

# The Health Process and Self-Care of the Nurse

## KEY TERMS AND CONCEPTS

Interaction world view  
Disease  
Illness  
Sickness  
Well-being  
Wellness  
Integration world view  
Health promotion  
Health protection  
Alternative health practices  
Complementary health practices  
Lifestyle behavior change  
Health patterning  
Burnout  
Health-enhancing techniques

## LEARNING OUTCOMES

By the end of this chapter, the learner will be able to:

- 1 Differentiate wellness from health.
- 2 Distinguish illness from disease.
- 3 Compare and contrast the interaction and integration world views of health.
- 4 Identify factors that contribute to individual variability in wellness.
- 5 Describe how health/illness can be explained as a unitary concept.
- 6 Differentiate health protection from health promotion.
- 7 Outline strategies for changing lifestyle behaviors and health patterning.
- 8 Identify signs and symptoms of work-related stress, role underload, role overload, and burnout.
- 9 Describe strategies for managing work-related stress and enhancing personal wellness.

## VIGNETTE

After an exhausting shift, two nurses, Michael and Jane, discuss how ironic it seems that they have worked all day to help others get better at the expense of their own health. Michael states, "The hospital doesn't seem to care about the health and well-being of the staff. We never have time to eat or even take bathroom breaks. Within a few months we will all be ready to occupy one of the beds." Jane continues the discussion, "You know, I have never thought about the toll this job is taking on my health. I wonder what we could do to make this place a more healthful place in which to work?"

Many nurses enter the nursing profession “to help people.” Most persons have the perception that nurses help sick people. Because nurses are linked to the discipline of medicine, most people define health using the medical definition, “the absence of disease.” Throughout history, persons outside of the medical field have characterized the nurse as the physician’s handmaiden.

Curing diseases remains the major focus of medicine despite high costs and sometimes futile efforts. Recently, the public has become aware of the importance of disease prevention and health promotion. Reports on the role of nutrition and exercise in preventing debilitating and fatal illness permeate the airways, Internet, and printed media. Through roles designed to (1) promote health, (2) capitalize on the healthy outlook of people, and (3) reinforce their strengths, the nursing profession has the potential to change societal beliefs about health and health care delivery. Health promotion and patterning are essential nursing activities in all settings for nursing care (including acute care).

This chapter presents the interaction and the integration world views of health, organizing frameworks for alternate views of the concepts of health, well-being, wellness, disease, illness, and sickness. Later sections of the chapter consider models and nursing interventions for the protection, promotion, and patterning of health. Finally, strategies for nurses to attain optimal health are presented.



## WORLD VIEWS OF HEALTH

Basic philosophic assumptions about the nature of reality, including human beings and the human–environment relationship, are referred to as paradigms or world views. World views that have been described by nursing scholars include change/persistence (Hall, 1981), totality/simultaneity (Parse, 1987), particulate-deterministic/interactive-integrative/unitary-transformative (Newman, 1992), and reaction/reciprocal interaction/simultaneous action (Fawcett, 1993). Elements of these classifications have been synthesized into the interaction and integration world views of health, which are summarized in this chapter.

### The Interaction World View

In the **interaction world view**, as in the totality world view (Parse, 1987), the human being usually is conceptualized as a whole, comprising parts who interacts with a physically separate environment. The environment exerts stressors on persons to which they must react. The interaction world view supports a belief in linear, predictable, and quantifiable cause-and-effect relationships.

In this world view, persons strive to maintain a balance or state of stability. Whenever the environment changes, persons must change. Environmental changes may pose threats for persons. Effective reactions to environmental changes result in personal changes without negative effects to well-being, wellness, or health. However, ineffective reactions to environmental changes may result in disease, illness, or sickness that affects personal well-being, wellness, or health.

### Disease

Disease is a medical term consistent with the interaction world view. Benner, Tanner, and Chesla (1996) defined **disease** as a “dysfunction of the body” (p. 45). The objective of the physician is to classify observable changes in the body structure or function (signs) into a recognizable clinical syndrome. A correct label, or diagnosis, implies disease course and duration, communicability, prognosis, and appropriate treatment. Medical intervention is aimed at curing the disease. Many nursing interventions support and promote the medical regimen as nurses administer medications, perform treatments, encourage rest, and evaluate the effects of medical and nursing interventions.

Historically, diseases were believed to be attributable to one agent that in a sufficient dose caused certain predictable signs and symptoms. However, a variety of factors related to the person (host), agent, and environment increasingly are viewed as being interrelated in the cause and effective treatment of disease. All these interactions must be considered in determining a plan for care.

### Illness

**Illness** is a subjective feeling of being unhealthy that may or may not be related to disease. A person may have a disease without feeling ill and may feel ill in the absence of disease. For example, a person may have hypertension (a disease), controlled with medication, diet, and exercise, and be symptom-free (no illness). Another person may have pain and feel ill but may not have an identifiable disease. What is important is how people feel and what they do because of those feelings.

Nursing intervention focuses on the human response to illness, the identification of reasons for symptoms, and efforts to decrease symptoms, if possible. In contrast, medical interventions focus on efforts to label and treat the symptoms and cure disease. When a person's illness is accepted by society and thus given legitimacy, it is considered "sickness."

### Sickness

According to Twaddle and Hessler (1977), in a classic reference, **sickness** is "a status, a social entity usually associated with disease or illness, although it may occur independently of them" (p. 97). Once the person fulfills criteria for being sick, others condone various dependent behaviors that otherwise might be considered unacceptable. When working with persons who are sick, nursing roles focus upon assisting the persons until they can reassume responsibility for decision making or independent functioning.

### Well-Being

**Well-being** is a subjective perception of vitality and feeling well that is a component of health within the interaction world view. Although well-being is a variable subjective trait, it can be described objectively, experienced, and measured. Experienced at the lowest degrees, people might feel ill. Experienced at the highest levels, people would perceive maximum satisfaction with life, understand what it means to be in harmony with the universe, and feel as though they have made a significant contribution to humanity. Thus, well-being status can be plotted on a continuum, as shown in Figure 8-1.

### Health as Wellness

Health is difficult to define. Health is described in various sources as a value judgment, a subjective state, a relative concept, a spectrum, a cycle, a process, and an abstraction that cannot be measured objectively. In many definitions, physiologic and psychological components of health are dichotomized. Other subconcepts that might be included in definitions of health include environmental and social influences, freedom from pain or disease, optimum capability, ability to adapt, purposeful direction and meaning in life, and a sense of well-being.

In the interaction world view, health indicates the absence of disease and the presence of normal functioning in roles or tasks. In this book, health has been defined as a state or



**Figure 8-1**

The well-being continuum. (Modified from Terris, M. (1975). Approaches to an epidemiology of health. *American Journal of Public Health*, 65, 1039. Used with permission from the publisher.)

condition of integrity of functioning (functional capacity and ability) and perceived well-being (feeling well). As a result, a person is able to:

- Function adequately (can be observed objectively).
- Adapt adequately to the environment.
- Feel well (as assessed subjectively).

**Wellness**, as defined in the literature, is similar to the open-ended and eudaimonistic models of health described in this chapter, and in this book will be considered synonymous with health. Dunn (1977), in his classic work on high-level wellness, described wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning” (p. 9). Others have characterized wellness–illness as “the human experience of actual or perceived function–dysfunction” (Jensen & Allen, 1994, p. 349). Indications of wellness (health) might include:

- A person’s capacity to perform to the best of his or her ability.
- The ability to adjust and adapt to varying situations.
- A reported feeling of well-being.
- A feeling that “everything is together.”

Smith (1981), in a seminal publication, presented four models of health consistent with the interaction world view that “can be viewed as forming a scale—a progressive expansion of the idea of health”: the clinical model, the role performance model, the adaptive model, and the eudaimonistic model (p. 47).

The clinical model is the narrowest view. People are seen as physiologic systems with interrelated functions. Health is identified as the absence of signs and symptoms of disease or disability, as identified by medical science. Thus, health might be defined as a “state of not being sick” (Ardell, 1979, p. 18) or as a “relatively passive state of freedom from illness ... a condition of relative homeostasis” (Dunn, 1977, p. 9). Much of the current health care delivery system, which is based on this model of health, is designed to deal with disease and illness after they occur. In the clinical model of health, the opposite end of the continuum from health is disease.

Next on the scale is the idea of health as role performance. This view adds social and psychological standards to the concept of health. The critical criterion of health is that the person has the ability to fulfill societal roles effectively. If a person becomes unable to perform expected roles, this inability can mean illness, even if the individual appears clinically healthy. For example, “Somatic health is ... the state of optimum capacity for the elective performance of valued tasks” (Parsons, 1958, p. 168). In the role performance model of health, the opposite end of the continuum from health is sickness.

The adaptive model combines the clinical and role performance health models. In the adaptive model, health is perceived as a condition in which the person can engage in effective interaction with the physical and social environment. This model addresses continuous and simultaneous growth and change in persons and the environment. For example, McWilliam, Stewart, Brown, Desai, and Coderre (1996) defined health as “the individual’s ability to realize aspirations, satisfy needs, and respond positively to the challenges of the environment” (p. 1). The adaptive model suggests that health may be a process rather than a state of being. In the adaptive model of health, the opposite end of the continuum from health is illness.

