

BEST PRACTICE RECOMMENDATIONS TO PROMOTE SELF-CARE PRACTICES  
AMONG NURSES

By

MARIAH SHEA GRIFFIN

---

A Thesis Submitted to The Honors College  
In Partial Fulfillment of the Bachelors degree  
With Honors in  
Nursing

THE UNIVERSITY OF ARIZONA

M A Y 2 0 1 9

Approved by:

---

Dr. Melissa Goldsmith  
College of Nursing

## Abstract

This thesis explores the current state, barriers and interventions to promote self-care practices among nurses, specifically in the areas of healthy diet, sleep quality and physical activity. According to the American Nurses Association (2017), nurses' self-care is considered necessary for service to others and nurses' personal and professional growth. A literature review was conducted to gather information about the current state of nurse's self-care practices as well as interventions that have been successful in improving self-care outcomes. Literature showed that nurses do not practice adequate self-care behaviors and highlighted various interventions for self-care improvement including educational lectures and handouts, following national guidelines for physical activity and healthy diet and practicing good sleep hygiene. Using expert opinions and research studies from the literature review, best practice recommendations were created to promote self-care behaviors in nurses. Additionally, these expert opinions and the literature reviewed support a proposed intervention that incorporates the best practice recommendations which will be proposed at the end of this paper.

## CHAPTER 1

### Introduction

#### **Statement of Purpose**

The purpose of this thesis is to create best practice recommendations to promote self-care practices among nurses working in the clinical setting. These best practice recommendations will be based off evidence-based research articles that explore nurses' current self-care behaviors and barriers to self-care as well as interventions that have been successful in improving nurses' self-care practices as well as expert opinions on the subject. Ultimately this thesis will provide nurses with the evidence-informed background and education they need to improve self-care practices.

#### **Background of Issue Importance**

The American Nurses Association (2019) defines a healthy nurse as someone who “actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing” (p. 2). One of the ways nurses can achieve this healthy status is by practicing self-care behaviors. Self-care “means choosing behaviors to counter emotional and physical stress, from exercise and nutritious eating to practicing self-centering activities” (Sheen, Richards & Mazzer, 2014, p.1). The American Nurses Association (2019) says that nurses overall, are not healthy. “Stress, work shift demands, poor nutrition and poor exercise practices have contributed to a growing and serious issue for the profession, nurses themselves—and even their patients” (American Nurses Association 2019, p. 2). If indeed nurses do not practice healthy self-care behaviors, it can negatively affect the health and well-being of the nurses as individuals and has immense impacts on nurses' influence as health care providers. This is because according to the American Nurses Association (2017),

nurses' self-care is considered necessary for service to others and nurses' personal and professional growth. These facts draw attention to the importance of increased knowledge and research on the prevalence (or lack thereof) of self-care behaviors among nurses. A campaign that addresses this issue head-on is the American Nurses Association's "Healthy Nurse, Healthy Nation" grand challenge. This initiative aims to "connect and engage nurses, employers, and organizations around improving health in five quality areas: physical activity, nutrition, rest, quality of life and safety" (American Nurses Association, 2019, p.1).

### **Significance of the Problem**

Most people go into nursing because they find joy in helping others and want to make a difference in their lives. If this genuine desire to care for others begins to wither, nurses can no longer fill their desired role as instruments in patient's healing. Various factors contribute to nursing job dissatisfaction, but many of them can be attributed to a lack of self-care practices. This chapter aims to explore the consequences that occur if nurses fail to prioritize self-care behaviors. Some of these consequences include compassion fatigue, burnout and health problems.

### **Compassion Fatigue**

When asked to describe characteristics that make a good nurse, the first adjective that comes to mind for most people is "compassionate". Compassion is "a nurse's innate capacity to nurture and embrace another's suffering as if it is his or her own" (Harris & Quinn-Griffin, 2015, p. 80). This is an important characteristic for nurses to have because they support their patients and patient's families during some of their most vulnerable and difficult times. Because nurses give so much of themselves to support their patients, they are at risk for developing compassion fatigue. Harris & Quinn-Griffin (2015) define compassion fatigue as the physical, emotional or

spiritual result of chronic self-sacrifice and/or prolonged exposure to difficult situations that renders a person unable to love, nurture care for or empathize with another's suffering" (p. 82). If compassion fatigue occurs, it may lead to declined physical health, inadequate job performance (eg. medication errors, poor quality of care), patient dissatisfaction, poor job satisfaction, nurses leaving the profession and ultimately feelings of spiritual emptiness (Harris & Quinn-Griffin, 2015, p. 85). It is important for nurses to know, however, that they can combat compassion fatigue by practicing self-care behaviors like those that will be discussed in this thesis. The Code of Ethics for Nurses states that compassion fatigue affects a nurse's personal life and professional performance (American Nurses Association, 2019). The American Nurses Association (2019) says that nurses should eat a healthy diet, exercise and get sufficient rest to mitigate these effects.

