

Self-Healing and Self-Care for Nurses 2.3 www.aornjournal.org/content/cme

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

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

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ABSTRACT

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

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

A 2012 study by Cimiotti et al² reported a direct connection between the number of patients assigned to a nurse and

patient outcomes. Assessing the risks of burnout in perioperative clinicians, Hyman et al³ conducted a literature review and surveyed all medical personnel in one perioperative unit. Of the 145 responders, 46.2% were physicians, 22.8% of whom were residents; 43.4% were nurses or nurse anesthetists; and 10.3% were other perioperative personnel. After adjusting for gender and age, the researchers concluded that improving overall health, increasing personal support, and improving work satisfaction may decrease burnout among perioperative team members.³

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

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bending, reaching), followed by slips, trips, and falls. The Occupational Safety and Health Administration also found that caregiver fatigue and stress are tied to a higher risk of medication errors and patient infections.⁴ Another phenomenon that affects workplace safety is the rising incidence of *presenteeism*, the practice of employees reporting to work when ill and not functioning at their usual level of productivity. Currently, presenteeism costs hospitals more than absenteeism.⁵

In a complex multistate study that examined survey data from 95,499 nurses, researchers found much higher burnout and job dissatisfaction rates among nurses who were direct caregivers in hospitals and nursing homes than among nurses working in other job settings. They also found patient satisfaction levels lower in hospitals because of nurse dissatisfaction or burnout, a finding that signals problems with quality of care.⁶ Improving working conditions may improve both patient and nurse satisfaction as well as quality of care.

Common sense suggests that happy, healthy nurses provide the best care and contribute to a healthy work environment. Whereas systems issues such as staffing, available supplies and resources, benefits, supportive leadership, and the logistics of a safe work environment need to be addressed, job satisfaction is always about the individual nurse and how he or she responds to the work experience. If any nurse feels unhappy, undervalued, frustrated, or any other energy-diminishing feeling, he or she must pay attention to this symptom. Supporting nurses to care for themselves is essential work for leaders. Attempting to address these issues is not simple. In the book *Transforming Nurses' Stress and Anger: Steps Toward Healing*, Thomas states,

[T]he intertwining of stress-producing institutional factors (such as hierarchy, bureaucracy) and individual characteristics (such as RNs' perceived powerlessness) complicates matters tremendously. Nurses know a lot about stress management. After all, we teach our patients relaxation, imagery, and other stress-relieving techniques. I argue, however, that simplistic stress management strategies will not work to address the disheartening work environment that nurses face today. Sorry, but deep breathing and muscle relaxation just won't cut it.^{7(p5)}

Thomas believes that systemwide solutions are required to address issues such as mandatory overtime, floating, inadequate staffing, uncivil work environments, and bullying. The range of self-care options is broad, and the individual nurse's application of the techniques in this article can have a significant effect on a nurse's experiences in the work environment.

CONSCIOUS LEADERSHIP

A conscious leader is one who practices in the present moment and is skilled at creating environments where people can thrive. To do this, a leader needs a dual focus on the individual nurse and on the systems issues that need upgrading and reimagining so safe patient care can be provided. The conscious leader understands that encouraging nurses to rededicate efforts to their self-care and self-healing is a wise choice to help ensure healthy, more satisfied nurses.

The conscious leader is clear about work environment issues and stays informed about the issues that affect the state of the nurses in the profession. In particular, he or she must be aware of the feelings and emotions of nurses in his or her purview and support them. The conscious leader understands that systems issues are important and is diligent in working with others to address and modify the mitigating factors. Through his or her own self-nurturing and self-care, the conscious leader demonstrates that attention to this important component makes resolution of other pending issues less challenging. He or she creates, promotes, and encourages the self-care and self-nurturing of all nurses.

Conscious leadership requires the use of creativity to introduce self-care and self-healing and to make it a daily focus. Introducing self-care techniques can start with inservice education that emphasizes self-care and self-healing as a priority. Some examples to raise awareness about self-care and self-healing include:

- Posting beautiful pictures (determined by personnel in each practice setting) around the department. These should be changed frequently.
- Alerting people at each shift change, team meeting, or huddle what someone has accomplished to promote self-care and self-healing.
- Referencing self-care and self-nurturing daily in all appropriate conversations.
- Rewarding self-care and self-healing behavior (eg, an employee who stayed home to get well rather than coming to work).
- Creating a space where nurses can get away from the stress. This does not have to be elaborate, but it does need to be dedicated to peace and quiet for debriefing and de-escalating. This space might have a chair, low lighting, and a punching bag to release tension.

The tools of self-care and self-healing are low cost but can significantly affect a work environment. Creating a healing environment that reduces and alleviates the consequences of stress and has a dedicated space to reduce stress sets the tone

of the leader's intention to reward self-care and self-healing. By promoting self-care, leaders may also affect employee-associated costs by reducing the costs of sick leave and presenteeism.

NURSING AND EMOTIONAL SELF-CARE

Nursing is a profession of altruism, commitment, and compassion. Although nursing education involves hard sciences and other knowledge necessary to care for patients, nurses are generally drawn to the profession because of their strong sense of compassion for people and desire to help others in the process of dealing with physical symptoms and diseases.⁸ Their dedication to helping others often causes nurses to neglect their own healing and self-care needs.⁹

Focusing on the outward problems in the work environment exclusively may increase a nurse's frustration and stress. Applying self-care techniques may seem difficult or time-consuming; however, there are self-care basics that can be applied anywhere. The process may begin with the nurse taking personal responsibility for self-care.¹⁰ Assuming this responsibility does not mean ignoring the need for change in an organization or failing to speak up when there is an issue that needs to be resolved. In fact, self-responsibility helps the nurse to be a more positive change agent in the organization and patient care areas.

