member survey 5. Staff training (continuing education/presentations during lunch)

Step 3: Set Criteria for Selecting and Evaluating Interventions

<p>Scope</p> <p>Who do you want to reach (e.g. one unit or the entire organization)? How many people should be affected? (If you plan a small pilot, describe # in pilot and in long term)</p>	<p>Benefits/Effectiveness</p> <p>What are the positive outcomes you want to achieve? (both short and long term)</p>	<p>Resource Considerations</p> <p>What resources are currently available within the organization that should be considered? (e.g. time, money, personnel) Are there important parameters or context factors to consider?</p>	<p>Obstacles</p> <p>What potential barriers exist that may interfere with intervention success?</p>
<p>[[</p>	<p><u>SHORT TERM:</u></p> <ol style="list-style-type: none"> 1. Improved staff morale would increase civility and retention 2. More keysets for nurses to streamline care 3. Equitable nursing scheduling and training in all posts to increase knowledge 4. Support and resources for room 12 to decrease burnout 5. Streamline medical count 6. Appropriate scheduling <p><u>LONG TERM:</u></p> <ol style="list-style-type: none"> 1. Improved mental health and well-being of all HSU staff in all shifts 2. Sufficient staffing to reduce burnout/ compassion fatigue 3. Improved staff morale, civility, and behavior 4. Overcrowded infirmary 5. Adding a medical room in each unit for <u>sick-call/medpass</u> 6. Changing locations of pharmacy, methadone/addictions room 7. Holiday/ family events eastern side of state 8. Expanding dental clinic 	<ol style="list-style-type: none"> 1. Sunshine fund has allowed for HSU staff to have an end of the month birthday celebration 2. Potluck was a great success where everyone participated. Consider quarterly potlucks and more holiday <u>events</u> 3. Support from Warden and RCOO with knowledge of facility resources 4. Employee assistance program and unit are resources for mental health 5. DOC Wellness committee hosts holiday and family events. 6. Mike Nicholson/ Bob- for long term care 7. Custody HITEC/QWL- cookouts, food trucks, door decorating, trick/treating, competitions, prizes (staff retention efforts) 8. CO Temple/ HSU Officer for streamlining calls/ taking messages 	<ol style="list-style-type: none"> 1. A barrier is that there are few DOC wellness and family events on the eastern side of the state where many York employees reside 2. Lack of funding can be an obstacle in planning events outside of work for staff 3. Reaching second and third shift employees can be a challenge due to the schedule, family, working overtime, etc. 4. 1 nurse supervisor scheduling all shifts (consider 1st shift sup for 1st shift schedule, 2nd shift sup for 2nd/3rd shift scheduling) 5. Short staffing- staff callouts 6. Facility structural improvement (expanding/needng outside contractors, etc.) 7. Getting approval to move rooms (ex: moving pharmacy, methadone & additions to woodworking room and turning current pharmacy into medical decompression room/meeting area for staff)

Step 4A: Form Interventions Worksheet

Major Health, Safety, & Well-Being Objective (from Step 2)