## **Burnout**

It is inevitable that nurses will experience some stress during their careers. Emotionally distraught family members, heavy patient load and life or death situations all create a high stress environment in the nursing setting. This is important because studies have shown that this "stress, danger, exhaustion and frustration built into the normal daily routine of hospital nurses constitute the single biggest factor driving nurses out of the industry" (Erickson & Grove, 2008). When nurses are not properly equipped to handle this high-stress environment, they are at risk for developing burnout. Erickson & Grove (2008) define burn out as "a unique type of stress syndrome that is fundamentally characterized by emotional exhaustion (p. 3)". Practicing self-care behaviors like getting adequate sleep, eating healthy and exercising can help nurses deal with job stress in a healthy way and are protective factors against burnout (Erickson & Grove, 2008).

**Health Problems.** According to the American Nurses Association (2019), nurses are less healthy than the general population. Research has shown that nurses are more likely to be overweight, experience higher levels of stress, and get less sleep than the average American (American Nurses Association, 2019, p. 2). And due to the nature of their job, nurses are prone to experiencing stress, sleep and eating disorders. Nurses' diet, sleep quality and physical activity are factors that could contribute to the development of various physiological diseases. In addition to the direct costs these diseases have on the nurse as a healthy individual, they also affect their ability to do their job. "As the largest and most trusted health care profession, nurses are critical to the health of the nation" (American Nurses Association, 2019, p. 2).

### **Expert Recommendations**

#### **Sleep**

"During sleep, complex physical and biochemical changes occur in the brain and body" (Carter, Dyer & Mikan, 2013, p. 368). Some of these changes include the release of hormones and cells receiving nutrition and restoration. In addition, the body repairs itself and new connections form within the brain to promote memory and learning. Quality sleep mediates stress, tension, anxiety and development of energy for tasks of daily living like concentration and coping (Carter et al., 2013). If nurses are not getting quality sleep, then they will have issues with health and functioning in their personal life as well as professionally in the clinical setting. The Centers for Disease Control and Prevention (2016) recommends good sleep habits, also known as "sleep hygiene," that improve sleep health. These recommendations include: consistent sleep (going to bed and waking up at the same time each night and morning), ensuring that the bedroom is quiet, dark and at a comfortable temperature, removing electronic distractions like

computers, televisions and smart phones, avoiding large meals or alcohol before bedtime, and being physically active during the day (Centers for Disease Control and Prevention, 2016).

## **Diet**

There is a large body of evidence that states that healthy eating patterns along with physical activity can help people maintain and achieve good health as well as reduce the risk of chronic disease (Office of Disease Prevention and Health Promotion, 2016). The Office of Disease Prevention and Health Promotion (2016) states that all Americans should follow a healthy eating pattern defined as: a variety of vegetables (from all subgroups including dark green, orange, red, legumes and starchy), fruits (especially whole fruits), grains (at least half of which are whole grains), fat free/low fat dairy, a variety of protein foods (including seafood, lean meats/poultry, eggs and nuts) and oils. They also state that a healthy eating pattern limits intake of saturated fats, trans fats, added sugars, sodium and alcohol (Office of Disease Prevention and Health Promotion, 2016). The American Nurses Association (2019) conducted a survey which found nurses have an average BMI of 27.6% (meaning they are overweight) and only about half of them meet the recommended amount of aerobic and muscle-strengthening exercise. When inquiring about why this might be the case, the survey found that 28% of participants stated there were not healthy food options available during work hours, 31% stated that their places of employment did not offer weight and nutrition management/counseling classes and 38% said that healthy food choices were more expensive than other food prices at work (American Nurses Association, 2019).

## **Physical Activity**

Physical activity is one of the most crucial things anyone can do to improve overall health. Clear, well-established evidence shows that physical activity makes people feel better, sleep better, function better in their day to day lives, reduces the risk of developing various chronic disease and fosters normal development and growth (Office of Disease Prevention and Health Promotion, 2018). The Office of Disease Prevention and Health Promotion (2018) states that “for substantial health benefits adults should do at least 150 minutes to 300 minutes a week of moderate-intensity, or 75 minutes to 150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity” (p. 8).