Addressing Mind, Body, Emotions, and Spirit

There are four major aspects to an individual's life: physical, emotional, mental, and spiritual. In the workplace, employees are expected to have the mental knowledge and physical skills to carry out their job. They often are expected not to bring the emotional and spiritual parts of their lives to the job, which is a nearly impossible task. Each individual has his or her inner constellation of beliefs, attitudes, feelings of life purpose, and coping mechanisms. Ignoring one's emotional and spiritual needs can lead to stress. Basic emotional needs for humans include having a sense of belonging, being accepted by others, and feeling understood.¹¹ In a stressful work environment, these needs may be neglected. The conscious leader is aware and attuned to these aspects at play in each employee. Attending to spiritual needs may mean having a specific religious affiliation, but it can also mean possessing a sense of connection to a larger purpose in life. The essence of self-healing and self-care is to engage in activities and responses that promote well-being in mind, body, emotions, and spirit.

In addition, emotional and spiritual health are interrelated with the physical and mental aspects of life. For example,

exercising regularly has been shown to increase the level of serotonin, a brain hormone that enhances feelings of well-being, providing emotional effects from a physical activity.¹² A regular spiritual practice (eg, prayer, meditation) promotes feelings of physical and emotional calmness, which affect mental capabilities.

Awareness

Awareness is the key element for practicing self-care, and it involves becoming consciously alert to one's physical, mental, and emotional reactions in different situations, especially the ones that are stressful. Physiologically, when anyone experiences stress, a complex combination of reactions occurs in the endocrine system and the autonomic nervous system.¹³ This is commonly known as the *fight-or-flight* reaction. When daily life events are perceived as threatening, this can trigger a *fight-or-flight* reaction, which prepares the body for a response that is no longer an adaptive one in modern society. When the *fight-or-flight* response is occurring, cortisol levels increase. Research on increased cortisol levels shows they interfere with learning and memory, decrease immune function, and increase cholesterol levels.¹⁴ To affect self-care and self-healing, the conscious leader encourages each person to spend time observing how he or she responds to challenges and stress in the workplace.

If a nurse is in a situation that is upsetting or that feels challenging, he or she should take a moment to check in and briefly go through a self-inventory, if possible (Sidebar 1). We recommend using the self-inventory questions to conduct a review of the challenging experience after it is finished. It is best to complete the inventory as close as possible to the event. The skill can be refined over time, and ultimately, individuals can learn to conduct the inventory in the moment of the experience.

For example, while circulating a difficult procedure with a challenging surgeon, the nurse who already feels overworked responds to the situation by thinking how unfair it is; feeling powerless to change it; and feeling anger toward the supervisor, coworkers, and the surgeon. The nurse's neck and shoulder muscles are tense, and he or she is performing daily tasks less effectively. By taking the time to go through the inventory, the nurse becomes aware of his or her thought processes and their effects on the body and attitudes. Feeling angry or unfairly treated may color one's perception of the environment, and it prevents the nurse from seeing ways to improve the situation. By being aware of what is happening, the nurse can relieve stress and respond to a situation in a more constructive way.

Sidebar 1. Questions to Ask During a Self-Inventory

Body

- What is my physical reaction to feeling upset?
 - Am I nauseated or is my stomach tensed?
 - Do I feel like hitting someone or something?
 - Are my neck, shoulders, or back muscles tensed?
 - Do I feel short of breath?

Mind

- What are my thoughts?
 - Is there one dominant thought about a person, the situation, or myself?
 - What is this thought telling me about myself, the situation, and the other person?

Emotions

- What is my emotional reaction (eg, angry, frustrated, depressed)?
- How do I feel about the situation?
- Do I feel a lack of purpose?

Spirit

- What caused me to disconnect from my authentic self (ie, who you are at your absolute core)?
- How do I really view the person, place, or thing that upset me (eg, good, bad, right, wrong)?
- What are the ways I can learn from this so my peace and joy are not affected?

Taking an inventory during a stressful event may appear to take too much time, but after you become familiar with the technique, the process goes quickly. Emotions are felt quickly and, when recognized, can help individuals respond proactively rather than reactively. Nurses may not have time to write down their answers to the inventory, but they can answer the questions mentally. If the situation is significant enough, performing the inventory at a later time will help, even if the situation has ended.

Nurses should answer the inventory's questions and, if the situation permits, write down the physical, mental, emotional, and spiritual responses to the triggering situation. Keeping a journal can help increase the awareness of reactions and patterns of response. Nurses should track what is meaningful and consider recording the following information to better evaluate their responses to stressful situations:

- the date;
- where the incident occurred;

- any physical symptoms;
- the event or activity that caused the reaction;
- others involved; and
- the thoughts, feelings, and responses to the stress.

Taking inventory and journaling can provide nurses with a perspective on their current responses to stressful situations and whether these responses are helpful or need to change. The techniques described in this article help create more positive patterns. Nurses may respond to self-care suggestions by saying, "How can we do this when we are taking care of a patient?" If viewed from a different perspective, becoming upset or stressed takes attention away from the patient. Changing perspective brings the quality of awareness back into focus by replacing feeling upset with a process that allows self-care and self-healing to occur.

PHYSICAL BODY SELF-CARE TECHNIQUES

The first way to begin self-healing and self-care is by activating the parasympathetic nervous system. This part of the autonomic nervous system slows down physical reactions such as blood pressure and heart rate.¹⁵ The physical techniques for this activation include

- deep breathing exercises;
- meditation;
- relaxation exercises;
- mindfulness;
- yoga, tai chi, and qigong;
- hypnosis; and
- visualization.

