


# Self-Healing and Self-Care for Nurses 2.3 [www.aornjournal.org/content/cme](http://www.aornjournal.org/content/cme)

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### Purpose/Goal

To provide the learner with knowledge specific to self-healing and self-care techniques for nurses.

### Objectives

1. Describe the origins of stress in nurses.
2. Identify the effects of stress.
3. Discuss how nurses can implement self-care.

### Accreditation

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### Conflict-of-Interest Disclosures

Patricia J. Crane, PhD, and Suzanne F. Ward, MA, MN, RN, CNOR(E), GC-C, have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

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## ABSTRACT

The potential effects of self-care techniques to increase nurses' effectiveness and influence positive patient care outcomes have often been underestimated. Today, nurses experience increased stress as a result of more work hours and greater patient loads. Research studies demonstrate the value to an organization and to individuals of educating nurses about self-care. Studies also show that how being aware of individual reaction patterns is vital to learning more effective coping mechanisms. In this article, we discuss the aspects of body, mind, emotions, and spirit as they relate to self-care; present self-care change techniques; and offer some practical self-care exercises. Most self-care skills can be learned and implemented in a short period of time. Nurses are encouraged to experiment with the various techniques to determine the most effective ones for them. *AORN J* 104 (November 2016) 386-400. © AORN, Inc, 2016. <http://dx.doi.org/10.1016/j.aorn.2016.09.007>

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A variety of factors influence how nurses feel about their work and their work environment. These factors include financial compensation, staffing issues, the safety of the work environment, retention issues, and bullying.<sup>1-4</sup> In addition, a nurse's level of skill and confidence, the nursing leader in the organization and his or her management style, the nurse's level of autonomy, the patient-to-nurse ratio, and available resources also contribute to how a nurse experiences his or her work environment. The American Nurses Association shared the results of a national survey that showed 75% (5,474) of the 7,299 nurses surveyed felt the quality of nursing care at their facility had declined during the past two years, and 56% (4,087) of the nurses surveyed believed the time available to spend with patients had decreased.<sup>1</sup> In the same survey, 75% (5,474) cited inadequate staffing as the primary reason why they felt the quality of care had declined, 61% (4,445) cited decreased nurse satisfaction, and 63% (4,262) cited delays in providing basic care.<sup>1</sup>

A 2012 study by Cimiotti et al<sup>2</sup> reported a direct connection between the number of patients assigned to a nurse and

patient outcomes. Assessing the risks of burnout in perioperative clinicians, Hyman et al<sup>3</sup> conducted a literature review and surveyed all medical personnel in one perioperative unit. Of the 145 responders, 46.2% were physicians, 22.8% of whom were residents; 43.4% were nurses or nurse anesthetists; and 10.3% were other perioperative personnel. After adjusting for gender and age, the researchers concluded that improving overall health, increasing personal support, and improving work satisfaction may decrease burnout among perioperative team members.<sup>3</sup>

Worker safety is a significant concern for all nurses, regardless of their specialty. Perioperative nurses are especially concerned about providing safe patient care because of their high-technology, fast-paced environment. In 2011, the Occupational Safety and Health Administration's Bureau of Labor Statistics reported that hospitals in the United States recorded 58,860 work-related injuries and illnesses that caused employees to miss work.<sup>4</sup> This rate is twice that of private industry. The most frequent incidences of caregiver injury occur because of overexertion and bodily reaction (eg, lifting,

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