Self-care: A nursing essential

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The Education of the Nurse
Our Self-Care Journey

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First Step

“A journey of a thousand miles begins with a single step” (author unknown).

Sedlak & Doheny

• Safe patient handling

• Promotion of bone health
The Acceleration

- Robert Wood Johnson New Careers in Nursing
- Urban Zen Integrative Therapy
  - Initiative of the Urban Zen Foundation
  - Founded by Donna Karan
  - Dedicated to “integrating eastern healing techniques with western medicine to treat the patient, their loved ones and caregivers.”

http://www.urbanzen.org/about/wellbeing/
Exploration: Pilot Study, Phase I
(Drew, Motter, & Ross)

- Purpose: To evaluate an addition to the curriculum of undergraduate accelerated students--experiential exposure to self-care modalities like yoga, breath awareness, and meditation

- Quasi-experimental design with data collection at three time points

- Participants
  - Students in first semester course of accelerated nursing curriculum that included the self-care module (n = 18)
  - Traditional students in first semester nursing course who were not exposed to the self-care module (n = 20)
Pilot: Self-Care Module

- One hour per week inserted into introductory nursing course
  - Yoga practice
  - Essential oils
  - Reiki
  - Breath awareness
Pilot: Instruments

Dependent Variables

- **Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983); α ranged from .85 to .89 over the three time points.**

- **Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003); α = .89 to .93**

Control Variables

- **Health Promoting Lifestyle Profile II (HPLP II; Walker, Sechrist, Pender, 1995); α ranged from .89 to .93. The HPLP II served as a control for the health promoting practices the students engage in, independent of the self care module.**

- **Demographic information**
Pilot: Findings

• Changes in stress over time were significantly different between the two groups with perceived stress of the treatment group staying relatively consistent during the semester but increasing for students in the comparison group.

• While average scores on mindfulness items increased for the treatment group and were consistent over time for the comparison group, neither the changes within groups nor the difference between groups were significant.
Pilot: Limitations

- Multiple components of intervention
- Small sample size
  - Low power
  - Prevented sub-group analysis
- Traditional students as comparison group
Phase II

- Participants were all accelerated students in first semester of program
  - Intervention
    - University A (n = 30)
    - University B (n = 21)
  - Attention control (pamphlet on stress management)
    - University C (n = 63)
- Added fourth time point (beginning of Fall semester)
Phase II: Instruments

Dependent Variables

- **Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983);** α ranged from .84 to .91 over the four time points.

- **Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003);** α = .85 to .93

Control Variables

- **Health Promoting Lifestyle Profile II (HPLP II; Walker, Sechrist, Pender, 1995);** α = .91. The HPLP II served as a control for the health promoting practices the students engage in, independent of the self care module.

- **Demographic information**
Findings
# Comparison of Groups

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Treatment (n= 51)</th>
<th>Control (n = 63)</th>
<th>t</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>Age in years</td>
<td>27.0 (4.8)</td>
<td>29.7 (7.5)</td>
<td>2.3</td>
<td>.023*</td>
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<td>Work hrs/week</td>
<td>9.1 (12.8)</td>
<td>8.7 (9.4)</td>
<td>-0.18</td>
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<tr>
<td>Baseline HPLP-II</td>
<td>1.74 (.39)</td>
<td>1.62 (.30)</td>
<td>-1.9</td>
<td>.065</td>
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<td>PSS</td>
<td>25.7 (6.7)</td>
<td>25.7 (6.6)</td>
<td>0.02</td>
<td>.985</td>
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<td>MAAS</td>
<td>3.8 (.76)</td>
<td>3.8 (.79)</td>
<td>-0.12</td>
<td>.901</td>
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</tbody>
</table>
Comparison of Groups (cont.)

*Fisher’s exact test, expected frequency < 5 in two cells

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Treatment (n= 51)</th>
<th>Control (n = 63)</th>
<th>$\chi^2$</th>
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</thead>
<tbody>
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<td>Relationship status (single)</td>
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<td>39.7</td>
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<td>.872</td>
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<td>Gender (female)</td>
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<td>Hispanic, Latino, Spanish</td>
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<td>Race (not white)</td>
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<td>14.3</td>
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<td>.835</td>
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<td>Children (yes)</td>
<td>7.8</td>
<td>28.6</td>
<td>7.78</td>
<td>.005*</td>
</tr>
</tbody>
</table>
Estimated Marginal Means of Perceived Stress controlling for HPLP II
Estimated Marginal Means of MAAS controlling for HPLP II
Discussion

• Students who were exposed to the self-care module were better able to regulate their experience of stress during the semester than were students in the control group.

• The differences between groups were not significant at the beginning of the Fall semester, 3 months after instruction ended.

• The differences between the groups on average scores of mindfulness items were not significant.
Limitations

- Multiple components of UZIT program
- Variations across universities
  - Student characteristics
  - Instructional characteristics
  - Implementation of intervention
Conclusions of Evaluation & Next Steps

• Our findings suggest that mind-body self-care supported the students' ability to regulate their experience of stress throughout the semester.

• The valuing of self-care practice needs to be reinforced throughout the curriculum

• Plans:
  • Dismantle the modalities in the intervention
  • Examine the effect of self-care on clinical decision-making and care delivery