### **Summary**

Compassion fatigue, burnout and poor lifestyle behaviors are all preventable conditions seen in nurses. These can develop as a result of failure to practice self-care behaviors that support a physically and mentally healthy nurse. These are also factors that can lead to decreased job satisfaction or nurses leaving the profession that they once loved. Experts have made various recommendations surrounding the topics of sleep, diet, and physical activity that they believe constitute a healthy lifestyle. These recommendations can guide nurses’ individual choices to render an overall healthy individual as well as professional job satisfaction and presence. It is also important to note that many studies have shown there are ways to decrease the likelihood of developing these conditions. Self-care behaviors like getting adequate sleep, eating a healthy diet, and exercising are all ways nurses can prevent physiological disease and deal with the emotional and physical stressors associated with the profession that often lead to compassion fatigue and burnout (Erickson & Grove, 2008). The recommendations that

accompany this thesis are tools nurses can refer to throughout their careers to avoid possible negative conditions associated with nursing.

## CHAPTER 2

### Review of Literature

Chapter two of this thesis summarizes a literature review related to self-care practices among registered nurses, specifically related to sleep, healthy diet and physical activity. The literature search for this thesis was performed using CINAHL, PubMed and the University of Arizona Library search database. Key words searched included “nurses”, “self-care”, and “interventions”, with subheadings “sleep quality”, “healthy diet” and “exercise”. Studies were published between the years of 2008-2018 and included descriptive correlational studies, cross-sectional descriptive studies, randomized controlled trials and systematic reviews. Findings from this literature review along with expert opinions from Chapter 1 will be used to construct best practice recommendations to support self-care practices among nurses, specifically regarding sleep, diet and exercise.

#### **Current State, Facilitators, Barriers and Interventions: Self-Care Practices Among Nurses**

##### **Healthy Diet**

A cross-sectional study conducted by Beebe, Chang, Kress & Mattifeldt-Berman, (2017) used body mass index (BMI) to measure the average diet quality of 103 nurses from two midwestern hospitals in the United States. A healthy BMI, defined as 18.5-24.9kg/m<sup>2</sup>, can be indicative of a healthy diet in most individuals. Results from BMI measurements conducted by Beebe et al., (2017) showed that the average BMI of nurse participants was  $27.8 \pm 6.924.9\text{kg/m}^2$ , which indicates they were overweight (Beebe et al., 2017). Moreover, this study also used the mean nutritional score on the National Cancer Diet History Questionnaire II (DHQ-II) to measure the quality of the participant nurses' diets. Questions from the National Cancer Institute Diet History Questionnaire II (DHQ-II) included information about 134 food items and eight

dietary supplements that was out of 100 points, where a higher score indicated higher quality diet and the average American scored  $49.9 \pm .05$  (Beebe et al., 2017). The mean nutritional score among participants was  $64.3 \pm 11.7$ . From this, researchers concluded that nurses could improve their intake levels of healthy fat, whole grains and sodium (Beebe et al., 2017). Overall, multiple sources have identified that on average, nurses do not eat a healthy diet.

Torquati, Pavey & Kolbe-Alexander (2017) conducted a systematic review of nine peer-reviewed randomized controlled trials (737 total nurses) to review the effectiveness of interventions promoting physical activity and healthy diet among nurses. They included studies that targeted nurses working in the hospital setting with interventions where diet and/or physical activity behaviors were the primary outcome. One finding from this study was that experimental groups who were provided with educational materials and educational lectures achieved significant increases in outcomes (exercise and healthy diet) compared to control groups (Torquati et al., 2017). Overall, however, the study found that “outcomes of interventions to change nurses’ physical activity and diet behavior are promising but inconsistent” (Torquati et al., 2017, p. 19).

### **Physical Activity**

The national physical activity guidelines state that an individual should practice 30 minutes of moderate physical activity per day or 150 minutes per week (Burket, Flannery & Resnick, 2014). Results from a systematic review of 13 prospective studies describing nurses’ lifestyle practices, specifically pertaining to physical activity showed that 72-74% of nurses did not adhere to the national physical activity guidelines and only 42.6% of the nurses were active in any way compared to the 48% of a general sample of the U.S. population (Priano, Hong & Chen, 2017). In addition to this research, another study conducted by Burket et al., (2014)

compared nurse's perceptions of their physical activity with objective data. This study found lower than small to moderate correlation between subjective and objective results. The authors concluded that nurses are over-reporting their physical activity and it is most likely due to the nurses' perception that they are physically active during work since their jobs are not sedentary (Burket et al., 2014). Based off these findings, nurses do not practice sufficient physical activity.