The eudaimonistic model provides an even more comprehensive conception of health than the previously presented views. In this viewpoint, health is a condition of actualization or realization of the person’s potential. For example, human health is “the actualization of inherent and acquired human potential” (Pender, Murdaugh, & Parsons, 2002, p. 22). Health “transcends biological fitness. It is primarily a measure of each person’s ability to do what he wants to do and become what he wants to become” (Dubos, 1978, p. 74). In the eudaimonistic model, health is consistent with high-level wellness and at the opposite end of the continuum from disabling illness.

Examples of nursing conceptual models that are consistent with the interaction world view are King's systems interaction model, Neuman's health care systems model, Roy's adaptation model, and Orem's self-care deficit model (see Chapter 6).

## The Integration World View

In the **integration world view**, as in the simultaneity world view (Parse, 1987), the human being is considered to be a unitary, indivisible whole. Humans, although distinct, are embedded in and inseparable from their environment. Because the person is in mutual process, multiple “causes” and “effects” and nonlinear changes make prediction probabilistic and sometimes imprecise.

In this world view, the goal for people is to develop their potential toward increased diversity. Change is inevitable and provides an opportunity for growth. Health is viewed as a unitary pattern, with manifestations of health reflecting the whole of the human.

### Disease and Illness as Manifestations of Health

In the integration world view, health is viewed as encompassing both disease and “non-disease” (Newman, 1994). Disease can be considered to be “a manifestation of health ... a meaningful aspect of health” (Newman, 1994, p. 5) and “a meaningful aspect of the whole” (p. 7). Illness and health are viewed as a single process of ups and downs that are manifestations of varying degrees of organization and disorganization. Disputing that death is the antithesis of health, Newman (1994, p. 11) proposed that disease and nondisease are not opposites, but rather are complementary, to determine health, a unitary process. Illness, like health, simply represents a pattern of life at a particular moment. The tension characteristic of disease throws one off balance, which promotes growth toward a new level of evolving capacities, diversity, and complexity. The person may transform into a new pattern of being.

Therefore, health can be conceptualized as an actively continuing process that involves initiative, ability to assume responsibility for health, value judgments, and integration of the total person. It is a goal, a fluid process, rather than an actual state. Thus, health is difficult to quantify for objective evaluation. In clinical practice, nurses collaborate with clients while trying to help them attain optimal health. Nurses help clients by focusing on client strengths while getting them to acknowledge factors impeding growth toward maximal health potential. Client goals and feelings direct nursing interventions.

Nursing models and theories that are consistent with the integration world view include Rogers' science of unitary human beings, Parse's theory of human becoming, Neuman's theory of health as expanding consciousness, and Leddy's human energy model (see Chapter 6). These models and theories describe health as an evolving or emerging process, a forward movement with mutual person–environment patterns.



### Questions for Reflection 8-1

1. Which of the following world views on health appeal to me the most?
2. Do I view health as a state or a process?
3. How do my views about health affect my professional practice?



## HEALTH PROTECTION AND PROMOTION

**Health promotion** has been defined as “activities directed toward increasing the level of well-being and actualizing the health potential of people, families, community, and society” (Hravnak, 1998, p. 284). Pender et al. (2002) distinguished health promotion from

disease prevention. According to Pender et al. (2002, 2005), health promotion is the process of increasing well-being and actualizing an individual's maximal health potential. Individual motivation plays an important role in health promotion. Whereas **health protection** focuses on efforts for active disease or injury avoidance, and early detection or optimal functioning within the confines of an illness, health promotion expands the potential for health.

## Goals for Health Promotion and Protection

The U.S. health care system remains disease oriented, despite increased efforts toward health promotion and fitness. The United States spends more on health care than all other nations with the goal of curing and controlling illness. Health promotion, disease prevention, and health education receive less funding. Efforts for health education mainly address illness prevention. For example, children are taught to brush their teeth to avoid cavities (not because the mouth will feel, look, taste, and smell better) and to eat properly and exercise to prevent diabetes (rather than because they will feel better).

In 2000, the U.S. Department of Health and Human Services published *Healthy People 2010*. This report described national objectives for health promotion and disease prevention, including the following two major goals: “increase quality and years of healthy life” (p. 8) and “eliminate health disparities” (p. 11). The government report specified the following 28 focus areas for improvement in the health of American citizens:

1. Access to quality health services
2. Arthritis, osteoporosis, and chronic back conditions
3. Cancer
4. Chronic kidney disease
5. Diabetes
6. Disability and secondary conditions
7. Educational and community-based programs
8. Environmental health
9. Family planning
10. Food safety
11. Health communication
12. Heart disease and stroke
13. Human immunodeficiency virus
14. Immunization and infectious diseases
15. Injury and violence prevention
16. Maternal, infant, and child health
17. Medical product safety
18. Mental health and mental disorders
19. Nutrition and overweight
20. Occupational safety and health
21. Oral health
22. Physical activity and fitness
23. Public health infrastructure
24. Respiratory diseases
25. Sexually transmitted diseases
26. Substance abuse
27. Tobacco use
28. Vision and hearing (p. 17)

Because all these objectives specify illnesses, conditions, or injuries to be avoided, the plan represents an extensive program of health protection rather than health promotion. Unfortunately, since the implementation of *Healthy People 2010*, the rates of obesity, diabetes, and heart disease have continued to rise (Leddy, 2006; Logan, 2007; O’Keefe & O’Keefe, 2006).



In contrast, the United Nations Millennium Development Goals (UNMDG; 2002) appeared more health promoting. Papp (2007, p. 8) outlined the goals as follows:

- Eradication of extreme poverty and hunger
- Promotion of gender equality and empowerment for women
- Reduction of child mortality
- Improvement of maternal health
- Prevention and elimination of HIV/AIDS, malaria, and other infectious diseases

Most UNMDG relate to improving society and the general quality of life except for the fifth goal, thereby creating a world society capable of providing basic human needs for all persons, which should translate into improved health and well-being for all global citizens.

The concepts of health protection and promotion are consistent with the interaction world view. To guide nurses in interventions targeted for health promotion and protection, the next section discusses various models and strategies for use in clinical practice.



### Questions for Reflection 8-2

1. Think about the last time you engaged in clinical practice. Write down examples of when your practice focused on health protection. Write down examples of when your practice focused on health promotion. Why is it important for professional nurses to engage in client health protection and promotion?
2. Do I have any of the unhealthy conditions or habits outlined in the *Healthy People 2010* initiatives? How can I work to become a role model of health for my clients?

## Models for Changing Lifestyle Behavior

### Health Belief Model

Why do people behave in certain ways in certain situations? What kinds of nursing intervention would be most effective in modifying a person's behavior to reduce risk of disease? Rosenstock (1966), in his "health belief" model, which still applies in today's health care situations, included the following factors:

1. Perceived susceptibility: the client's perception of the likelihood of experiencing a particular illness
2. Perceived severity: the client's perception of the seriousness of the illness and its potential impact on his or her life
3. Benefits of action: the client's assessment of the potential of the health action to reduce susceptibility or severity
4. Perceived threat of disease
5. Costs of action: the client's estimate of financial costs, time and effort, inconvenience, and possible side effects, such as pain or discomfort
6. Cues that trigger health-seeking behaviors, such as information in newspapers or on television; internal signals, such as symptoms; and interpersonal relationships with the health care provider and significant others

The health belief model, called a "rational model," explains how persons work toward improving their general well-being and health. The model assumes that all persons value well-being and that differences vary according to differing perceptions in interactions and motivation. Kasl and Cobb (1966) extended the basic model by specifying a relatively positive variable, the "perceived importance of health matters," in addition to perceived value and perceived threat. Becker and Maiman (1975) expanded the model further by

including positive health motivation. In 1988, Rosenstock, Strecher, and Becker urged incorporation of self-efficacy into the model. In a review of 10 years of studies related to the model, Janz and Becker (1984) concluded that only two of the model components, perceived barriers and perceived susceptibility, explained or predicted preventive behaviors. Perceived susceptibility has been found to be strongly related to compliance with medical advice (Vincent & Furnham, 1997).

### Revised Pender Health Promotion Model

The health promotion model (HPM; Pender, Murdaugh, & Parsons, 2002, 2005) was developed in the early 1980s and has undergone several revisions based on research findings. The HPM provides a framework for combining professional nursing and behavioral science outlooks on various determinants of health behaviors. Pender categorized the determinants of health-promoting behavior into cognitive-perceptual factors (individual perceptions), modifying factors, and variables affecting the likelihood of action. Pender distinguished the HPM from other models explaining health action because it eliminates the “fear” and “threat” perceptions for health action.

Based on extensive research, the HPM was revised in 1996 (Figure 8-2; Pender, 1996; Pender et al., 2002, 2005) and has not undergone subsequent revisions. The revised model proposes that health-promoting behavior is related to direct and indirect influences among the 10 determinants of individual characteristics and experiences (e.g., previous related behavior and personal factors), behavior-specific cognitions and affect (e.g., perceived benefits of action, perceived barriers to action, perceived self-efficacy, activity-related affect, interpersonal influences, and situational influences), commitment to a plan of action, and immediate competing demands. Pender (1996) considered the behavior-specific cognitions and affect category of variables “to be of major motivational significance ... [and to] constitute a critical ‘core’ for intervention, because they are subject to modification through nursing actions” (p. 68).