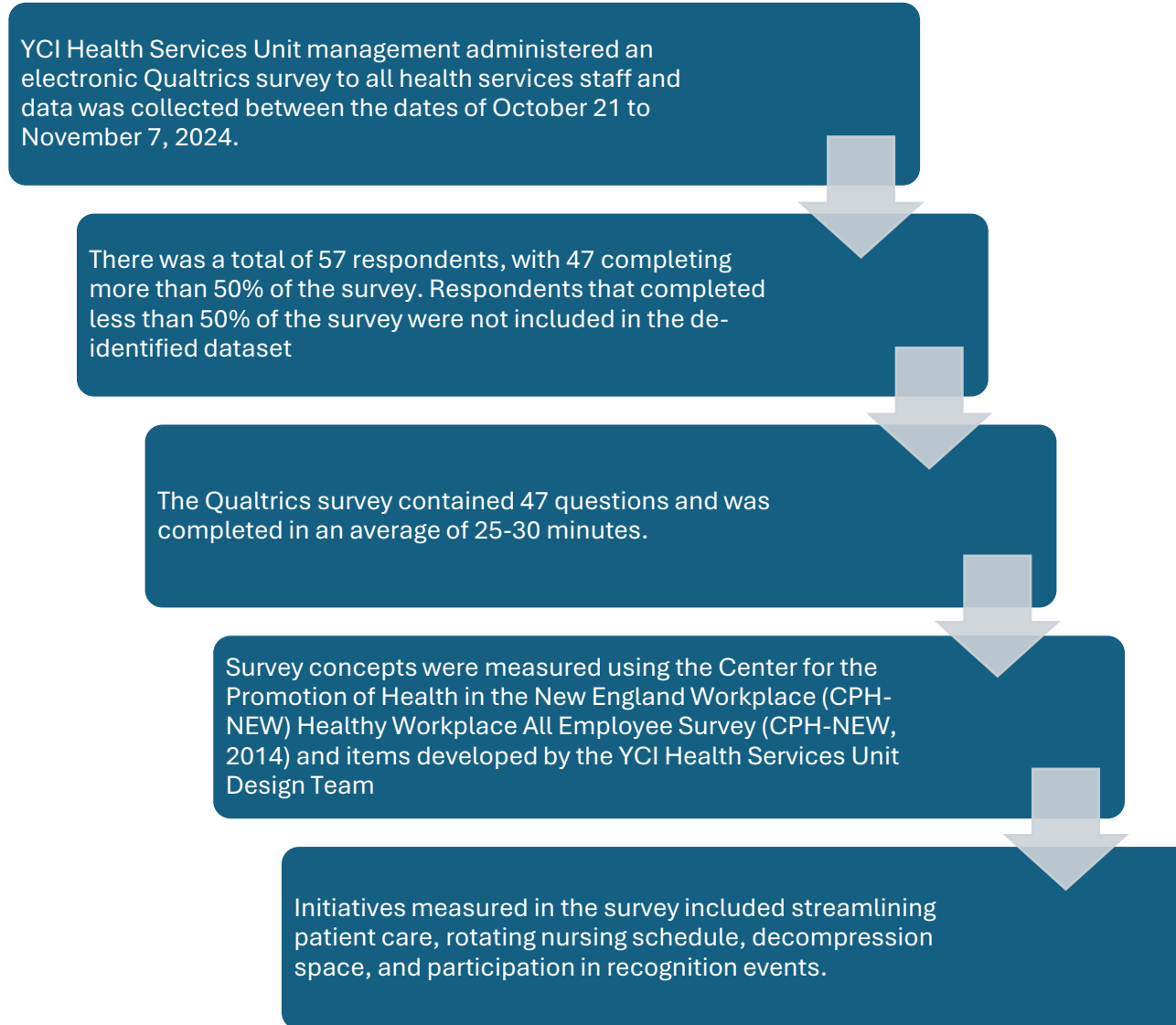
[Compassion Fatigue and Burnout]

Key sub-issues for intervention (from Step 2 - list only the sub-issues that are addressed in interventions A, B, or C)

1. *Increasing Staff Support* 2. *Organization/flow* 3. *Structural Improvements*

Intervention A	Intervention B	Intervention C
Title:	Title:	Title:
<i>Increase Staff Support</i>	<i>Organization and Flow</i>	<i>Structural Improvements</i>
Activities	Activities	Activities
<ol style="list-style-type: none"> 1. Hiring events/recruitment- students precepting. Welcome committee/ welcome events for new staff. 2. Retention events (wellness/meditation during lunch, lunch and learns, food trucks, holiday events, potlucks, rocky neck walks, special Olympic volunteer, summertime cookout at rocky neck, family events. 3. Rocky neck Frisbee, snack, event. Music 4. Streamline communication between staff and supervisors with mediators. Establish protocol and post orders. 5. Increase staff support in room 12. Rotating schedule equally to reduce burnout. Two nurses in room 12 6. Clean/update breakroom and nursing station 7. Compensation similar to community standards- other disciplines such as dental being able to work overtime and receive comp time. 	<ol style="list-style-type: none"> 1. Shift supervisors managing their specific shift (ex. 1st shift supervisor in charge of 1st shift scheduling) 2. Detox nurses getting 4S narcotic keys for methadone med pass. Create and follow policy (ex. Return keys to box when done such as the back storage closet key). Creating more keysets sufficient enough for staff: key ratio. 3. Place respective tools/ instruments in OBGYN office, nurse supervisor office, podiatrist office, etc. Each discipline to keep track of their own tools 4. Increase staff support in room 12. Rotating schedule equally to reduce burnout. Two nurses in room 12 5. Streamline communication between staff and supervisors with mediators. Establish protocol and post orders 	<ol style="list-style-type: none"> 1. Overcrowded infirmary- spreading out acutely ill inmates versus chronic illness 2. Inmates coming to medical to wait in lobby entrance. (ex. IMs use iPad to check into appointments, medical officer sees who is up next and each discipline communicates with officer to get next inmate) 3. Dedicated medical room in each unit (ex: sick-call, Medline) 4. iPad for inmate requests (limit how many requests can be sent per discipline for the same complaint. Saves time for each discipline and medical records. Saves paper and does not get lost through mail. Quicker). 5. Consider expanding dental clinic- adding a 3rd chair and office (possibly utilizing room 9 or office in nurses' station) 6. Room 12 to have their own autoclave 7. Decompression room for medical staff only in outpatient (possibly where pharmacy is now) 8. Move pharmacy to old woodworking room (pharmacy staff requesting more space for storage) 9. Move addictions and methadone room from 4S to woodworking room w/ pharmacy (will also help to add more space in 4S)