A systematic review by Torquati, Pavey & Kolbe-Alexander (2017) investigated the effectiveness of nine studies with interventions promoting physical activity in nurses. The study found that six of the nine articles reported significant intervention effects in physical activity by providing individual based exercise plans, step-tracking, decreased sitting time and having a "nurse champion" to lead exercise breaks at work.

Gabel et al. (2012), conducted a randomized controlled trial of 217 nurses (108 in experimental group, 109 in control group) from seven hospitals in three states in the mid-Atlantic region of the United States implementing an intervention called "Nurses Live Fit" (NFL). The NFL intervention program lasted 12 weeks and included 12, one-hour weekly exercise sessions, four 1-hour monthly yoga and nutrition sessions, and a weekly diary completion. As a result of participating in this study, the NFL experimental group experienced a greater mean reduction in waist circumference inches and BMI than the control group and 93% of NFL experimental group participants recommend the program (Gabel et al., 2012). Gabel et al. (2012), concluded that the provision of a year-round evidence-based program like the NFL can educate nurses on exercise, healthy lifestyle principles and nutrition to achieve/maintain a healthy weight.

### **Sleep Quality**

Beebe et al., (2017) used the Pittsburg Sleep Quality Index (PSQI) to measure the sleep quality of nurses. The PSQI included a survey of 10 questions (including 19 individualized

items) where a score less than 5 indicated better quality sleep. Results showed a mean sleep quality score of  $49.9 \pm .05$ , indicating poor sleep quality (Beebe et al., 2017). In addition, this study also concluded that there were no statically significant differences between the sleep quality of day and night shift nurses. In agreement with these findings, a descriptive study of 45 nurses working in a community hospital in North Carolina by Lubinska-Welch, Pearson, Comer & Metcalfe (2016) found that 15.6% of nurses reported practicing healthy sleep habits daily, 42.2% reported almost daily, 24.4% reported once a week 8.9% reported once a month and 8.9% reported never (Lubinska-Welch et al., 2016). Together these studies show that on average nurses do not have sufficient quality of sleep. Carter et al. (2013) conducted a five-week descriptive correlation study to test the applicability of cognitive behavioral therapy on hospice nurses experiencing sleep disturbance. The intervention provided nurses with education, skills and support to identify and change habits and beliefs that had a negative effect on sleep quality by setting personal goals. The main topics presented were cognitive therapy, stimulus control, sleep hygiene and relaxation techniques. As a result of participating in the study, the nurses were able to identify habits affecting their sleep quality and set goals to improve it. The most successful goals were related to sleeping environment (50-70% achievement), and stimulus use (50-60% achievement), and goals including changing routine (10% achievement) and incorporating relaxation into daily activities (20%) were least successful (Carter et al. 2013). Another study by Dahlgren, Epstein, Soderstrom & Tucker (2017) examined sleep behaviors and strategies that shift-work nurses used, to determine which behaviors should be promoted in a sleep intervention program for new graduate nurses. Authors interviewed 11 new graduate nurses (3-12mo work experience) from different hospitals in Sweden and used deductive content analysis to examine strategies related to circadian and homeostatic regulation of sleep as well as

stress management. Dahlgren et al. (2017), found that new graduate nurses would probably benefit from a sleep intervention program using modified cognitive behavioral therapy techniques for shift-workers. Specifically, “behaviors and strategies that should be targeted are: routines and techniques for unwinding before bed time; sleep behaviors that promote building up enough homeostatic pressure for initiative sleep, and sleep behaviors that promote a stable circadian rhythm” (p.73).

### **Conclusion**

There is sufficient evidence to state that self-care behaviors such as physical activity, sleep quality, and healthy diet are not prevalent among nurses. Studies showed that nurses are overweight, have higher BMIs than an average American and do not eat a nutritious diet (Beebe et al., 2017). Nurses also do not meet the national guidelines for physical activity (Priano, Hong & Chen, 2017). A study found statistically significant evidence to state that nurses often over-report their physical activity because of misconceptions of about the physical nature of their jobs (Burket et al., 2014). Regarding sleep, this literature review found that nurses do not practice healthy sleep habits (Lubinska-Welch et al., 2016) and do not get adequate sleep (Beebe et al., 2017). Beebe et al. (2017) also found no significant difference between the sleep quality of night and day shift workers. Studies that aimed to explore interventions to improve sleep, diet and physical activity in nurses consistently found that education, setting goals, and creating individualized plans have been successful tools in improving nurse's self-care behaviors. There are adequate studies that measure the current state of nurses' self-care practices regarding sleep, diet and physical activity, however this literature review has found that future research could aim to identify more nurse-specific interventions that successfully improve these self-care behaviors. This information is important in the healthcare industry because nurses' health not only impacts

nurses themselves and their well-being, but also impacts patient care. Information about nurses' self-care behaviors can be used in practice to ensure that nurses take care of themselves, so they can be role models for patients and work at their highest capacity in the clinical setting (Priano et al., 2017).