Research has supported the predictive validity of some of the constructs in the revised HPM, such as perceived benefits of action, perceived barriers to action, perceived self-efficacy, interpersonal influences, and situational influences. A review of studies testing the HPM by Pender et al. (2002, 2005) reveals that the following factors contribute to health-promoting behaviors:

1. Perceived benefits of action
2. Perceived barriers to action
3. Perceived self-efficacy
4. Interpersonal influences
5. Situational influences

Additional research is needed to validate the contributions of the role of affect during health-promoting activities, the commitment to action, and the competing demands and preferences (Pender et al., 2002, 2005).

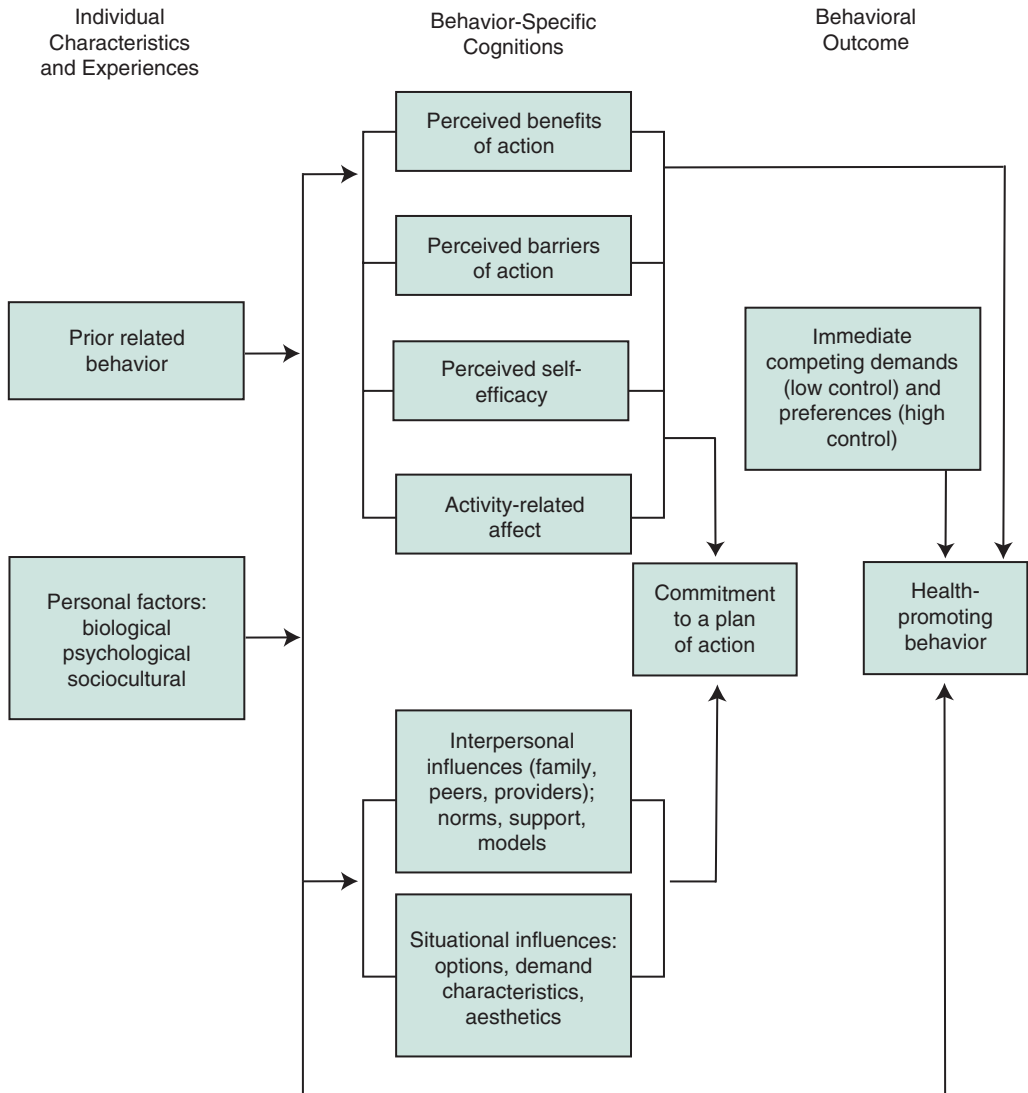
### The Transtheoretical Model

The transtheoretical model assumes that change requires movement through discrete motivational stages over time, with the active use of different processes of change at different stages. The model has been supported in studies of a number of lifestyle behaviors, including smoking cessation, weight control, sunscreen use, exercise acquisition, mammography screening, and condom use (Prochaska, Velicer, et al., 1994).

According to Prochaska, Redding, Harlow, Rossi, and Velicer (1994), the stages of change in this model represent a continuum of motivational readiness for behavior change. The stages include:

- Precontemplation: not intending to change
- Contemplation: intending to change within 6 months



**Figure 8-2**

Health promotion model. (From Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2002). *Health promotion in nursing practice*, 4th ed. Reprinted with permission of Pearson Education, Inc. Upper Saddle River, NJ.)

- Preparation: actively planning change
- Action: overtly making changes
- Maintenance: taking steps to sustain change and resist temptation to relapse

Westberg and Jason (1996, p. 147) described steps of successful change that are consistent with the stages of the transtheoretical model. The steps are:

1. Acknowledging that something is not right in one's life
2. Deciding that a change is wanted
3. Setting a goal or goals
4. Exploring options for the achievement of goals
5. Deciding on and trying to implement a plan
6. Assessing progress
7. Guarding against backsliding

Also included in the transtheoretical model is the concept of decisional balance. The model proposes that part of the decision to move toward the action stage of change is based on the relative weight given to the pros and cons of changing behavior to reduce risk. “The pros represent the advantages or positive aspects of changing behavior, and may be thought of as facilitators of change. The cons represent the disadvantages or negative aspects of changing behavior, and may be thought of as barriers to change” (Prochaska, Redding, et al., 1994, pp. 478–479).

This model provides a rationale for individualizing interventions based on a client’s readiness for change. It remains to be demonstrated whether stage-appropriate interventions are effective not only in encouraging behavior change progress but also in promoting maintenance of the desired change.

## Lifestyle Behavior Change

### Lifestyles and Health

Lifestyle has been described as a “general way of living based on the interplay between living conditions in the wide sense and individual patterns of behavior as determined by sociocultural factors and personal characteristics” (World Health Organization Health Education Unit, 1986, p. 118). Many scholars on health promotion and disease prevention have suggested that lifestyle makes a 33% contribution to a person’s health status (Logan, 2007; O’Keefe & O’Keefe, 2006; Rau & Wyler, 2007). Some persons elect to incorporate habits that fall outside of traditional scientific-based medicine. When these health practices are used exclusively, they are known as **alternative health practices**. However, when they are used in combination with traditional scientific-based medicine, they become **complementary health practices**. Cuellar, Rogers, and Higshman (2007) reported that 2.1% of Americans use one or more forms of complementary health practices, with 88% of these persons being over the age of 65 years. Examples of complementary health practice include isopathic remedies (disarming viruses and bacteria by pairing them up with a neutralizing agent), chelation therapy (giving intravenous medication that binds body toxins to the blood for renal excretion), ozone therapy (exposing the client’s own blood to ozone and reinfusing it), chiropractics (spinal manipulation), myoreflex therapy (acupressure points and meridian theory), homeopathy (usually diluted preparations to stimulate the immune system), cleanses (detoxifying programs with specific diets, juices, and colonic irrigations), and hyperthermia or sauna treatment (Rau & Wyler). Health promotion “is motivated by the desire to increase well-being and actualize human health potential” (Pender, 1996, p. 7). Thus, health-promoting lifestyle activities might promote feelings of vitality, vigor, improved mood and affect, flexibility, relaxation, confidence, and harmony.

Recent evidence reports that modifying simple lifestyle habits can increase the length and improve the quality of life. Table 8-1 presents attainment strategies for selected lifestyle modifications for health protection and promotion.