These techniques are not only powerful for reducing stress and promoting overall well-being, but they also are strong methods for physical healing. The Institute of Noetic Sciences conducted a review of 3,500 reports in journals from around the world of people who healed after they had been given terminal diagnoses of some type.¹⁶ There was no one factor that explained these physical healings, but many people who healed when they were not expected to engaged in one of the activities listed above. All of these techniques reduce the stress response and strengthen the immune system, which could explain the physical healing, and some also create a spiritual connection. We offer seven self-care techniques for nurses to consider:

- breathing exercises,
- body awareness,
- relaxation techniques,

- meditation that elicits the relaxation response,
- physical affection,
- exercise, and
- nutrition.

Being open-minded and trying some, if not all, of these techniques support self-care and self-healing.

Breathing Exercises

When a person is under stress, the sympathetic nervous system is activated. Heart rate and blood pressure increase, muscles tense, and breathing tends to become rapid and shallow.¹⁷ Consciously slowing down the breath brings these physical responses back into balance. When practiced over time, deep breathing has been associated with health benefits.¹⁷ Practicing deep breathing and other relaxation techniques (eg, meditation) regularly will help activate the relaxation response when stress is experienced in intense work situations such as handling a surgical trauma procedure.¹⁸ Here is a simple way to practice stress-reducing breathing:

- Place one hand at the top of the chest and one hand over the abdomen at approximately waist level. Breathe normally and notice whether the hand on the chest or the hand on the abdomen is moving more.
- If the hand on the chest is moving more, this is a shallow, stressed pattern of breathing. For the relaxation response to occur, the abdomen should move to breathe deeply.
- Keeping the hands in the same positions, practice breathing so that the hand over the abdomen moves first and then the top part of the chest gently moves without moving the shoulders; then exhale slowly.
- Exhale for twice as long as the time it takes to inhale; this will stimulate the parasympathetic nervous system.

After breathing this way a few times, assess how it feels. It is important to do some deep breathing throughout the day. By the end of the day, this should produce a feeling of relaxation and more energy than usual. Nurses should determine where and when this technique can be used at work or at home. There may be times during a procedure that the nurse cannot use his or her hands to assess the breathing pattern, but with awareness, it is possible to sense where these movements are originating. Practice this breathing technique at home to become comfortable performing a self-assessment with or without the use of hands.

Body Awareness

People usually feel sensations of tension or relaxation immediately. This awareness can be used to begin the relaxation

process; the technique requires approximately 30 seconds and can be practiced briefly throughout the day. To do this,

- Close the eyes and take some deep breaths.
- Starting at the top of the head, become aware of the sensations in the head, neck, and shoulders. Notice if there is tension in those areas.
- Continue to assess moving down the body, sensing which parts feel tense and which parts feel relaxed.
- Focus on the parts that feel relaxed and imagine that relaxation spreading to all the parts of the body. Do this for several breaths, and then stretch your muscles and open your eyes.

The body awareness technique (also called *body scanning*) is useful for bringing awareness to sensations before they become pain.¹⁹ For example, becoming aware of tense neck, shoulder, or back muscles and relaxing them can prevent a headache or backache. Nurses should think about when and where this self-assessment can be performed at home or work (eg, waiting for the elevator, standing in line, waiting for a special instrument tray to arrive).

Relaxation Techniques

Guided imagery, biofeedback, self-hypnosis, and progressive relaxation along with deep breathing are common and very useful relaxation techniques. The goal of all these techniques is to produce the body's relaxation response, which is characterized by slower breathing, lower blood pressure, and a feeling of increased well-being. Autogenic training, developed by psychiatrist Johannes Schultz,²⁰ is a technique that teaches the body to respond to verbal commands. It combines self-hypnosis with specific suggestions for feeling warmth, heaviness, and relaxation in the body.²⁰

Progressive relaxation involves tensing and then relaxing muscles so the person recognizes the difference in those sensations. This technique was developed by Edmund Jacobson, MD, who first noted that tense patients healed more slowly than relaxed ones.²¹ For example, nurses can practice this technique while standing at the Mayo stand during a long procedure, stocking rooms, or performing administrative work.

Both autogenic training and progressive relaxation have been used extensively by psychologists and some health professionals to help people reduce the stress reaction. Nurses should consider requesting education about these techniques and others as part of their continuing education. Given the research finding that stress and burnout negatively affect

patient care, these techniques are an important component of nursing education and are a cost-effective method for enhancing nurses' well-being and improving patient outcomes.

Meditation and the Relaxation Response

Studies have shown the benefits of a simple meditation technique practiced regularly.²² These benefits include lowering blood pressure, improving focus and attention, increasing the effectiveness of the immune system, and decreasing depression.

The relaxation response was developed by Herbert Benson, MD, who is now the director emeritus of the Benson-Henry Institute and professor of Mind Body Medicine at Harvard Medical School. Benson has conducted 190 research studies in the past 40 years on the relaxation response, with the intention to validate the mind-body connection and demonstrate how Western medicine could use this knowledge.²³ Although he began with research on transcendental meditation, his later work found that any focus on a simple positive phrase produced similar positive results. Benson suggests the following four-step process:

- Find a quiet environment.
- Consciously relax the body's muscles.
- Focus for 10 to 20 minutes on a specific word or phrase (eg, the word *one*, a brief prayer).
- Assume a passive attitude toward intrusive thoughts.²³

A meditation experience that renders the most benefit is one in which the nurse sits relaxed and undisturbed. Although Benson suggests 10 to 20 minutes, this timeframe is flexible and should not stop the nurse from using this powerful technique to induce a state of greater consciousness. For example, on a break, the nurse could go somewhere in the department where it is quiet and focus for two minutes on a word like *love* or a visual image such as a child's face or a pet. This technique can induce a positive shift in thoughts and feelings. A common reason for not performing this exercise is that it takes too much time. Nurses should ask themselves, "Is there time to think negative thoughts?" If the answer is yes, then there is time to repeat one positive meditative thought.