### CHAPTER 3

#### Best Practices Recommendations: Promoting Self-care Practices Among Nurses

In chapter three of this thesis, evidence informed recommendations for nurse self-care practices in the areas of sleep, diet and physical activity will be presented. Recommendations will be comprised of information from expert opinions as well as from research studies reviewed in chapter two. Recommendations focus on three key categories of self-care: diet, physical activity and sleep and some recommendations may combine these categories as the reviewed literature did.

Table 1

*Best Practice Recommendations for Promoting Self-Care Among Nurses*

Recommendation	Rationale	References	Level of Evidence
Nurses should practice good sleep hygiene including decreasing stimulus (eg. computers, television, cell phones) before bed and manipulating environmental factors (eg. temperature control, lighting, comfort).	The most successful outcomes related to sleep quality were associated with setting goals to manipulate environment and stimulus use.	Carter, P., Dyer, K., & Mikan, S. (2013). Sleep disturbance, chronic stress and depression in hospice nurses Testing the feasibility of an intervention. <i>Oncology Nursing, 40</i> , E368-E373.	Level III
	The CDC recommends healthy sleep habits like removing electronic distractions and setting up a comfortable, relaxing environment for sleep.	Centers for Disease Control and Prevention (2016). Tips for better sleep. Retrieved from <a href="https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html">https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html</a>	Level VII
Employers should offer diet and nutrition programs including in-person classes and educational handouts for nurses to practice health eating patterns.	Nurses who received educational handouts and in-person educational lectures about nutrition reported healthier diets.	Torquait, Pavey, Kolbe-Alexander & Leveritt. (2017). Promoting diet and physical activity in nurses: A systematic review. <i>American Journal of Health Promotion 31(1)</i> , 19-27.	Level I
	Provision of a year-round evidence-based program like the NFL can educate nurses on exercise, healthy lifestyle principles and nutrition to achieve/maintain a healthy weight.	Gabel, K., Earley, C., Seibert, D., Kassem, M., Shorter, G., Ware, C., . . . Atheron, M. (2012). Effect of nurses living fit exercise and nutrition intervention on body max index in nurses. <i>Journal of Nursing Administration, 42(4)</i> , p. 231-238.	Level II

	<p>All Americans should follow a healthy eating pattern defined as: a variety of vegetables, fruits, grains, fat free/low fat dairy, a variety of protein foods and oils.</p>	<p>Office of Disease Prevention and Health Promotion. (2016). <i>Dietary guidelines for americans 2015-2020: 8<sup>th</sup> edition</i>. Retrieved from <a href="https://health.gov/paguidelines/second-edition/">https://health.gov/paguidelines/second-edition/</a></p>	<p>Level VII</p>
<p>Nurses should be educated on the fact that on average, nurses are overweight and have a higher BMI than the general American population.</p>	<p>Nurses' average BMI (<math>27.8 \pm 6.924.9\text{kg/m}^2</math>) indicates they are overweight.</p> <p>A survey found nurses have an average BMI of 27.6% and are overweight.</p>	<p>Beebe, D., Chang, J., Kress., &amp; Mattfeldt-Beman, M. (2017). Diet quality and sleep quality among day and night shift nurses. <i>Journal of Nursing Management</i>, 25, 549-557.</p> <p>American Nurses Association. (2019). Resources to support nurses: Nutrition. Retrieved from <a href="https://www.nursingworld.org/practice-policy/hnbn/2017-year-of-the-healthy-nurse/nutrition/">https://www.nursingworld.org/practice-policy/hnbn/2017-year-of-the-healthy-nurse/nutrition/</a></p>	<p>Level III</p> <p>Level VII</p>
<p>Nurses need to increase their intentional physical activity to meet the national guidelines of 30 minutes of</p>	<p>For substantial health benefits adults should do at least 150 minutes a week of moderate-intensity physical activity.</p>	<p>Office of Disease Prevention and Health Promotion. (2018). <i>Physical activity guidelines for americans: 2<sup>nd</sup> edition</i> [PDF File]. Retrieved from <a href="https://health.gov/paguidelines/second-edition/">https://health.gov/paguidelines/second-edition/</a></p>	<p>Level VII</p>