Pender (1996) suggested that a healthy lifestyle incorporates both health-protecting behaviors and health-promoting behaviors. Health-protecting behaviors include activities such as:

- Optimal nutrition
- Perceived self-efficacy
- Supportive relationships
- Regular exercise
- Adequate sleep

People select their lifestyles. Many assume responsibility for their own lifestyle choices; however, some persons may refuse to accept the consequences of personal actions that contribute to a perceived less-than-optimal lifestyle. The nurse can facilitate behavioral change for persons who believe that personal actions determine lifestyle and who exhibit

TABLE 8-1

**Lifestyle Modifications and Attainment Strategies**

<b>Lifestyle Modification</b>	<b>Attainment Strategies</b>
Getting adequate sleep (7–8 hours nightly)	Establish a sleep routine. Use the bed and bedroom exclusively for sleeping.
Maintaining a body mass index between 19 and 25 square meters	Weigh at least on a weekly basis. Monitor food intake and exercise patterns on a daily basis. Chew each bite of food 20–30 times before swallowing it. Use any opportunity available to engage in physical activity. Avoid eating before retiring for sleep.
Consuming a healthful diet containing at least nine servings of fruits and vegetables daily that includes breakfast	Strive to eat mainly fresh produce. Bake or poach foods rather than frying them. Avoid fast food or eating on the run. Avoid bringing calorie-dense foodstuffs into the house—consider going out for sweet treats rather than storing them at home. Schedule mealtimes and eat with another person.
Exercising on a regular schedule	Determine what form of exercise gives you pleasure. Schedule exercise time daily. Seek out companionship during exercise. Engage in aerobic exercise (e.g., walk 10,000 steps per day, run, treadmill, or dance) for at least 5 days a week. Lift weights every other day. Perform flexibility (stretching) exercises after each exercise routine.
Participating in recreational activities	Discover what you like to do. Make time to play each day. Try something new and different.
Drinking 64 or more ounces of water daily	Drink water instead of soda, fruit juice, dairy drinks, or caffeinated beverages. Get a water bottle or commuter cup, and wash it daily. Consume a glass of water between other beverages.
Scheduling quiet time for reflection, prayer, or relaxation techniques	Schedule quiet time by learning to say, “No.” Turn off cell phones and other paging devices. Inform other household members of the need for quiet time alone.
Brushing teeth twice and flossing them once daily	Establish the routine of brushing your teeth each morning upon arising and each evening prior to bed. Keep toothbrush, toothpaste, and dental floss in a visible location. Floss either in the morning or in the evening.
Maintaining an optimistic attitude	Try to always look at the bright side of life. Take time to inventory life’s pleasures.
Securing an integrated approach between allopathic and complementary health practices	Follow governmental guidelines for health screenings. Communicate all health-promoting and -protecting practices to health care providers. Practice skepticism of any health care device or preparation that makes unsubstantiated claims to improve health and well-being.
Keeping in touch with social support network	Schedule time to meet with persons who uplift you. Establish meaningful relationships with family and friends.

**Sources of information:**

- Leddy, S. K. (2006). *Health promotion: Mobilizing strengths to enhance health, wellness and well being*. Philadelphia: F. A. Davis.
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sufficient motivation. Thus, the nurse must understand the meaning of health promotion to the client and the client’s expectations of outcomes of health promotion interventions. The nurse must shift thinking from using professional expertise to overcome client weaknesses to empowering clients to help themselves by building on their strengths.

**Health Strengths**

A large body of literature associates stress with illness. Stress is assumed to arise when a situation is appraised as threatening or otherwise demanding and an appropriate coping response is not immediately available (Lazarus & Folkman, 1984). When an event is appraised as stressful, emotionally linked responses occur that result in vulnerability to illness.

Certain characteristics, including social support, self-efficacy, and internal locus of control, seem to decrease the relationship between stress and illness. Two models explain the process by which these characteristics might influence well-being. One model suggests that the person is protected, or buffered, from the potentially pathogenic influence of stressful events. In this case, these characteristics would be related to well-being only (or primarily) for persons under stress (Cohen & Wills, 1985, p. 310). The alternative model suggests that health strengths have a beneficial effect, regardless of whether the person is under stress.

Some research suggests that certain personality characteristics reduce the perception of stress or increase resistance to stress and thus may be considered health strengths. In her theory of hardiness, Kobasa (1979) assumed that life is always changing and thus is inevitably stressful. However, people who have a sense of commitment (an overall sense of purpose), control (a belief that one can influence the course of events), and challenge (a view of change as opportunity and incentive for personal growth) are thought to be more resistant to stress. In the sense of coherence theory, Antonovsky (1987) proposed that confidence in comprehensibility (a cognitive sense that information is consistent, clear, and ordered), manageability (a belief that resources are adequate to meet demands), and meaningfulness (a motivational commitment and engagement) provides generalized resistance resources and promotes health. These two theories are compared in Table 8-2.

**Strategies for Lifestyle Behavior Change**

A **lifestyle behavior change** means that people assume different activities in multiple aspects of their lives. The idea of changing health behavior is uncomfortable for many people. Deeply ingrained habits, even harmful ones, can be difficult to change, and most people have difficulty making even minor changes. According to Westberg and Jason (1996, pp. 147–148), people tend to resist change because change of behavior may:

- Require giving up pleasure (e.g., eating high-fat ice cream)
- Be unpleasant (e.g., doing certain exercises)
- Be overtly painful (e.g., discontinuing addictive substances)

TABLE 8-2

Comparison of the Subconcepts of the Sense of Coherence and Hardiness Models	
Antonovsky	Kobasa
Sense of coherence	Hardiness
Comprehensibility: cognitive sense	Challenge: change is normative
Manageability: adequate resources	Control: internal locus of control
Meaningfulness: motivation	Commitment: self-involvement

- Be stressful (e.g., facing social situations without alcohol)
- Jeopardize social relationships (e.g., engaging in unprotected adolescent sex)
- Not seem important anymore (e.g., in the case of older individuals)
- Require alteration in self-image (e.g., in the case of a hard-working executive learning how to play)

As a result, giving up long-standing habits and attitudes is not easy for most people.

Given that health behavior change is difficult for most people, Westberg and Jason (1996, pp. 148–150) suggested that to promote “what it takes” to make meaningful, lasting changes in lifestyle, the individual should:

- Endorse the need for change.
- Have “ownership” of the need for change.
- Feel that there is more to gain than to lose.
- Develop an enhanced sense of self-worth.
- Identify realistic goals and workable plans.
- Seek gradual change, rather than a “quick fix.”
- Have patience.
- Address starting new behaviors, instead of just focusing on what behaviors should be stopped.
- Practice new behaviors.
- Seek the support of family, friends, colleagues, and/or health professionals.
- Gain positive reinforcement for the desired behavior.
- Have a strategy for monitoring progress and making needed changes.
- Seek constructive feedback.
- Have a mechanism for follow-up to reduce backsliding.

Learning how to help people adopt and sustain healthy attitudes and habits is a challenge for health professionals. “There are no miracle drugs available for helping people change long-standing patterns of living. Simply telling people to stop smoking, eat less fat, have safe sex, exercise more, discontinue their abusive practices, or reduce their life stresses seldom works” (Westberg & Jason, 1996, p. 146). Clients often do not follow the advice of nurses or physicians, particularly when authoritarian “orders” are given. Clients must be actively involved as collaborative partners who assess their current health, develop a health promotion plan, and monitor plan effectiveness. Rewards facilitate adherence to health promotion plans. The nurse can best assist in promoting and changing health behaviors by providing education (e.g., hazards of the latest health fad), facilitating changes (e.g., positive reinforcement for adhering to a plan), and sustaining positive health behaviors (e.g., reminding clients of how they were before they started the health promotion plan).

According to Prochaska, Redding, and colleagues (1994), some of the most frequently replicated strategies and techniques to help clients modify their behavior include:

- Consciousness raising
- Self-reevaluation
- Environmental reevaluation
- Self-liberation
- Social liberation
- Helping relationships
- Stimulus control
- Counterconditioning
- Reinforcement management

During the contemplation stage of behavior change, consciousness raising occurs as the individual seeks information. The nurse can provide potential information resources so that the individual can be actively involved. The client’s perceived incentives and bar-

riers to change can be clarified, and the nurse can help explain and interpret often conflicting or unclear information. In addition, the knowledge and interest of family members can be assessed. It may be helpful for the individual to talk with others who have successfully made the contemplated changes.

As movement occurs toward the preparation and action stages of change, individuals engage in self- and environmental reevaluation. They consider how the current problem behavior (or lack of positive behavior) affects their physical and social environment and personal standards and values. Questions that might be asked include “Will I like myself better as a (thinner, nonsmoking, less stressed) person?” “Is my environment supportive of the proposed changes?” and “Do I believe that I am able to make and continue the changes needed?” The assumption is that changes will not occur unless they are congruent with a person’s self-concept.

A strategy that can assist with self- and social liberation is cognitive restructuring. “Cognitive restructuring focuses on client’s thinking, imagery, and attitudes toward the self and self-competencies as they affect the change process” (Pender, 1996, p. 171). The nurse can help clients clarify the messages they give themselves about their health and health-related behaviors. Certain beliefs can be irrational. Positive affirmations and imagery, repeated several times daily, can help clients to believe that they have the power to think positively and make desired lifestyle changes.

Helping relationships with family members, friends, colleagues, or health care professionals can be critical in helping to move the individual through the preparation, action, and maintenance stages of change. A self-help group is a strategy that has been found to be helpful for modeling, support, and reinforcement of desired behavior.

Stimulus control, emphasizing activities that precede the desired behavior, can be helpful during the action and maintenance stages of change. The activities, which must be personally relevant for the individual client, might include a postcard reminder for a mammography screening, a personal call from the nurse to encourage continued exercise, or a scheduled group meeting to practice relaxation. To encourage the development of a desirable behavior habit, it may be helpful to promote the behavior in the same setting or context and time on a daily basis. For example, the client can be encouraged to exercise in a consistent place, early each morning before other activities intervene.