Physical Affection

One study has shown that a hug increases oxytocin levels and decreases blood pressure and heart rate.²⁴ It is important to be mindful that some people do not like to be touched, however, so set safe boundaries by asking permission before hugging someone. Hugs can be shared throughout the day.

A hug may be a physical act, but it creates a sense of comfort and well-being.

Exercise

Exercise has been shown to reduce stress, reduce blood pressure and blood sugar levels, and contribute to higher endorphin levels, in addition to improving overall physical fitness.²⁵ Exercise outside of work can be challenging to fit into busy lives, yet exercising for as little as 20 minutes per week can have impressive results.²⁶ A popular trend is to walk 10,000 steps a day. Many devices and apps provide up-to-the-minute information about how many steps were walked, blood sugar levels, blood pressure, and pulse. When there is time, taking a short walking break at work and measuring how many steps it takes to walk around the grounds of the facility can help reduce stress.

Nutrition

Nurses, because of their education, are aware of the benefits of exercise and nutrition. Watching the amount of sugar, fats, and carbohydrates consumed helps correct poor eating habits. Eating healthy, nourishing food on a regular basis is a powerful way to practice self-care and self-healing. It can be challenging to get well-scheduled meal breaks that support the body's requirements and metabolism, so nurses should have some nutritious snacks available for lunch or coffee breaks. Nurses can also assess the work environment to see what can be done to support good nutritional health; they can talk with the cafeteria manager about including healthier foods, conduct a fundraiser for the OR to have its own food refrigerator, or ask vending machine companies to switch to healthier food.

MENTAL SELF-CARE

The idea that thoughts affect attitude and behavior has existed for a long time. Epictetus, a Greek Stoic philosopher, said, "Men [and women] are not disturbed by things, but by the view they take of them."²⁷ The mind is powerful, and learning to choose thoughts that support self-care and self-healing is vital to well-being.

During childhood, parents and other adult caregivers may model negative responses to external forces, and this response becomes a learned reaction. The point of view that life happens *to* an individual rather than *through* him or her sets the stage for that person to become a victim of individual circumstances. Psychologists have developed a number of techniques that help change this thought process and help the individual change his or her emotional and behavioral reactions to events. When an individual experiences feelings of

anger, frustration, or depression, functioning at work and at home becomes less effective. The opposite is also true; when an individual is less reactive, more relaxed, and less frustrated, angry, or depressed, he or she experiences life in a more positive way.

Mindfulness

Mindfulness, which is closely related to meditation, is maintaining an awareness moment-by-moment of thoughts, feelings, bodily sensations, and the surrounding environment.²⁸ It can be practiced seated with closed eyes or throughout the day as a momentary awareness technique. Mindfulness invites a person to pay attention to physical sensations, emotions, and reactions in a conscious way and thus discover opportunities to change.

An effective program is the mindfulness-based stress reduction program developed by Jon Kabat-Zinn.²⁹ It is an eight-week program that combines mindful meditation and yoga practices that support

cultivating greater awareness of the unity between the mind and body as well as key ways that unconscious thoughts, feelings, and behaviors can undermine emotional, physical, and spiritual health. The mind is known to be a factor in stress-related disorders and meditation has been shown to positively affect a range of autonomic physiological processes such as lowering blood pressure and overall reactivity.^{29(p565)}

Kabat-Zinn's mindfulness-based stress reduction program may be effective for reducing stress and increasing quality of life and self-compassion.^{30,31}

Psychologist Albert Ellis pioneered a technique now known as *rational emotive behavior therapy*. This therapy involves teaching clients to question their interpretation and thoughts about external events and helping them to change these thoughts to more rational (eg, objective, unemotional) ones. The result is a less stressful physical reaction. According to Ellis, there are three main stressful thoughts that cause most irrational thinking. These are:

- I must achieve outstandingly well in one or more important aspects or I am an inadequate person.
- Other people must treat me fairly and well or they are bad people.
- Conditions must be favorable or else my life is rotten and I cannot stand it.³²

The reason these thoughts are so powerful is that they tend to operate on the unconscious level. By becoming more

conscious of the thoughts creating the stress response, you have the opportunity to change the thoughts and thus change the reaction.

To illustrate how this works, consider the following examples. If a person believes that he or she must be competent in all areas, even the slightest comment that seems critical or a situation in which he or she appears less than perfect will cause a strong stress response. Nurses strive to be as competent as possible; however, 90% of nurses are women³³ and they tend to expect that they should be able to work full-time and perfectly fulfill other responsibilities for home, family, and community as well. This mindset has been called the *superwoman syndrome*.³⁴ Holding oneself to an impossible standard creates stress.

Another example of how these limiting beliefs can determine how we are affected occurs when a person believes he or she must have the love and approval of every significant person in life; if this is the case, it will be difficult to say no to their requests. The anxiety arises in believing that everyone will be unhappy with the refusal. One way to change this belief is for the individual to internalize the idea that it is not his or her job to take care of everyone else and neglect self-care. Saying no to someone is saying yes to oneself, and it is good for others to be responsible for themselves. It is possible to be compassionate and understanding without taking on responsibility for others. In the workplace, this does not mean neglecting assigned duties; it means being conscious of needing approval so badly that it results in self-neglect.

The third irrational thought is about expectations. When a person's expectations are not met, this often results in anger and frustration. For example, getting caught in an unexpected traffic jam, dealing with a difficult boss, or working with an uncooperative coworker are situations in which expectations are not being met. The thought that occurs is how terrible and awful the outcome is and that it was unwanted, which creates stress. An effective response is to acknowledge that the situation is not optimal and that although it cannot be changed, there is a choice about accepting the situation right now, thinking about it differently, and considering future actions.