Methods



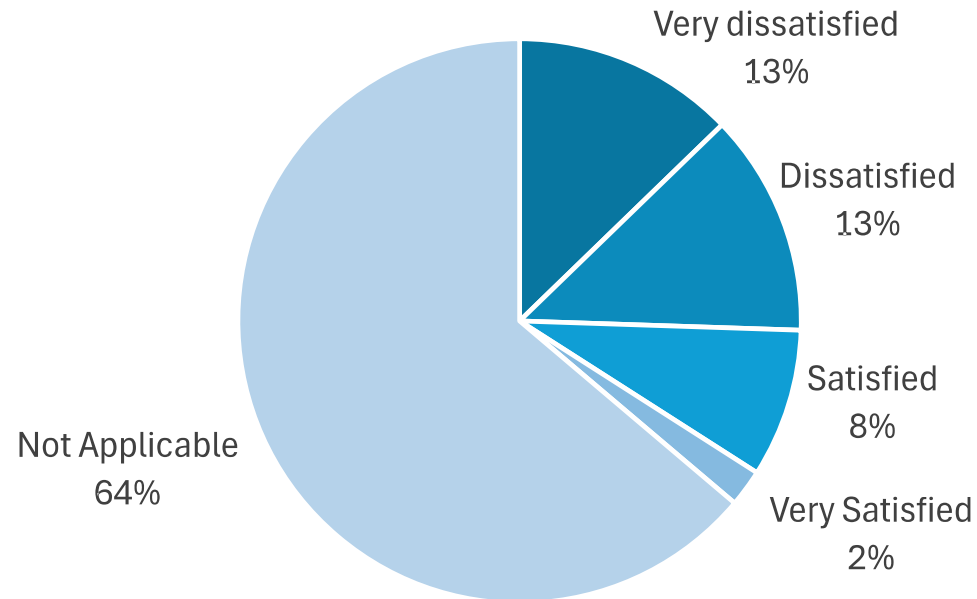
Constructs and Measures

Construct	Survey Item and Measure
<p><u>HITEC Initiatives</u></p> <p>1. Streamlining Care</p> <p>2. Schedule Rotation</p> <p>3. Decompression Space</p> <p>4. Recognition Activities</p>	<ol style="list-style-type: none"> 1. How satisfied are you with the recent streamlining of patient care in your area of practice (ex. Less chairs in the hallway, patients waiting in lobby, submitting list the day prior)? 2. How satisfied or dissatisfied are you with the recent rotation schedule implemented by the nursing supervisor? 3. If decompression spaces are made available (decompression room, picnic tables, or walking outside) will you be willing to utilize the space 4. Did you participate in any of the recognition activities at the facility, such as potluck, monthly birthday events, ice-cream social, carnival, nurses' day activities (roses and donuts, pizza for farewell)?
Stress	
Burnout	

Results

- Schedule Rotation:** Schedule rotation emerged as one of the most discussed HITEC interventions, reflecting ongoing tension between continuity of care and staff burnout. Monthly rotation schedules were perceived as too long and contributed to burnout, particularly in demanding posts such as Room 12 and the Mental Health Unit. Shift to two weeks rotation as staff prefer shorter or differentiated rotations between RNs and LPNs to reduce burnout and improve continuity of care.