Counterconditioning to break an undesirable association between a stimulus and a response can be desirable during the latter part of the action stage and during the maintenance stage. Undesirable associations can occur that create a negative emotional response to the behavior. For example, many people indicate that exercising can become boring. The nurse can encourage a varied routine, walking outside when the weather permits, and at least occasional exercise with a partner to counteract boredom.

Reinforcement management is an effective strategy, especially during the preparation and action stages of change. “It is based on the premise that all behaviors are determined by their consequences. If positive consequences occur, the probability is high that the behavior will occur again. If negative consequences occur, the probability is low for the behavior’s being repeated” (Pender, 1996, p. 172). Immediate reinforcement of the desired behavior is important, especially in the early phases of change. Personalized attention and positive verbal feedback are helpful. Eventually, a desirable consequence of the behavior can become an intrinsic reward. For example, a weekly scale reading indicating decreasing weight can be a reward in itself for continuing a weight reduction diet.

The object of these strategies is to decrease barriers and increase incentives to change behavior. Barriers to change include lack of:

- Knowledge
- Skills
- Perception of control
- Facilities
- Materials



- Clear goals
- Social support
- Time
- Motivation

Incentives to change behavior include:

- Expectation of benefit
- Sense of personal responsibility
- Enjoyment of the activity
- Previous experience
- Guilt
- Support from family, peers, and/or professionals (Leddy & Fawcett, 1997)

The nurse and the client should base the choice of appropriate strategies to foster incentives and reduce barriers and thereby promote behavior change.

This section has addressed models and strategies for health promotion consistent with the interaction world view of health. In the next section, models and strategies for health patterning consistent with the integration world view for health are discussed.



## HEALTH PATTERNING

### Models for Health Patterning

For centuries, the concept of vital life energy, or chi, has been a part of Eastern religion and culture. For example, the ancient Chinese originated the belief that chi circulates through invisible channels called meridians that can be blocked by stressors or by living excesses. A blockage in energy flow results in energy imbalances and areas of the body with energy deficits, producing symptoms or disease.

Leddy's (2004, 2006) practice theory of energy (see Chapter 6) proposes that consciousness or focused attention by the nurse can pattern client–nurse energy by clearing (transforming), conveying (carrying), coursing (reestablishing free flow), conserving (decreasing disorder), converting (amplifying resonance), or connecting energy (promoting synchronization to promote harmony).

Martha Rogers introduced the concept of the person as an energy field interacting with an environmental energy field to nursing (see Chapter 6). She conceptualized that **health patterning** of the human energy field occurs simultaneously and mutually with changes in the environmental energy field. The nurse (part of the environmental energy field) can influence the client's health by redistributing energy and thus repatterning the client's energy field. Nurses work with manifestations of health patterns (Leddy, 2003). Viewing persons as energy fields provides a rationale for nontraditional healing modalities that enhance health patterns.

### Health-Patterning Modalities

Leddy (2003, 2006) identified integrative nursing interventions to promote health and healing. The following interventions act on the human energy field and can be used by nurses in clinical practice:

1. To relinquish bound energy: herbal preparations and aromatherapy
2. To reestablish energy flow: physical activity, tai chi, qigong (chigong), and aerobic and strengthening exercises
3. To release blocked energy: touch, massage, acupressure, reflexology, applied kinesiology (touch for health), jin shin do, self-massage, the Alexander technique, the Feldenkrais method, the Trager psychophysical integration, and structural integration (Rolfing)

4. To reduce energy depletion: meditation, autogenic training to elicit the relaxation response, progressive muscle relaxation, deep-breathing exercises, yoga, biofeedback, and guided imagery
5. To regenerate agent's optimal nutrition: foodstuffs, vitamin and mineral supplements, a high-fiber diet, ingestion of phytonutrients (soy, garlic, onions, and deep-colored fruits and vegetables), and antioxidants (vitamins A, C, and E; selenium; coenzyme Q 10; and beta carotene)
6. To restore energy field harmony: centering, chromatherapy (color therapy), music therapy, polarity therapy, prayer, Reiki, and therapeutic touch

Other complementary forms of interventions aimed at strengthening or restoring energy harmony include feng shui and life energy therapies such as yoga and chakra cleansing, strengthening, and healing. Healing modalities using interventions to balance, release, or restore energy have been used for centuries in Eastern cultures. Feng shui works on the assumption that persons have an emotional energy field running through and around their bodies, thereby creating an external aura and concentrated internal energy centers called chakras. Chakras within the human body flow with energy outside the human body. Personal ideas, thoughts, and feelings mix with the world, and the energy fields interact and become one. Feng shui incorporates chi (“the subtle change in electromagnetic energy that runs through everything, carrying information from one thing to another”; Brown, 2005, p. 25). Brown (2005) and Rosen (2007) explained that the chi in the seven chakras relates to aspects of a person’s character. The location of the chakras is presented in Table 8-3 along with a color that may be used for the strengthening or healing of each chakra (Brown, 2005; Rosen, 2007). Persons also have an aura or outer energy field that projects the energy within the inner body, thereby enabling the life energy within to connect with the world and “tap into the vast array of cosmic information” (Brown, p. 26). Here is an example of how using chakras can result in a positive outcome: I experienced writer’s block when I was trying to create an example of using

TABLE 8-3

The Seven Chakras			
Name	Location	Color	Influences
Crown	Top of head	Pale violet	Spirituality, peace, bliss, and enlightenment
Brow or midbrain	Between the eyebrows	Indigo	Intelligence, inspiration, intuition, insight, and wisdom
Throat	Throat	Blue	Expression in all forms, integrity, creativity, and listening
Heart	Center chest	Green	Emotional feelings, giving and receiving love, empathy, compassion, acceptance, and forgiveness
Solar plexus or stomach	Midway between the chest and naval	Yellow	Responsibility, motivation, power, prosperity, and gut feelings
Sacral or abdomen	8 cm (3 in) below the navel	Orange	Vitality, sexual pleasure, generation of new ideas, flexibility, and ability to give and receive nurturance
Root or reproductive organs	Spinal base near genitals	Red	Survival, stability, assertiveness, self-worth, good judgment, desire, and grounding
Sources: Gerber (1988), Brown (2005), and Rosen (2007).			

chakras. I stopped writing, closed my eyes, and visualized my throat chakra turn from a pale to a vivid, iridescent peacock blue, thus achieving my desire for an example.

Chi has two opposing but complementary forms: yin and yang. Yin is slower, cooler, and more dispersed, whereas yang is hotter, faster, and more compressed. Most of the time, it is healthy being more of one form. However, should one form become too dominant, then an imbalance occurs, resulting in health problems. Chi energies interact with each other in a positive or negative manner. In feng shui, complex interactions (e.g., a person's position, the location of objects within the environment [such as a room or even a building], and the magic nine patterns of chi [the magic square determines the flow of chi]) serve as the basis for timing events, arranging a home or work space, decorating, and remediating personal problems (Brown, 2005). For example, I am seated facing the north as I write. According to feng shui, facing north is a good position to access deep creativity and to produce individualistic, original work.

Many of the aforementioned interventions that act on the human energy field have yet to be scrutinized through double-blind controlled scientific studies. However, any disruption in today's fast-paced world that requires continuous multitasking does reduce the effects of stress on current frantic lifestyles.

The literature contains increasing evidence that these kinds of therapies, most of which are noninvasive and involve the client as an active participant in the process, have tangible and highly desirable outcomes for health and healing. In fact, nursing licensing examinations in Europe contain information about the safe use of herbs and essential oils. Before using complementary interventions with clients, however, the nurse must be educated about how each may affect physiology and potential adverse effects (Dossey, Keegan, & Guzzetta, 2005). In the future, nurses will be increasingly expected to incorporate patterning methods as an integral part of clinical practice.



## IMPLICATIONS OF THE NURSE'S VIEW OF HEALTH FOR ROLE PERFORMANCE

A positive model of health emphasizes personal strengths and power that are resources for health, wellness, and well-being. Personal strengths include having meaning, goals, and connections (with other persons or a higher being) in life. Personal power includes self-perceptions of capability, control, choice, and the capacity to cope with life challenges with confidence (Leddy, 2006). The integrative world view supports the belief that nurses work with persons who display areas of strength and weakness in health pattern manifestations at a specific time. The effects of the nurse on client manifestations of patterns are complex and nonlinear. Persons entrenched in reductionism or who espouse an interaction world view may find this approach confusing, and perhaps even nonscientific. However, recent studies have shown that even thinking about or praying for clients may enhance health and healing (Burkhardt & Nagai-Jacobson, 2005).

In trying to improve the quality of health of clients and self, the nurse is obligated to fulfill roles that incorporate promoting health, systematically and strategically planning changes, and using the strengths displayed by the client. Note that the term "promotion and maintenance of health" was missing. "Maintenance" is an obsolete concept because wellness (health) is an active process in which life moves forward, and the client is always evolving. The nurse may promote well-being and may restore perceptions of well-being, but the process of health does not permit the status quo that maintenance implies.