Self-care, healing, and nurturing involve acknowledging feelings, not denying them. It is normal to feel angry with a difficult boss, disappointed if passed by for a promotion, or upset by a critical remark. If dwelling on the upsetting thoughts is allowed to continue, feelings get more intense, which creates stress. The key is to be aware of the thoughts and create reasonable self-talk. An idea for changing a negative thought could be to repeat a self-supporting positive thought

throughout the day or to write the thought on a sticky note and place it on a frequently used mirror or locker. Conscious leaders also can help reword negative thoughts during huddles, shift reports, or team meetings. Here are some examples of positive thoughts:

- It is okay if I am not perfect.
- I want love and approval, but I can handle it if I do not always get it.
- It is important that I am saying yes to myself.
- It is great when everything works out exactly the way I want it, but when it does not, I can handle it.
- The situation does not affect me. I can choose whether to react.
- I do not need to take this comment or situation personally.
- Everything is exactly the way it is supposed to be, even if it is not the way I want it.
- We are all fallible human beings, so I can be more patient with others.
- It takes two to have a conflict, and I can choose not to engage in one.
- I feel the way I think.

In the early 1960s, cognitive behavioral therapy was introduced as a method to train people to be aware of their internal self-talk as a method of changing thoughts about oneself and events. Donald Meichenbaum, an expert in cognitive behavioral therapy, considers nursing to be one of the professions in which there are chronic continual stressors, and thus a need for coping mechanisms. He and his colleague Roy Cameron developed a stress inoculation program. Rather than conceiving their stressors as being overwhelming, uncontrollable, unpredictable, debilitating, or hopeless, clients develop a sense of learned resourcefulness with the help of a stress inoculation trainer. The process involves consciously using coping statements such as, “I am going to be all right,” “Take it step-by-step,” “I can only do my best,” and “Remember to breathe.”³⁵

Although this approach may sound simplistic, conscious, positive self-talk interrupts the pattern of unconscious negative thoughts. When a person uses positive self-talk, it helps him or her tap into a sense of confidence about handling a situation, relaxes the body, and improves the mood. When you experience anxious or angry feelings, it is helpful to take some deep breaths and ask:

- What thoughts am I thinking?
- Are these thoughts helping me handle this situation or not?
- What thoughts could I be thinking instead?

Notice what changes physically and emotionally.

As cited above, the work of Ellis³² and Meichenbaum³⁵ have shown that changing the way you think can change the way you feel and behave. Meichenbaum³⁵ used the term *self-talk*. Another term is *positive affirmations*. These are statements that counteract negative thoughts. For example, when you become aware of a self-sabotaging thought such as, “What a dumb mistake I just made,” you can replace it with positive thoughts: “Everyone makes mistakes,” “I will correct this as soon as possible,” or “I am doing the best I can.” The use of self-affirmations has been shown to increase self-esteem and decrease depression.^{36,37} Some affirmations that can be used in the workplace and at home include:

- I have harmonious relationships with all my coworkers and my supervisors.
- It is easy for me to remember and practice my self-care techniques throughout the day.
- I am relaxed, alert, and aware throughout the day.
- I am worth taking the time for self-care, and I easily find time for it.
- I release events from the day, so I sleep in peace and wake in joy.
- I am a part of the solution for creating more harmony in the workplace.
- I am finding it easier and easier to speak up for myself.

Practicing affirmations daily by thinking or writing them supports self-care and self-healing. Visualization complements such affirmations and involves imagining that the desired change has already taken place in one’s life.

POSITIVE PSYCHOLOGY

The field of positive psychology has emerged only recently, and the intention of researchers is to determine what factors contribute to people leading healthy and happy lives. Martin Seligman³⁸ is considered the pioneer in this branch of psychology. Positive psychology is not meant to be a superficial approach (ie, just thinking positively) but rather a study of what factors contribute to a happy, purposeful life. Seligman³⁸ has taken the elusive concept of happiness and studied which traits can be linked to happiness and which can be developed by anyone.

Weiss, Bates, and Luciano³⁹ investigated the topic of subjective well-being and how it relates to personality traits. They used a representative sample of 973 twin pairs to test the hypothesis that heritable differences in subjective well-being are entirely accounted for by the genetic architecture. Instead, they found that approximately 50% of the ability to be happy comes from genetics, whereas the other 50% results

from factors individuals can influence to some extent (eg, relationships, careers, health). In addition, they showed that people can increase their happiness by developing optimism, practicing gratitude, and helping others.³⁹

Gratitude Journal

Cultivating an *attitude of gratitude* is a popular idea these days for counteracting some of the stresses and challenges in life. Research by Emmons and McCullough⁴⁰ indicated that people who were directed to focus on and write down what they were grateful for daily showed evidence of greater well-being at the end of the study than those who focused on difficulties or neutral events.

Gratitude may be cultivated through various techniques, one of which is journaling. The following are examples of practicing gratitude.

- Throughout a 10-day period, write down five items that result in gratitude at the end of each day. These can be minor (eg, getting a prime parking space) or major (eg, surviving a health crisis). At the end of the 10 days, notice whether feelings of happiness and well-being have increased. If so, continue the process.
- Express appreciation to others on a regular basis.
- Start a gratitude-a-day practice with other coworkers.
- Provide verbal expressions of gratitude.
- Consider creating a gratitude journal for the work unit.
- Incorporate gratitude discussion into staff meetings.

Verbal expressions of gratitude promote self-care and self-healing for the person expressing the gratitude and for the one receiving the gratitude.