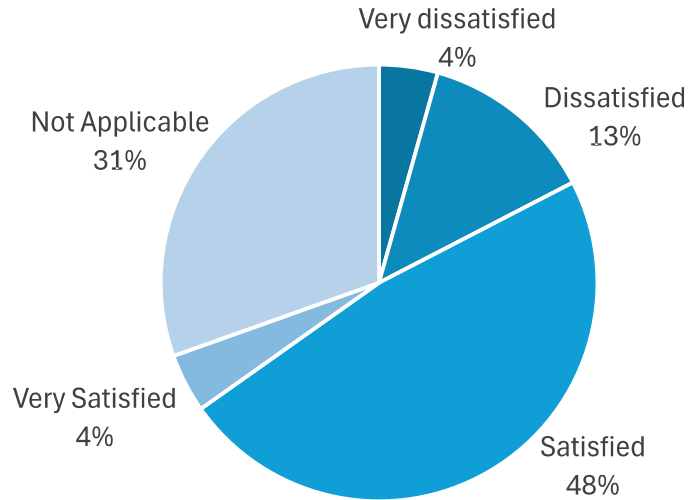
How satisfied or dissatisfied are you with the recent rotation schedule implemented by the nursing supervisor?



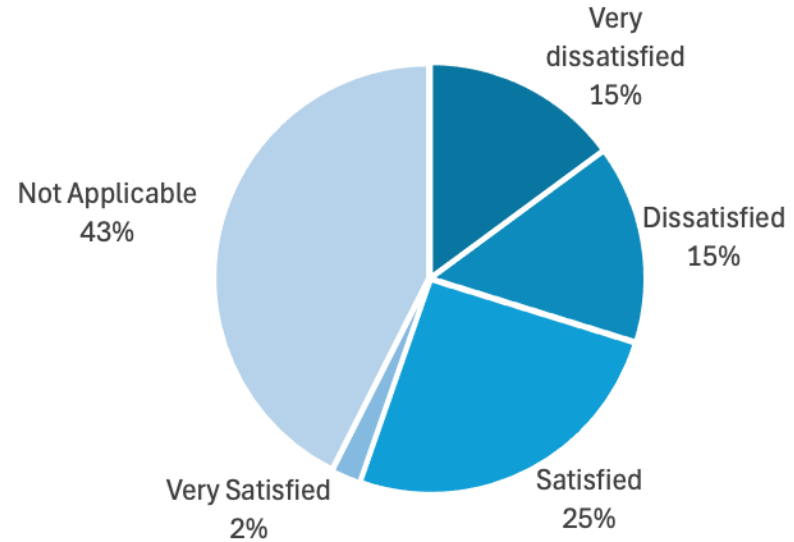
Results

Staffing Support & Workflow: Persistent understaffing, particularly the loss of a health secretary, has impacted efficiency and morale. Staff recommend dedicated posts (e.g., two nurses in Room 12, restoration of secretarial support) to streamline operations; Nearly all respondents emphasized the need for consistent two-nurse coverage in Room 12, citing safety, workload, and patient care concerns.

How satisfied are you with the recent streamlining of patient care in your area of practice (ex. Less chairs in the hallways, patients waiting in the lobby, submitting lists the day prior)?



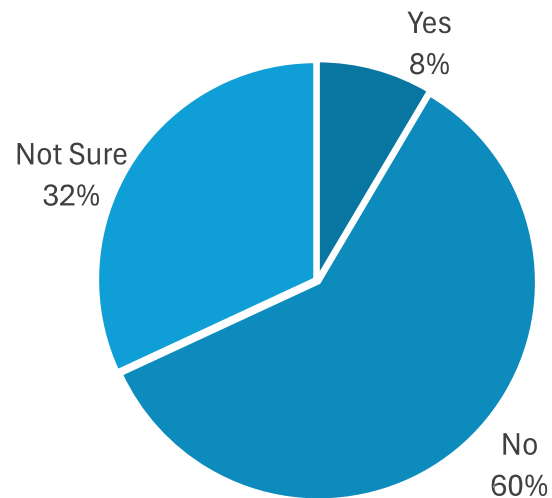
How satisfied are you with the recent staffing support in Room 12?