If health is a process, and if nurses believe that nursing focuses on the person's responses, as a whole, to the environment and to a perception of well-being, then nurses have a basis for a variety of professional roles when clients perceive a sense of harmony, vitality, and ability; when they can learn most effectively how to enhance their personal strength and gain greater control of their lives; and when they perceive a lack of harmony, feel consumed by weakness, and feel vulnerable (the illness state).

This chapter has described strategies the nurse can use to help promote or protect the health of the client. In the next section, the emphasis is on self-care strategies nurses can use to promote their own health.



## SELF-CARE OF THE NURSE

### The Stressful Work Environment

A stressful work environment refers to the pressure that is put on nurses by the external organizational forces that determine work conditions. The health care system contributes to nurse burnout through multiple regulations, lack of adequate staffing, mandatory overtime, reimbursement issues, lack of perceived support for quality nursing care at the bedside, and failure to seek nurse input into clinical practice issues. At times, a nurse's work environment could be compared to assembly line work with the goal of moving clients in and out of the system as quickly as possible to reduce costs. Client care protocols that streamline care and reduce chances for error leave little room for individualization of nursing care. Little time is available to develop therapeutic client relationships and do the small things for clients that make big differences. With reduced client contact, nurses usually cannot see evidence of how their interventions positively affect client outcomes. Being put in the position of having to lower standards to accommodate the employer's financial agenda (especially in for-profit institutions) creates distress for some professional nurses. If left alone, the distress becomes the state of emotional and physical apathy and exhaustion known as **burnout**.

The more conscientious nurses, who have a need to give their very best, are most vulnerable to burnout. Cullen (1995) suggested that one of two things happens when nurses work in a system in which they are never able to give their best. Either the nurses lower their standards and work apathetically or they may continue trying to give their best, while constantly bucking a system that fails to have excellence in nursing as a top priority, until they finally experience burnout.

### Stress and Burnout

A person becomes overstressed when demands exceed perceived resources. Some stress is inevitable and even positive in energizing the person. However, more stress than can be managed may be associated with physical, mental, emotional, and behavioral symptoms in health care providers. Some of the more common symptoms of stress in nurses and other practitioners include:

- Sleep disturbance and fatigue
- Appetite changes: increases or loss
- Reduced abilities to think and concentrate
- Frequent tardiness or absences from work
- Overeating or increased smoking
- Sudden mood swings
- Deep resentment of clients (Bartholomew, 2006; Gordon, 2005; Mitchell & Cormack, 1998)

If a nurse is constantly exposed to a situation in which demands exceed resources, the nurse's energies gradually will deplete, culminating in burnout. Stressful events may be perceived as either challenges that lead to positive growth or threats that can lead to negative consequences (Wells-Federman, 1996). Escalating and continual emotional overload is a common factor in burnout (Bartholomew, 2006; Gordon, 2005; Kahn & Saulo, 1994; Sutton, 2006). When nurses experience constant exposure to clinical practice situations that demand that they continually work in overloaded and stressful conditions, they experience reduced efficiency, irritability, a sense of constant pressure against time,

diminished motivation, poor judgment, accidents, and care errors. In professional nursing practice, care errors may sometimes be fatal. The threat of potentially making a fatal error exacerbates stress levels in clinical practice.

The best time to think about burnout is before it happens. Answers to questions such as “Do I feel little enthusiasm for doing my job?” “Do I feel tired even with adequate sleep?” and “Do I have too much to do and too little time in which to do it?” can help the nurse to identify symptoms and sources of job stress and signs of impending burnout (Davis, Eshelman, & McKay, 2000). Selected suggestions for ways to manage nursing job stress are listed in Display 8-1. Many of the strategies require that the nurse take time to evaluate current working conditions and require attitudinal and behavioral changes.

The following section presents a number of techniques for managing job stress, preventing burnout, and promoting well-being.

## Techniques to Enhance Well-Being

This section emphasizes positive techniques that can be used to avoid burnout, promote health, and reframe stressors into challenges. **Health-enhancing techniques** promote personal well-being. Techniques such as stress management, affirmations, refuting irrational ideas, social support, values clarification, and taking care of oneself are presented.

### Stress Management

In human life (and clinical nursing practice), perfection is a human impossibility. However, given that stressors are an inevitable part of personal and professional interactions, a number of techniques have been proposed in the literature as positive ways to build strengths, avoid burnout, and promote well-being. First, it is necessary to identify sources

### Managing Job Stress

#### DISPLAY 8-1



- Identify sources of job stress
- Set realistic goals and priorities to respond effectively to job stress and demands
- Avoid procrastination
- Say no when offered special projects or opportunities
- Toss out clutter in your work environment
- Develop and maintain trusting, mutual, and meaningful collegial relationships with coworkers (and persons outside of the work setting)
- Adopt an attitude that change is a challenge rather than an inconvenience
- Cast off the perception of the nurse being victimized by more powerful members of the health care team
- Inject fun and humor in the work setting
- Create a positive environment by looking at the bright side of adversity
- Take control over nursing work processes
- Participate in decision making
- Schedule time to eat a healthy meal or snacks each day while at work
- Consume a healthy diet (a balanced diet with moderation in refined sugars)
- Take responsibility for successes and failures
- Take a 15–20 minute mini-vacation daily while on the job. Go to a quiet place in the work setting to relax (progressive relaxation, deep breathing exercises, meditation, or prayer with your beeper and/ or cell phone turned off)
- Confront work issues directly with persons involved
- Engage in a daily regimen of physical exercise that you find enjoyable (stretching, strength building, and aerobic exercises)
- Take vacations and personal days when needed
- Get an adequate amount of sleep (for most persons this is 7–8 hours)
- Balance your work and personal life

Sources: Bost, 2005; Boucher, 2004; Cherewatenko & Perry, 2003; Covey, 2004; Davis, Eshelman, & McKay, 2000; Dossey, Keegan, & Guzzetta, 2005; Ellis & Harper, 1961; Kendall-Reed & Reed, 2004; McGraw, 2004; Neuharth, 2004; Sachs, 2001; Schaffner & Ludwig-Beymer, 2003.

## Organizing Time to Achieve Goals

### DISPLAY 8-2



- Control situations as much as possible; schedule to avoid too many changes or events happening at the same time.
- Organize your time to accomplish the most important goals; identify values and goals and goal priorities as a framework for time management.
- Set limits; be assertive.
- Say no to demands that are unrealistic or of low priority; imagine yourself protected inside of a bubble.
- Reduce tasks into smaller parts to allow mastery and feelings of competence.
- Delegate responsibilities to others and enlist their assistance; use the skills of others; you don't have to be "all things to all people"; differentiate between time urgencies that are valid and others that are needlessly created; overinvolvement leaves little time for fulfillment of personal needs and often leads to resentment and blame (Wells-Federman, 1996).

of stress and be aware of tension buildup and situations that are likely to prove stressful. Nurses should try to get in touch with their bodies and learn their bodily reactions to and manifestations of stress (e.g., sweaty palms, tightening of back and neck muscles, and dry mouth). If signs of stress are recognized early, it is possible to start stress-relieving exercises that can keep the effects of stress from increasing (Eliopoulos, 1999).

It is important for the nurse to take care of herself or himself first before attempting to meet someone else's needs (Elder, 1999). Organization of time is one way to focus on the most important goals. Suggestions for ways to organize time are provided in Display 8-2. Goal achievement requires setting time aside to set realistic goals, determining an action plan, using personal values to determine priority goals, and delegating tasks to others.

Enhancement of self-esteem is another way to avoid burnout and promote well-being. Increasing self-awareness of one's positive characteristics can enhance self-esteem. In addition, the nurse should assertively express his or her thoughts and feelings; share feelings, troubles, and opinions with others; accept shortcomings and imperfections; and maintain a positive and tolerant attitude toward others and the world at large. One way to do this is to change the way a stressor is viewed by putting it in proper perspective to help make the stressor manageable.

To help avoid worrying, it may be helpful to practice the serenity prayer, authored by a medieval monk, St. Francis of Assisi: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference" (quoted in Mauk & Schmidt, 2004, p. 98). In addition, it is helpful for the nurse to try to reduce the "shoulds" and "should nots." It is reasonable, legitimate, and healthy for clients to express their needs and do what is best for themselves; why do nurses perceive themselves as being different?

"I should take care of my own needs and I should not worry about what others may think" (Eliopoulos, 1999, p. 311). Display 8-3 lists selected stress reduction or supportive noninvasive modalities. Many of these strategies fall within the realm of health-promoting behaviors.

Additional strategies that might be helpful in achieving a balance between threatening and challenging stress are listed in Display 8-4. Like the other display strategies, these also may require that the nurse ask for help from others.