EMOTIONAL RESPONSES

Emotional responses are generally triggered by thoughts. Practicing thought-changing techniques results in greater emotional balance. For example, letting go of the need for approval and perfectionism may result in less reactivity when one is criticized. Being more patient with others and in situations when expectations are not met supports remaining more calm and flexible. This is challenging work, but there are rewards. Individuals may want to choose an area where they frequently feel upset and work on changing the negative thoughts attached to it, which will change their emotional response. Time and focus are needed to change patterns of reacting.

Many people lack self-esteem.⁴¹ In childhood, approval and self-worth is often tied to doing something well (eg, being a

good student) or being good (eg, doing as asked, being well-behaved). Parents often provide a combination of unconditional and conditional love. Negative effects can occur when there is an imbalance of the two. Poor self-esteem can be one result of a lack of unconditional love. Where there has been significant abuse or neglect in childhood, the emotional wounds from this present in adulthood in various ways, such as drug or alcohol abuse or other self-defeating behaviors. The adult often carries a sense of shame,⁴² because he or she internalizes the message “I am a bad person,” rather than “My behavior is bad.” Seeking therapy for these issues is a courageous choice.

Another emotional response is reacting strongly to a situation and then realizing it was an overreaction. Individuals learn much of their emotional repertoire from events in childhood and the behavior that others model, and thoughts that trigger an overreaction can be unconscious. In a coaching session, a woman reported feeling very angry at a mother she observed at a park. According to the client, the mother was not paying adequate attention to her child. Her surface thought was “That mother should be paying more attention because her child could get hurt.” The strong reaction by this client seemed out of proportion to the event. As the coach and the client discussed the event more deeply, the client realized she had lingering anger toward her mother for not paying attention to her. The unconscious thought was “My mother should have paid more attention to me.”

Working with emotional issues in the workplace can be challenging. It is important to access the resources in the work setting, such as human resources personnel, social workers, or therapists if they are available, to support resolution of unresolved issues. The following exercise can help uncover unconscious beliefs to support self-care and self-healing. When a person experiences a strong reaction to an event that is out of proportion to the event, he or she can ask: “How old do I feel? Is there an old wound triggering this reaction?” This simple exercise may reveal a significant event from the past.

Humor

Voltaire said, “The art of medicine consists of keeping the patient amused while nature heals the disease.”⁴³ Developing a sense of humor is a buffer for stress and contributes to the healing of all the issues addressed in this article. McGhee⁴⁴ cites the benefits for using humor: It increases the immune system function, relaxes muscles, reduces the stress response, and improves mood. Humorous books left in the break room or putting up a bulletin board with jokes on it can help lighten the day.

SPIRITUAL CONNECTION

In this article, *spiritual* means experiencing a sense of peace within, a trust that life works out even when we do not understand events, and having a sense of purpose and place in the world. There are many avenues for developing or strengthening a spiritual connection: meditation, prayer, involvement in a religion, or being in the beauty of nature. Focusing on a spiritual connection allows you to transcend the challenges in daily life and provides perspective.

Seligman's positive psychology research encourages forgiveness as a means of resolving past issues.³⁸ Forgiveness is a part of most spiritual paths and represents an example of the interconnection of body, mind, emotions, and spirit. Forgiveness can be for self or others. For example, feeling guilt for something done in the past does not help present functioning. The ability to forgive past mistakes is important, as is the acceptance that everyone does the best they can regardless of the outcome. Forgiveness does not mean condoning abuse or betrayal from another person; however, when practiced, it offers freedom from the past. If the idea of forgiveness seems difficult, individuals can begin by being willing to forgive one small thing or person. A process that can help move toward forgiveness is first writing an anger letter, which is not sent, telling the person everything you are angry about, and then tearing it up or burning the letter as a symbol of letting the anger go. To complete the process, write out or think the phrase "I am willing to forgive," or "I do forgive."

We have provided several techniques and suggestions to use in daily life. When practicing these, it is important to notice any resistance that may make a technique challenging and then explore that resistance and whether it serves a positive or negative function. Well-being is worth taking the time to focus on oneself. In addition to creating new personal strengths, the results of these practices benefit coworkers, patients, and family members.

CONCLUSION

The information in this article addresses the physical, mental, emotional, and spiritual aspects of ourselves; however, individuals are complex beings with unique constellations of thoughts, emotions, and behaviors. Although research can guide inquiries into stress reduction techniques, what works for one person may not work for another. We encourage readers to experiment with the various tools suggested in this article so they may practice those that are personally effective and let the others go. ●