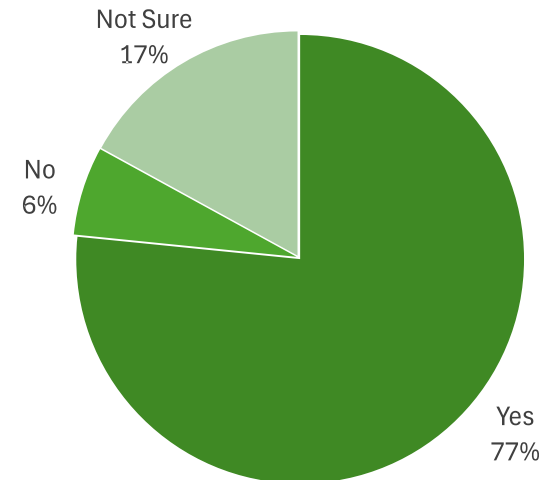
Results

- Decompression Spaces:** Collaboration between HSU and Custody HITEC teams on the Zen Den initiative demonstrates progress in addressing workplace stress. These efforts highlight the importance of accessible, restorative environments for staff recovery.

Does your facility designate an area for decompression time after a critical incident (e.g., code blue, orange, white and purple)?



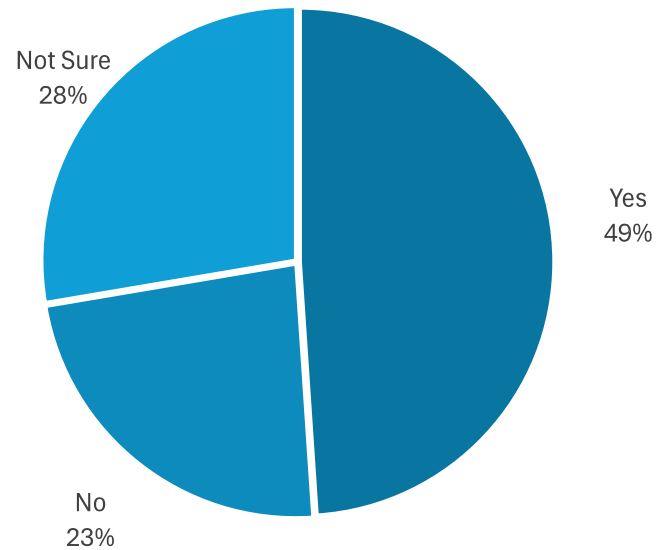
If decompression spaces were made available (decompression room, picnic tables, or walking outside) will you be willing to utilize the space?



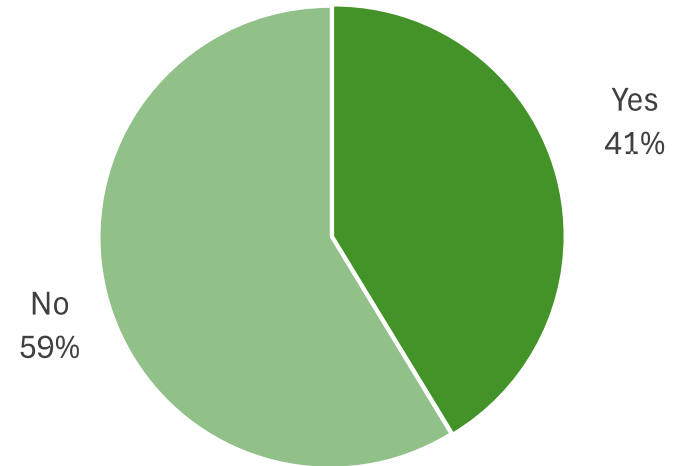
Results

- HITEC Awareness:** Regular design team meetings and cross-unit collaboration foster engagement; however, additional participation from nursing staff remains a challenge

Are you aware of the activities of the YCI HSU HITEC Design Team?



Are you interested in participating in the YCI HSU HITEC Design Team employee health and well-being initiatives?



Results From HSU Stress & Burnout Survey

- **Stress:** On a scale of 1-5 indicating no stress to extreme stress, respondents reported moderate stress at work (3.31 ± 0.90) compared to a little stress at home (2.13 ± 0.87)
- **Burnout:** On a scale of 1-7 indicating strongly disagreeing or strongly agreeing with feelings of burnout, respondents reported on average neutral feelings (3.90 ± 1.16)

Variables	Mean±SD
Stress	3.31 ± 0.90
Burnout	3.90 ± 1.16

- A bivariate statistical analysis showed that there was a statistical significance between utilizing the decompression space and stress levels.
- The data suggests that individuals using the space will experience lower levels of stress at work compared to those unwilling to utilize the space.