## Affirmations

Another strategy that can contribute to healthful self-care is to promote affirmations, a positive declaration aimed at producing a desired effect (Carter, 2006; Clark, 1996a). Affirmations are positive self-statements that become healthy alternatives to negative self-talk. An affirmation is simply a positive thought, a short phrase, or a saying that has meaning for the person. It can help change assumptions and beliefs that have negative



## Selected Stress Reduction and Supportive Noninvasive Modalities

### DISPLAY 8-3



- Make the environment conducive to relaxation, rather than overstimulating, by adjusting the noise, room temperature, and lighting.
- Follow good health practices by eating a sound diet, avoiding caffeine, avoiding simple carbohydrates (“junk food”) and food additives, and supplementing vitamins A, C, E, and the B-complex group.
- Have regular physical activity (exercise).
- Get ample and regular rest and sleep.
- Instead of coffee and cigarette breaks, enjoy short relaxation exercises, recline in a quiet area, or listen to relaxing music.
- Have a pet.
- Practice mindfulness and relaxation.
- Get in touch with nature.
- Build leisure activities into the day; develop a hobby.
- Take vacations and breaks from routine work.
- Use alternative therapies, such as therapeutic massage, guided imagery, progressive relaxation, meditation, yoga, herbs, or aromatherapy.
- Use herbs (e.g., Echinacea or ginseng) to protect the immune system if subjected to chronic or high levels of stress.
- Learn how to center. “The skill of relaxing in the face of stress, taking a deep breath, loosening some of the tension in your neck and shoulders, and quieting your mind for a few moments is called centering. Centering is simply regaining your physical, mental, and emotional balance in order to proceed with the task at hand” (Achterberg, Dossey, & Kolkmeier, 1994, p. 62).

consequences. Affirmations are important in reinforcing new ways of thinking and behaving from moment to moment. They are statements that can be selected to reaffirm new intentions, and they can help to increase the clarity of goals and help the nurse assume responsibility for actions. When starting to feel upset, anxious, frustrated, sad, or overwhelmed, the nurse can stop and examine her or his internal monologue and simply challenge that monologue with language that is more affirming, such as:

- I can ask for what I need.
- I can take care of myself.
- I’m doing the best I can.
- I can find alternatives to problems.
- I can meet my needs.
- I care for myself, and I care for others.

## Additional Strategies to Balance Threatening and Challenging Stress

### DISPLAY 8-4



- Develop a sense of balance among physical, mental, and spiritual dimensions.
- Get personal and social support during times of stress and distress; develop personal support systems at work.
- Find ways to maintain interest, enthusiasm, and knowledge at work by remaining alert to new ideas; avoid isolation by attending conferences and discussing your practice with other people; hear and accept the praise from clients and colleagues.
- Leave work behind when you go home.
- Set limits and have priorities other than work.
- Be interested. “Everyone wants to be interesting, but the vitalizing thing is to be interested.... Keep a sense of curiosity.... Discover new things” (Gardner, 1996, p. 11).
- Avoid unfulfilling or burdensome relationships; minimize contact with people who add more stress, rather than joy, to your life.
- Risk failure.

## Guidelines for the Use of Affirmations

### DISPLAY 8-5



- Find a relaxing, sharing atmosphere. Consider using a relaxation exercise before the affirmation process.
- What health issues are you concerned about?
- Is the affirmation best stated in the attitude, feeling, or action mode? Are you ready for action?
- State the affirmation in your own words. Affirmations are best stated in the becoming mode ("It's getting easier," "I'm becoming more comfortable").
- Once you have selected an affirmation, write or say the affirmation 10 to 20 times each day while listening to your inner, gut response to hearing it said or writing it.
- Carry your chosen affirmation with you on an index card and place it in a briefcase, purse, or car dashboard where it will be read throughout the day. Hearing oneself on tape, viewing oneself saying the affirmation, or writing and reading it back provides two kinds of feedback and thus is more powerful than simply saying the affirmation to oneself.
- Provide an ongoing method of reinforcement for continuing the affirmation.
- Try not to become frustrated or expect too much.

Source: Clark, 1996b.

Initially this may seem superficial and uncomfortable, but as the internal monologue is changed, the nurse will begin to notice changes in behavior and in the environment (Carter, 2006; Wells-Federman, 1996). Do not allow the negative thought patterns of others to distract you from your mission. The guidelines in Display 8-5 are suggestions for the use of affirmations.

## Refuting Irrational Ideas

In a system called rational emotive therapy, Ellis and Harper (1961) proposed that emotions are not caused by actual events. In between the event and the emotion, they said, is realistic or unrealistic self-talk that produces the emotions. Accordingly, the person's own thoughts, directed and controlled by the individual, are what create anxiety, anger, and depression. But irrational self-talk can be changed, and the stressful emotions changed with it (Davis et al., 2000).

At the root of all irrational thinking is the assumption that things are done to someone. Statements that interpret experience as catastrophic (e.g., a momentary chest pain is a heart attack) or absolute (e.g., I should, must, ought, always, or never) are examples of irrational thinking. Other examples of irrational ideas are listed in Display 8-6.

## Examples of Irrational Ideas

### DISPLAY 8-6



- It is possible to please all persons all of the time.
- Complete competence and perfection is possible in everything.
- Things can always be as I want them to be.
- Misery is created from external factors.
- The unknown, uncertain, and potential dangers instill great fear in me.
- I need to rely upon others at all times.
- Avoiding life's difficulties and responsibilities is easier than facing them.
- The past directs the present and the future.
- Constant relaxation and leisure leads to happiness.
- I am the only one capable to do the job properly.
- Life situations and other persons are the source of pressure.
- It is possible to have it all, all of the time.
- I am responsible for everything that happens.
- Genetics dictate my reactions and life outcomes.
- It is impossible to control my emotions.
- Just getting over things is easy.
- Contributions I make to the world are unimportant.
- All my problems are my fault.
- There is one single best approach to life.

Sources: Bost, 2005; Davis, Eshelman, & McKay, 2000; Dossey, Keegan, & Guzzetta, 2005; Ellis & Harper, 1961; McGraw, 2004; Neuharth, 2004.

Irrational ideas can be disputed and eliminated through a process of rational thinking that includes (Davis et al., 2000; Ellis & Harper, 1961):

1. Writing down the objective facts of the event
2. Writing down your self-talk, rational and irrational
3. Focusing on your emotional response
4. Questioning the rational support (e.g., evidence) for and against an irrational idea
5. Identifying the worst and best things that could happen
6. Substituting alternative self-talk

### Social Support

Fellow colleagues can provide the insights and perspectives necessary to cope with commonly shared experiences. “Acknowledging the pain and seeking support from others are the most enduring long-term coping strategies. Practicing collegiality is a way of fostering this social support network. It is a way of building an atmosphere at work where you can support your colleagues and they you” (Wells-Federman, 1996, p. 15).

Building a supportive work environment requires conscious awareness of and action toward valuing yourself and your colleagues. The following are some suggestions (Wells-Federman, 1996) for shaping the quality of the atmosphere in which you work and developing a stronger support network:

- Find someone doing something right, and acknowledge him or her.
- Expect the best from yourself and those with whom you work.
- Model the values you believe. Take responsibility for your health and well-being, and encourage others to do the same.
- Establish a mentoring or buddy system.
- Make decisions based on nursing’s ethical values.
- Establish a support group to help deal with the feelings that can arise from professional practice.
- Be supportive, but refer colleagues to professional support when needed.

### Values Clarification

It may be helpful to consider why, despite the drawbacks, nursing can be so rewarding. Editors at *Nursing 2000* magazine (“Nursing Top Ten Rewards,” 2000, pp. 42–43) compiled the following list of 10 values, or “qualities that make nursing great,” based on interviews with 20 seasoned nurses. Some of these values may be helpful in considering personal strengths of practicing nursing:

- A way to make a difference
- The human connection
- Flexibility
- The chance to use all of yourself
- Long-term security
- The chance to mentor
- A connection between technology and humanity
- Respect
- Personal growth
- Personal rewards

A procedure known as values clarification can be used to try to identify values that are most significant for an individual. This process also can be helpful in focusing self-care priorities for the nurse. Clark (1996b, p. 19) described three steps in a values clarification process:

1. Prizing
  - a. Prizing and cherishing. Learn to set priorities, become aware of what the nurse is for or against, begin to trust inner experiences and feelings, and examine why he or she feels as he or she does.

- b. Clearly communicate personal values, and actively listen to others as they share theirs.
2. Choosing
  - a. Choosing freely by examining values that others have imposed on the nurse.
  - b. Choosing thoughtfully between alternatives by examining the process by which the nurse chooses and considering the possible consequences of each choice.
3. Acting
  - a. Trying out the value choice by developing a plan of action and trying it out.
  - b. Evaluating what happened when action was taken, and making plans to reinforce actions that support the values.

### Taking Care of Oneself

Nurses have a responsibility to take care of themselves because they can be in a position to give only when their own needs have, at least to some extent, been acknowledged and satisfied. Mitchell and Cormack (1998, p. 142) have suggested ways for the nurse to protect herself or himself from burnout, including:

- Do some honest soul searching to determine whether you're the kind of nurse who needs to express creativity and excellence, and who values and displays originality and enthusiasm in your work.
- Objectively evaluate your workplace, and respond proactively to achieve a more positive outcome for yourself.
- Don't assume responsibility where you have none.
- Be honest about what you can and can't do in your role, given the constraints on your time and resources.
- Remember that you're not on duty 24 hours a day and that nursing is one part of the whole of your life.
- Remember that a good job doesn't love you back, and get your priorities straight.
- Find your own outlets for creativity.
- Don't stay in a situation that consistently fails to meet your needs; give yourself permission to leave.
- Give yourself a break.
- Create support for yourself.
- Love yourself; heal your wounds.
- If the problem is a feeling of helplessness, the solution is to develop personal power.
- Try approaching each task as a challenge.
- Remember that you are here to serve, not to rescue.