References

1. Nurses concerned over working condition, decline in quality of care, ANA survey reveals. American Nurses Association. <http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2001/ANAPressRelease.aspx>. Published February 6, 2001. Accessed January 22, 2016.
2. Cimiotti JP, Aiken LH, Sloane DM, Wu ES. Nurse staffing, burnout, and health care-associated infection. *Am J Infect Control*. 2012; 40(6):486-490.
3. Hyman SA, Michaels DR, Berry JM, Schildcrout JS, Mercaldo ND, Weinger MB. Risk of burnout in perioperative clinicians: a survey study and literature review. *Anesthesiology*. 2011;114(1):194-204.
4. Worker safety in your hospital: know the facts. Occupational Safety and Health Administration. https://www.osha.gov/dsg/hospitals/documents/1.1_Data_highlights_508.pdf. Accessed January 22, 2016.
5. Schaefer P. The hidden costs of presenteeism: causes and solutions. *Businessknowhow.com*. www.businessknowhow.com/manage/presenteeism.htm. Accessed January 22, 2016.
6. Letvak SA, Ruhm CJ, Gupta SN. Nurses' presenteeism and its effects on self-reported quality of care and costs. *Am J Nurs*. 2012;112(2):30-38.
7. Thomas SP. *Transforming Nurses' Stress and Anger: Steps Toward Healing*. New York, NY: Springer Publishing; 2009.
8. Alyson J. Why people chose nursing as a career. *Chron.com*. <http://work.chron.com/people-choose-nursing-career-13350.html>. Accessed January 22, 2016.
9. Lombardo B, Eyre C. Compassion fatigue: a nurse's primer. *Online J Issues Nurs*. 2011;16(1):3. <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No1-Jan-2011/Compassion-Fatigue-A-Nurses-Primer.html>. Accessed January 22, 2016.
10. Blum CA. Practicing self-care for nurses: a nursing program initiative. *Online J Issues Nurs*. 2014;19(3):3. <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-19-2014/No3-Sept-2014/Practicing-Self-Care-for-Nurses.html>. Accessed September 30, 2016.
11. Maslow's hierarchy of basic needs. The Neurotypical Site. http://theneurotypical.com/maslows_basic_needs.html. Accessed March 31, 2016.
12. Young SN. How to increase serotonin in the human brain without drugs. *J Psychiatry Neurosci*. 2007;32(6):394-399.
13. Greenberg J. *Comprehensive Stress Management*. 11th ed. New York, NY: McGraw-Hill; 2012.
14. Definition of parasympathetic nervous system. *MedicineNet.com*. <http://www.medicinenet.com/script/main/art.asp?articlekey=4770>. Accessed January 22, 2016.
15. Bergland C. Cortisol: why "the stress hormone" is public enemy no. 1. *Psychology Today*. <https://www.psychologytoday.com/blog/the-athletes-way/201301/cortisol-why-the-stress-hormone-is-public-enemy-no-1>. Published January 22, 2013. Accessed March 31, 2016.
16. Hirschberg C, O'Regan B. *Spontaneous Remission: An Annotated Bibliography*. Petaluma, CA: Institute of Noetic Sciences; 1993.

- <http://library.noetic.org/library/publication-bibliographies/spontaneous-remission>. Accessed January 22, 2016.
17. Sympathetic nervous system. Wikipedia. https://en.wikipedia.org/wiki/Sympathetic_nervous_system. Accessed September 30, 2016.
 18. Herrington D. 13 Health benefits of deep breathing. *Care2.com*. <http://www.care2.com/greenliving/13-health-benefits-of-deep-breathing.html>. Published May 22, 2013. Accessed January 22, 2016.
 19. Scott E. Body scan meditation: why and how. About Health. <https://www.verywell.com/body-scan-meditation-why-and-how-3144782>. Updated June 30, 2016. Accessed September 30, 2016.
 20. Schultz J. *Das Autogene Training*. Stuttgart, Germany: Georg-Thieme Verlag; 1953.
 21. Jacobson E. *Progressive Relaxation*. 2nd ed. Chicago, IL: Chicago Press; 1938.
 22. Relaxation techniques for health. National Center for Complementary and Integrative Health. <https://nccih.nih.gov/health/stress/relaxation.htm>. Modified June 14, 2016. Accessed January 22, 2016.
 23. Benson H, Proctor W. *Relaxation Revolution: The Science and Genetics of Mind Body Healing*. New York, NY: Scribner; 2011.
 24. Alspach G. Hugs and healthy hearts. *Crit Care Nurse*. 2004;24(3): 8-9.
 25. Physical activity and health. Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/basics/pa-health>. Updated June 4, 2015. Accessed January 22, 2016.
 26. How much physical activity do adults need? Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/basics/adults>. Updated June 4, 2015. Accessed January 22, 2016.
 27. Epictetus quotes. ThinkExist.com. http://thinkexist.com/quotation/men_are_disturbed_not_by_things-but_by_the_views/189758.html. Accessed January 22, 2016.
 28. Mindfulness. Greater Good Science Center. <http://greatergood.berkeley.edu/topic/mindfulness/definition>. Accessed January 22, 2016.
 29. Davidson RJ, Kabat-Zinn J, Schumacher J, et al. Alterations in brain and immune function produced by mindfulness meditation. *Psychosom Med*. 2003;65(4):564-570.
 30. What is mindfulness-based stress reduction? Mindful Living Programs. <http://www.mindfullivingprograms.com/whatMBSR.php>. Accessed January 22, 2016.
 31. Davis DM, Hayes JA. What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*. 2011;48(2):198-208.
 32. Ellis A. *Overcoming Destructive Beliefs, Feelings, and Behaviors; New Directions for Rational Emotive Behavior Therapy*. New York, NY: Prometheus Books; 2001.
 33. Quick facts on registered nurses. United States Department of Labor. <http://www.dol.gov/wb/factsheets/qf-nursing.htm>. Accessed April 18, 2016.
 34. Superwoman Syndrome. Hubpages.com. <http://hubpages.com/health/Superwoman-Syndrome>. Updated March 18, 2015. Accessed April 18, 2016.
 35. Meichenbaum D, Cameron R. Modifying what clients say to themselves. In: Mahoney M, Thoresen C, eds. *Self-Control: Power to the Person*. Monterey, CA: Brooks/Cole Publishing; 1974.
 36. Using affirmations: harnessing positive thinking. Mindtools.com. <https://www.mindtools.com/pages/article/affirmations.htm>. Accessed April 18, 2016.
 37. Self-affirmations may calm jitters, boost performance. Science Daily. <https://www.sciencedaily.com/releases/2015/04/150417085408.htm>. Published April 17, 2015. Accessed April 18, 2016.
 38. Seligman ME, Csikszentmihalyi M. Positive psychology: an introduction. *Am Psychol*. 2000;55(1):5-14.
 39. Weiss A, Bates TC, Luciano M. Happiness is a personal(ity) thing: the genetics of personality and well-being in a representative sample. *Psychol Sci*. 2008;19(3):205-210.
 40. Emmons RA, McCullough ME. Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life. *J Pers Soc Psychol*. 2003;84(2): 377-389.
 41. Schiraldi GR. *The Self-Esteem Workbook*. Oakland, CA: New Harbinger Publications; 2016.
 42. Bradshaw J. *Healing the Shame that Binds You*. Rev ed. Deerfield Beach, FL: Health Communications; 2005.
 43. Voltaire quotes. The Quotations Page. <http://www.quotationspage.com/quote/942.html>. Accessed January 22, 2016.
 44. McGhee PE. *Health, Healing and the Amuse System: Humor as Survival Training*. 3rd ed. Dubuque, IA: Kendall Hunt; 1999.