<p>moderate physical activity per day or 150 minutes per week.</p>	<p>Nurses do not meet the national guidelines for physical activity.</p>	<p>Pirano, S., Hong, O., &amp; Chen, J. (2017). Lifestyles and health-related outcomes of U.S. hospital nurses: A Systematic Review. <i>Nursing Outlook</i>, 66(1), 66-76.</p>	<p>Level II</p>
	<p>Small to moderate correlation between objective data and nurse's perception of their physical activity due to nurses' perception that they are physically active during work since their jobs are</p>	<p>Burket, T., Flannery, K., &amp; Resnick, B. (2014). Exercise habits of licensed nurses and nursing assistants: Are they meeting national guidelines? <i>Geriatric Nursing</i>, 24, S17-S20.</p>	<p>Level III</p>
	<p>Only half the nurses surveyed met the amount of aerobic and muscle-strengthening exercise recommendations.</p>	<p>American Nurses Association. (2019). Resources to support nurses: Nutrition. Retrieved from <a href="https://www.nursingworld.org/practice-policy/hnbn/2017-year-of-the-healthy-nurse/nutrition/">https://www.nursingworld.org/practice-policy/hnbn/2017-year-of-the-healthy-nurse/nutrition/</a></p>	<p>Level VII</p>
<p>Practicing self-care behaviors like healthy diet, physical activity and quality sleep prevent burnout, compassion fatigue and health problems in nurses.</p>	<p>Nurses should eat a healthy diet, exercise and get sufficient rest to mitigate the risk of developing compassion fatigue.</p>	<p>American Nurses Association (2019). Healthy nurse, healthy nation. Retrieved from <a href="https://www.nursingworld.org/practice-policy/work-environment/health-safety/healthy-nurse-healthy-nation/">https://www.nursingworld.org/practice-policy/work-environment/health-safety/healthy-nurse-healthy-nation/</a></p>	<p>Level VII</p>
	<p>Practicing self-care behaviors like getting adequate sleep, eating healthy and exercising can help nurses deal with job stress in a healthy way and are protective factors against burnout.</p>	<p>Erickson, R., &amp; Grove, W. (2008) Why emotions matter: Age, agitation and burnout among registered nurses. <i>The Online Journal of Nursing Issues</i>, 3.</p>	<p>Level VII</p>

---

Healthy eating patterns along with physical activity can help people maintain and achieve good health as well as reduce the risk of chronic disease

Office of Disease Prevention and Health Promotion. (2016). *Dietary guidelines for americans 2015-2020: 8<sup>th</sup> edition*. Retrieved from <https://health.gov/paguidelines/second-edition/>

Level VII

---

### Summary of Best Practices Recommendations

Expert opinions and the literature reviewed in chapter three outline important information about the current state nurses' self-care behaviors as well as barriers and interventions to self-care practices among nurses. The American Nurses Association (2019), and Beebe et al. (2019), stated that nurses are overweight and have higher BMIs than the general American population. Burket et al. (2014) found through research that nurses do not meet the national guidelines for physical activity. Regarding sleep, Carter et al found that nurses do not practice healthy sleep habits. One way to combat being overweight and having a high BMI is to eat a healthy diet. The Office of Disease Prevention and Health Promotion (2016) recommends nurses should develop a healthy eating pattern which includes: a variety of vegetables, fruits, grains, fat free/low fat dairy, a variety of protein foods and oils. To promote quality sleep, nurses should practice good sleep hygiene, meaning decreasing stimulus (eg. computers, television, cell phones) before bed and manipulating environmental factors (eg. temperature control, lighting, comfort) (Center for Disease Control and Prevention, 2016). Nurses should follow the national physical activity guidelines of 30 minutes of moderate physical activity per day or 150 minutes per week (Office of Disease Prevention and Health Promotion, 2018). Ultimately, practicing self-care behaviors

like healthy diet, physical activity and quality sleep prevent burnout, compassion fatigue and health problems in nurses (Erickson & Grove, 2008).

## CHAPTER 4

### **Implementation and Evaluation**

Chapter four of this thesis discusses a hypothetical plan for implementing and evaluating an intervention to promote self-care practices among nurses working in the clinical setting. The intervention will be based off of best practice recommendations to promote self-care practices among nurses, specifically focusing on sleep, diet and physical activity. The intervention will take place on single nursing unit in a hospital and will be embedded into the curriculum for regular staff meetings. The institution's nurse educator will act as a "nurse champion" who educates and motivates the nurses to make a change in their self-care behaviors at each meeting.

It will include group discussion about knowledge and beliefs regarding self-care behaviors, educational hand-outs and lectures with content from expert recommendations, as well as goal-setting and evaluation.