Focusing on the positive sides of giving care to others can be helpful. Helping others as professional nurses provides great rewards. The work is challenging and fulfilling, especially when nurses can see the effects of interventions. Some nurses find problem solving thrilling, especially when they have success with creative methods never used. Some nurses derive a deep intrinsic pleasure just by knowing that they helped another person. The personal pleasure becomes enhanced when clients express gratitude, and nurses see the results of efforts to reduce human suffering (Mitchell & Cormack, 1998).

Annoyances that trigger stress also affect eating habits. Some nurses engage in "emotional" or "stress" eating. Consumption of carbohydrate-rich, protein-poor foods increases the amount of tryptophan that reaches the brain, thereby stimulating serotonin production. Serotonin release makes people "feel good." In addition, the sympathetic nervous system is stimulated, and additional cortisol is released during times of acute and chronic stress. Very few North Americans consume the recommended three to five servings of vegetables and two to four servings of fruits on a daily basis. Fiber associated with intake of fruits and vegetables blocks the absorption of fat in the gastrointestinal tract. A poor diet has been associated with oxidative stress and inflammation, which are contributing factors to many disorders, such as diabetes mellitus, cardiovascular disease, depression,

dementia, fibromyalgia, Alzheimer's disease, anxiety disorders, amyotrophic lateral sclerosis, chronic fatigue syndrome, and depression (Logan, 2007).

Poor sleep also hampers a person's ability to combat the effects of stress. Sleep deprivation is associated with reduced leptin levels, resulting in poor appetite control in humans. The average hours of sleep that Americans get nightly have declined 1.5 hours over the past century. More than one third of Americans get fewer than 6.5 hours of slumber per night. Sleep deprivation also stimulates the sympathetic nervous system and cortisol production and release. Sleep deprivation triggers the desire to consume sweet and starchy foodstuffs. Chronic stress interferes with sleep, and sleep deprivation alters a person's moods and cognitive processes (Logan, 2007; O'Keefe & O'Keefe, 2006). Tips to promote effective sleep include using the bedroom solely for slumber; keeping a regular sleep schedule (even if working nights and during days off); exercising in the daylight or early evening; avoiding consumption of caffeine, alcohol, or a large meal within 6 hours of bedtime; purchasing a comfortable mattress; scheduling a relaxing activity (e.g., a warm bath, reading, or meditation) right before bedtime; and providing a room with optimal darkness (to stimulate melatonin release) and quiet. Logan (2007) suggested using mindful meditation (focusing on the positives of the here and now instead of worrying about tomorrow), drinking any form of milk (the milk protein alpha-lactalbumin is high in tryptophan, which increases brain serotonin levels), or consuming a small carbohydrate snack such as whole-grain toast (or crackers) or a small bowl of cereal (which also stimulates brain serotonin).

In summary, nurses need to care for themselves to provide effective care to others. Lifestyle patterns and behaviors of nurses affect their ability to extend themselves to help others. Because nurses are people, they must assume responsibility for personal health promotion.

### Research Brief 8-1

Nemcek, M. (2007). Registered nurses' self-nurturance and life and career satisfaction. *American Association of Occupational Health Nursing Journal*, 55(8), 305–310.

The investigator used a descriptive correlational design to reexamine the relationships among self-nurturance, life satisfaction, and career satisfaction. One hundred thirty-six nurses participated in the study, which required them to complete the Modified Self-Nurturance Scale (MSNS), Satisfaction With Life Scale (SWLS), and Nursing Career Satisfaction Scale (NCSS). Statistically significant correlations were found between the nurses' mean scores on the MSNS and SWLS ( $r = .43, p < .01$ ), MSNS and NCSS ( $r = .42, p < .01$ ), and SWLS and NCSS ( $r = .37, p < .01$ ). The investigator found no significant correlations of sample demographic variables on MSNS, SWLS, and NCSS scores. The nurses in this study had life satisfaction and self-nurturance scores consistent with those of prior studies of well adults. Persons who practice self-nurturing behaviors have increased life satisfaction and typically experience fewer injuries and illnesses.

The results of this study could be used to promote self-nurturing behaviors in professional nurses. Occupational health nurse managers and nurses could educate and support colleagues on ways to engage in health-promoting behaviors such as thinking positively about oneself, exercising regularly, and consuming healthy foods. In addition, personnel policies of health care organizations could be implemented to promote nurse self-nurturance, health, and safety. Nurses who are satisfied with their careers and life tend to stay in their current clinical practice areas. The study's results should be viewed with caution because a convenience sample was used, correlations were used to analyze data (making predictions impossible), and the NCSS had low internal consistency (.63) and test-retest reliability (.54) between the first and second administration, which occurred 2 weeks apart from each other. More research is needed to refine the NCSS. Additional studies using a random national sample would eliminate the increased chance of biased findings.

### Barriers to Self-Care

One example of a barrier to self-care is the belief “It can’t happen to me,” in which nurses may feel that they will not be in danger of burnout because they are too smart or too aware to let negative feelings progress to burnout. Another issue may be rooted in the altruistic nature of many nurses, in which the client or the job may take precedence over considering the nurse’s health. So, for example, the nurse may feel, “I don’t deserve to be cared for in the same way as others,” “I can’t get sick because others depend on me,” or “My job is to take care of others, not to look after myself.” The essence of this section has been the message that the nurse must take care of herself or himself first. Then, the nurse will be better able to continue to deal with the stresses of the work environment, and advocate for the needs of clients.



## SUMMARY AND SIGNIFICANCE TO PRACTICE

In our society, responsibility for illness has been delegated to health professionals who have been prepared and are rewarded for delivering care to the sick. Short-term incentives and rewards to maintain health do not exist for the recipient; in addition, the health care system is not organized to reward providers for keeping clients well.

Clients must be encouraged to assume an increased concern and responsibility for their health potential. Nurses can support, facilitate, and encourage those positive skills, qualities, and plans that will promote health. The client and the nurse, based on goals and a timetable determined by the client, can then devise interventions collaboratively.

In addition, nurses need to take responsibility for self-care. Approaches to managing job stress and techniques such as stress management, affirmations, refuting irrational ideas, social support, values clarification, and taking care of oneself are positive techniques that can be used to avoid burnout, reframe stressors into challenges, and enhance well-being.

## FROM THEORY TO PRACTICE

1. Identify factors within your current lifestyle that fall into the categories of health promotion and health protection. What are the consequences of a lifestyle focused on health protection rather than health promotion?
2. Thinking about Jane and Michael in the vignette, identify factors in their (or your) work environment that are not health promoting. Why is having a colleague to share common experiences important for promoting health?
3. Did you find some of the tips for caring for yourself helpful? If so, which ones do you plan to use? If not, why not?



## INTERNET EXERCISES

1. Visit the American Holistic Nurses Association (AHNA) at <http://www.ahna.org>. Click on the icon “About AHNA.” Read the information. Would you be interested in joining the AHNA? Why or why not?
2. Using the search engine of your choice, type in one of the nursing interventions for the human energy field identified by Leddy (2003, 2006). Come prepared to participate in a class discussion about the information you find. Do you think other health team members would agree that the identified intervention would be beneficial to clients? Why or why not?



## INTERNET RESOURCES

American Association of Retired Persons: <http://www.aarp.org>. Access information related to healthy living and aging and a wide array of information addressing the special sociocultural concerns of the elderly.

Centers for Disease Control and the National Center for Chronic Disease Prevention and Health Promotion: <http://www.cdc.gov>. Learn the latest information related to the prevention of



communicable diseases along with health promotion information to reduce the incidence of chronic diseases.

American Institute for Cancer Research: <http://www.aicr.org>. Consult this site for research-based information for the prevention of cancer and healthy lifestyle information.

National Institutes of Health: <http://www.nih.gov>. Read information about the latest government-sponsored health research along with opportunities for funding health promotion research. Read about the National Center for Complementary and Alternative Medicine: [www.nccam.nih.gov](http://www.nccam.nih.gov).

Alternative Medicine Home Page: <http://www.pitt.edu/~cbwaltm.html>. Jump to a variety of alternative and complementary health care websites from this website maintained by the Falk Library for the Health Sciences at the University of Pittsburgh.

Association for Applied and Therapeutic Humor: <http://www.aath.org>. Tickle your funny bone by visiting this website, and jump to other health care humor sites to lift your spirits.

National Health Information Center: <http://health.gov/nhic>. Obtain educational materials for clients and yourself using this website.

American Heart Association: <http://www.americanheart.org>. Visit this site to learn the latest on cardiovascular disease. Because this is a client-oriented site, refer clients and their families to this site.

The American Holistic Nurses Association: <http://www.ahna.org>.

Get a free subscription to *The Wellness Newsletter*, a research-based e-newsletter: <http://www.carolynchambersclark.com>.

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