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Continuing Education: Self-Healing and Self-Care for Nurses 2.3 www.aornjournal.org/content/cme

PURPOSE/GOAL

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

OBJECTIVES

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

The Examination and Learner Evaluation are printed here for your convenience. To receive continuing education credit, you must complete the online Examination and Learner Evaluation at <http://www.aornjournal.org/content/cme>.

QUESTIONS

1. Factors that influence how nurses feel about their work and work environment include
 1. peer recognition.
 2. financial compensation.
 3. patient population served.
 4. safety.
 5. staffing issues.
 6. bullying.
 - a. 1, 3, and 5
 - b. 2, 4, 5, and 6
 - c. 2, 3, 5, and 6
 - d. 1, 2, 3, 4, 5, and 6
2. Factors that contribute to how a nurse experiences his or her work environment include the nurse's
 1. level of skill and confidence.
 2. level of autonomy.
 3. patient-to-nurse ratio.
 - a. 1 and 2
 - b. 1 and 3
 - c. 2 and 3
 - d. 1, 2, and 3
3. Focusing on outward problems in the work environment is not a factor in increasing a nurse's frustration and stress.
 - a. true
 - b. false
4. The effects of stress related to a nurse's work environment include risks for
 1. burnout.
 2. presenteeism.
 3. work-related injuries and illnesses.
 4. medication errors and patient infections.
 5. job dissatisfaction.
 - a. 4 and 5
 - b. 1, 2, and 3
 - c. 1, 2, 3, and 4
 - d. 1, 2, 3, 4, and 5
5. Awareness is the key element for practicing self-care, and it involves becoming consciously alert to one's physical, mental, and emotional reactions in different situations, especially the ones that are stressful.
 - a. true
 - b. false
6. When conducting a self-inventory regarding a stressful event, a nurse should be aware of
 1. where the incident occurred.
 2. physical symptoms.
 3. who was involved.
 4. safety.

5. staffing issues.
6. responses to the stress.
 - a. 1, 3, and 5
 - b. 2, 4, 5, and 6
 - c. 1, 2, 3, and 6
 - d. 1, 2, 3, 4, 5, and 6
7. The way to start self-healing and self-care is to activate the _____ nervous system.
 - a. sympathetic
 - b. parasympathetic
 - c. peripheral
 - d. central
8. Techniques to slow down physical reactions include
 1. deep breathing exercises.
 2. meditation.
 3. relaxation exercises.
 4. mindfulness.
 5. hypnosis.
6. visualization.
 - a. 1, 3, and 5
 - b. 2, 4, 5, and 6
 - c. 2, 3, 5, and 6
 - d. 1, 2, 3, 4, 5, and 6
9. Two activities that can help nurses care for themselves physically are
 1. exercising.
 2. cultivating a positive attitude.
 3. correcting poor eating habits.
 4. adjusting their expectations.
 - a. 1 and 3
 - b. 2 and 4
 - c. 1 and 4
 - d. 3 and 4
10. Mindfulness invites a person to pay attention to physical sensations, emotions, and reactions in a conscious way and thus discover opportunities to change.
 - a. true
 - b. false

Continuing Education: Self-Healing and Self-Care for Nurses 2.3 www.aornjournal.org/content/cme

This evaluation is used to determine the extent to which this continuing education program met your learning needs. The evaluation is printed here for your convenience. To receive continuing education credit, you must complete the online Examination and Learner Evaluation at <http://www.aornjournal.org/content/cme>. Rate the items as described below.

OBJECTIVES

To what extent were the following objectives of this continuing education program achieved?

- Describe the origins of stress in nurses.
Low 1. 2. 3. 4. 5. High
- Identify the effects of stress.
Low 1. 2. 3. 4. 5. High
- Discuss how nurses can implement self-care.
Low 1. 2. 3. 4. 5. High

CONTENT

- To what extent did this article increase your knowledge of the subject matter?
Low 1. 2. 3. 4. 5. High
- To what extent were your individual objectives met?
Low 1. 2. 3. 4. 5. High
- Will you be able to use the information from this article in your work setting?
1. Yes 2. No

7. Will you change your practice as a result of reading this article? (If yes, answer question #8A. If no, answer question #8B.)

7A. How will you change your practice? (*Select all that apply*)

- I will provide education to my team regarding why change is needed.
- I will work with management to change/implement a policy and procedure.
- I will plan an informational meeting with physicians to seek their input and acceptance of the need for change.
- I will implement change and evaluate the effect of the change at regular intervals until the change is incorporated as best practice.
- Other: _____

7B. If you will not change your practice as a result of reading this article, why? (*Select all that apply*)

- The content of the article is not relevant to my practice.
- I do not have enough time to teach others about the purpose of the needed change.
- I do not have management support to make a change.
- Other: _____

8. Our accrediting body requires that we verify the time you needed to complete the 2.3 continuing education contact hour (138-minute) program: _____