The Institute for Healthcare Improvement (2019) implementation/evaluation model, the "Plan, Do, Study, Act" cycle will guide the process of implementing this intervention and evaluating the results. This process begins with planning: conducting an ongoing assessment of organizational infrastructure/recourse, organizational readiness/culture and involvement of key stakeholders. After the planning is complete, the change is piloted, and results are studied via data collection and evaluation. Finally, based off of evaluation results, revisions will be made and re-implemented (Institute for Healthcare Improvement, 2019).

### **Implementation**

#### **Plan**

In order to implement an intervention to promote self-care among nurses on a single hospital unit, assessment must first be completed. First, the people implementing the intervention

need to identify what resources are needed for the intervention to be implemented. These resources include time and educational materials including PowerPoint presentations and printed handouts. Because the intervention will be implemented during regular staff meetings, a physical location for the intervention will already be established and the nurses will not need to give any of their additional time. Next, the culture and readiness for change on the unit needs to be assessed. Nurses on the unit will be asked to fill out a survey about their knowledge, attitudes and beliefs regarding self-care practices, specifically healthy diet, physical activity and quality sleep. These results will be compared to results from the evaluation survey to see how effective the intervention was. Finally, the people implementing the intervention need to identify and involve key stakeholders. Stakeholders in this situation would be hospital administration, staffing, nurse managers and bedside nurses on the unit. Hospital administration and staffing are affected by this project because if nurses begin to practice better self-care, it is possible that they will do more efficient work and have less absent or sick days. This effects the nurse managers because as leaders on the unit, their support of this project will encourage staff nurses to implement better self-care practices into their lives.

## **Do**

Once the resources needed are identified, pre-assessment is completed and stakeholders are identified and involved, the intervention will be piloted. This intervention will happen monthly at staff meetings and take up 20 minutes of the meeting's time. The nurse educator will present the information at the beginning of the session and then allow for group discussion. Education will be presented on a PowerPoint as well as paper handouts for nurses to take after the meeting. Each meeting will have a different self-care subtopic that focuses on sleep, diet and physical activity and information will be presented based on the Best Practice Recommendations

in Chapter three of this thesis. Nurses will also be encouraged to identify issues with their own personal self-care and areas they can improve upon and set goals. This pilot intervention will take place for six months before the initial evaluation.

## **Evaluation**

### **Study**

After the intervention is in place on the hospital unit for six months, it will need to be evaluated for effectiveness. The nurses on the unit will be asked to fill out the same survey they filled out during the planning process of this intervention. The results from the pre-assessment and post-assessment will be compared to see if there is a change in the nurse's knowledge, attitudes and beliefs. In addition to this post-assessment, the nurses who participate in the study along with the nurse educator who facilitates the meetings will be asked to reflect on the last six months and give recommendations for changes in the intervention before it is implemented on a larger scale in the hospital. This will happen via a questionnaire given out at the end of the staff meeting during the final month of the six-month period that the intervention is implemented.

### **Act**

During the act stage of evaluation, refinements will be made to the intervention based off of the feedback questionnaire from the nurses as well as the results from the post-assessment survey. Assuming the intervention is successful, it will be implemented on a larger scale. During this stage, the plan, do, study, act cycle will start over and be applied to units all over the hospital organization.

## **Strengths and Limitations of Thesis Project**

The main strength of this thesis project is the purpose, to promote self-care behaviors among nurses. Evidence supports a major need for self-care practice education and improvement

in the nursing profession. There is an overwhelming amount of research that suggests nurses do not practice adequate self-care behaviors in the areas of healthy diet, physical activity and sleep quality and that interventions are needed. The American Nurses Association (2019) supports this self-care practice initiative with their campaign “Healthy Nurse, Healthy Nation”, a grand challenge to encourage nurses to live healthy lifestyles.

Research highlighting successful interventions to improve these self-care practices, on the other hand, is lacking. This thesis is limited in the fact that recommendations were made mainly based off of expert opinions and lower level evidence studies because literature searches did not yield many interventional studies. Moreover, because nurses are such a specific population of individuals, effected by shift work and emotional tolls, studies to improve self-care practices among the general population are not considerably applicable. This calls attention to the implication for more interventional studies on the topic.