Results

- **Physical and Mental Health:** Staff report moderately good overall physical and mental health (mean physical = 2.98; mean mental = 2.89 on a 5-point scale), suggesting resilience despite demanding conditions.
- **Work-Family Conflict:** 69% report low conflict, though work demands more often interfere with home life than vice versa.
- **Stress and Trauma Exposure:** Sleep disturbances, hypervigilance, and intrusive thoughts are common responses to critical incidents, emphasizing the need for trauma-informed support.
- **Job Demands and Incivility:** Neutral ratings suggest civility norms could be strengthened; even minor incivility may erode teamwork and morale.
- **Meaningful Work and Support:** Workers generally find their work meaningful (mean = 4.44 on a 5-point scale), yet recognition for their efforts is inconsistent, and supervisory support varies. This highlights the importance of recognition and supervisory support

YCI HSU DT Recent Successful Staff Initiatives

York Health Services HITEC Team has already implemented several **Staff initiatives to improve Employee work life**—including:

Fun potluck lunches,

Monthly birthday celebrations

Ice cream Socials

Carnival Days

Staff suggestion box



YCI HSU DT Current Initiative



Planning for Staff Wellness Fair:

- **Sub-Issues:** Lack of support in financial literacy, stressful/traumatic working environment, lack of available resources and information to promote health and well-being for correctional workers
- **Objective:** To promote financial literacy, increase knowledge on mental health and overall health resources, reduce stress and burnout in correctional healthcare workers
- Initiatives include promoting decompression space (Zen Den), contacting vendors for the wellness fair, receive approvals from administration, continue collaboration with custody and health services design teams to achieve wellness fair goals

Health & Safety Well-Being Concern: Stress and Burnout

- **Sub-Issues:** Short staffing, stressful/traumatic working environment
- **Objective:** To reduce stress and burnout in correctional healthcare workers
- Initiatives include a rotating nursing schedule, decompression space (Zen Den), streamlining patient care, monthly recognition events, and a solutions box

Facilitators Retirement Workshop

- **Sub-Issues:** Lack of support and preparation for individuals retiring from DOC; early morbidity and/or mortality for correctional workers following retirement
- **Objective:** To improve health outcomes for individuals retiring from DOC
- Discussions and collaboration involving all design teams to discuss concerns, contributing factors, and initiatives to improve health outcomes for individuals retiring from DOC. Conversations have begun with Administrators and Maloney training center. Additional meetings scheduled to continue IDEAS process.



Takeaway Implications and Next Steps



The findings indicate that while HITEC HSU initiatives have fostered awareness and engagement around workplace health, safety, and well-being, continued structural and cultural support is needed to sustain progress and engagement. The following next steps are recommended:

Enhance Staffing Stability and Workflow:

Reinstate a dedicated health secretary or administrative role.

Ensure consistent double-nurse coverage for Room 12.

Expand use of data-driven scheduling to balance acuity and staff capacity.

Strengthen Communication and Safety Infrastructure:

- Provide refresher training on radio use and emergency protocols.
- Continue feedback loops to assess effectiveness of communication tools.

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Takeaway Implications and Next Steps



Expand Decompression and Mental Health Support:

- Fully implement the Zen Den initiative with clear scheduling access and awareness.
- Introduce brief, on-shift decompression breaks and mindfulness resources.

Reinforce Recognition and Civility Culture:

- Develop mechanisms for peer and supervisor recognition of “a job well done.”
- Conduct workshops on respectful communication and team cohesion.

Strengthening positive feedback culture and supervisory support.

Promote Participation and Sustainability of HITEC Efforts:

- Recruit additional nursing staff to join design teams.
- Integrate HITEC findings into broader facility and DOC policy health, safety, and well-being initiatives.

תודה
Dankie Gracias
Спасибо شكراً
Merci Takk
Köszönjük Terima kasih
Grazie Dziękujemy Děkojame
Ďakujeme Vielen Dank Paldies
Kiitos Tänname teid 谢谢
Thank You Tak
感謝您 Obrigado Teşekkür Ederiz
감사합니다
Σας ευχαριστούμε ขอบคุณ
Bedankt Děkujeme vám
ありがとうございます
Tack