### **Summary**

The purpose of this thesis was to develop best practice recommendations to promote self-care practices among nurses, specifically in the areas of physical activity, sleep quality and healthy diet. A literature review was conducted to explore current practices, barriers and interventions to promote these self-care behaviors in nurses. Current research showed that nurses do not practice adequate self-care behaviors and that they can experience significant consequences like burnout, compassion fatigue and health problems as a result. Interventional studies as well as expert opinions guided the creation of best practice recommendations and an intervention to address this self-care deficit and support nurses adopting self-care behaviors into their lives. A hypothetical implementation and evaluation of the intervention was explained using the Institute for Healthcare Improvement’s (2019) “Plan Do Study Act” cycle. Overall,

nurses need to improve their self-care practices and can do so through education and incorporating these best practice recommendations into their lives.

## References

- American Nurses Association (2019). Healthy nurse, healthy nation. Retrieved from <https://www.nursingworld.org/practice-policy/work-environment/health-safety/healthy-nurse-healthy-nation/>
- American Nurses Association. (2019). Resources to support nurses: Nutrition. Retrieved from <https://www.nursingworld.org/practice-policy/hnhn/2017-year-of-the-healthy-nurse/nutrition/>
- Beebe, D., Chang, J., Kress., & Mattfeldt-Beman, M. (2017). Diet quality and sleep quality among day and night shift nurses. *Journal of Nursing Management*, 25, 549-557.
- Burket, T., Flannery, K., & Resnick, B. (2014). Exercise habits of licensed nurses and nursing assistants: Are they meeting national guidelines? *Geriatric Nursing*, 24, S17-S20.
- Carter, P., Dyer, K., & Mikan, S. (2013). Sleep disturbance, chronic stress and depression in hospice nurses: Testing the feasibility of an intervention. *Oncology Nursing*, 40, E368-E373.
- Centers for Disease Control and Prevention (2016). Tips for better sleep. Retrieved from [https://www.cdc.gov/sleep/about\\_sleep/sleep\\_hygiene.html](https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html)
- Dahlgren, A., Epstein, M., Soderstrom, M., & Tucker, P. (2017). Nurses' strategies for managing sleep when starting shift work—implications for interventions targeting sleep behaviors in a shift work population. *Journal of Sleep Medicine*, 40(1), p. 73.
- Etickson, R., & Grove, W. (2008) Why emotions matter: Age, agitation and burnout among registered nurses. *The Online Journal of Nursing Issues*, 3.

- Gabel, K., Earley, C., Seibert, D., Kassem, M., Shorter, G., Ware, C., . . . Atheron, M. (2012). Effect of nurses living fit exercise and nutrition intervention on body mass index in nurses. *Journal of Nursing Administration*, 42(4), p. 231-238.
- Harris, C., & Quinn-Griffin, M. (2015). Nursing on empty. *Journal of Christian Nursing*, 32(2), 80-87.
- Institute for Healthcare Improvement. (2019). *Plan-do-study-act (PDSA) worksheet* [PDF File]. Retrieved from <http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>
- Luninska-Welch, I., Pearson, T., Comer, L., & Metcalfe, S. (2016). Nurses as instruments of healing: Self-care practices of nurses in a rural hospital setting. *Journal of Holistic Nursing*, 34(3), 221-228.
- Office of Disease Prevention and Health Promotion. (2018). *Physical activity guidelines for americans: 2<sup>nd</sup> edition* [PDF File]. Retrieved from <https://health.gov/paguidelines/second-edition/>
- Office of Disease Prevention and Health Promotion. (2016). *Dietary guidelines for americans 2015-2020: 8<sup>th</sup> edition*. Retrieved from <https://health.gov/paguidelines/second-edition/>
- Pirano, S., Hong, O., & Chen, J. (2017). Lifestyles and health-related outcomes of U.S. hospital nurses: A Systematic Review. *Nursing Outlook*, 66(1), 66-76.
- Sheen, Richards & Mazzer, (2014). *Self-care and you: Caring for the caregiver*. Silverspring, MD: American Nurses Association
- Torquait, Pavey, Kolbe-Alexander & Leveritt. (2017). Promoting diet and physical activity in nurses: A systematic review. *American Journal of Health Promotion* 31(1), 19-27.

## Appendix

### Rating System for the Hierarchy of Evidence

Level I: Evidence from a systematic review or meta-analysis of all relevant RCTs

Level II: Evidence obtained from well- designed RCTs.

Level III: Evidence obtained from well- designed controlled trials without randomization

Level IV: Evidence from well-designed case control and cohort studies

Level V: Evidence from systematic reviews of descriptive or qualitative studies

Level VI: Evidence from single descriptive or qualitative studies.

Level VII: Evidence from the opinion of authorities and or reports of expert committees

From Guyatt, G. and Rennie, D. (2002) as cited in Melynk, B.M. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing and healthcare: A guide to best practice.*