NYONL Study Explores Self-Care Practices

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The COVID-19 pandemic stressed health care personnel, particularly nurse leaders. A strategy to reduce stress among nurses is to practice self-care; however, little is known about the current practice among nurse leaders. This study evaluated self-care practices of New York State Nursing Leaders (NYONL) members, which includes nursing leaders in all practice areas, academia, and research. NYONL is an affiliate of the American Organization of Nursing Leadership.

Nurse leaders in today's health care environment have tremendous challenges impeding their ability to practice self-care. In their roles, nurse leaders have to face a plethora of stressors brought on by competing priorities ranging from the expected delivery of patient outcomes to staff satisfaction.[1] The current COVID-19 pandemic has added additional stressors for nurse leaders.

It is recognized that a nurse leader's self-care is positively related to strengthening and maintaining resiliency and wellness among the health care staff they serve. Caring for one's self first enables the nurse leader to better care for others.[2] However, Ross et al.[3] highlights that nurses do not take the time to perform self-care practices despite being aware of the relationship between self-care practices and overall well-being. It has been found that self-care practices are frequently not prioritized in the health care setting.[4] A study highlighted that caring for self first enables nurse leaders to better care for others.[2]

A recent Delphi study investigating nurse executive priorities for nursing administrative research found 2 priorities related to nurse self-care, including the nurse leader.[5] These were among the 5 identified priorities for future nursing leadership research. The health, well-being, resiliency, and workplace safety for the nurse, along with healthy practice environments for nurse leaders, ranked as top future nursing research priorities.[5] With the recent demands and pressures in health care as a result of the COVID-19 pandemic, nurse leaders have become increasingly aware of the importance of practicing self-care for their staff, but not necessarily of the need to practice self-care for themselves.[6]

The NYONL Research Committee determined a need to evaluate the self-care practices of the NYONL membership, including nursing leaders in all practice areas, academia, and research. It is NYONL's expectation that understanding nurse leader self-care practices can lead to interventions to promote and support nurse leaders' mental and physical health and well-being.

METHODS

This prospective, cross-sectional, descriptive study used the Self-Care Practices Scale,[7] a validated, self-report, 18-item Likert scale questionnaire designed to assess the frequency of personal and professional self-care practices (0 = never to 4 = very often). This instrument has reported strong reliability for both the personal self-care subscale ($\alpha = 0.81$) and the professional self-care subscale ($\alpha = 0.78$) with an overall total scale reliability of ($\alpha = 0.87$). Among the 18 questions, the first half (questions 1 to 9) focus on the personal self-care subscale and the second half (questions 10 to 18) focus on the professional self-care subscale. In addition to completing the Self-Care Practices Scale, NYONL members were asked to complete an additional 15 demographic questions. A self-administered computer-delivered survey was used to conduct this study. NYONL members were recruited using an information sheet forwarded to their membership email addresses.

At the conclusion of this study, results were disseminated in aggregate form in a poster and presentation to the NYONL membership at the NYONL annual meeting. Based on the results of the NYONL self-care practices study and membership feedback, NYONL will develop and provide educational content for its members, as well as conducting a subsequent repeated assessment of the NYONL members self-care practices one year later.

This study was approved by the University of Rochester Institutional Review Board. All the data collected were anonymous; the subjects had no contact with the investigators, and all of the data were reported in aggregate. Email addresses were not retained by the

Table 1. Demographic Characteristics, and of Dichotomized Downstate Versus Upstate New York

	All		Downstate		Upstate	
	n = 92		n = 45		n = 42	
Characteristic	n	%	n	%	n	%
Age, years	($\bar{x}$ = 55.85; SD = 10.18)		($\bar{x}$ = 55.66; SD = 9.59)		($\bar{x}$ = 54.19; SD = 10.56)	
30-39	10	11	4	9	5	12
40-49	15	16	6	13	9	21
50-59	26	28	15	33	11	26
60-69	34	37	18	39	15	35
70+	4	4	1	2	3	7
Gender						
Female	84	91	39	85	43	98
Male	6	7	6	13	0	0
Nonbinary	1	1	1	2	0	0
Race						
White/non-Hispanic	77	84	35	76	40	91
African American	4	4	3	7	1	2
Asian	4	4	3	7	1	2
Hispanic/Latino	4	4	3	7	1	2
American Indian	1	1	1	2	0	0
Primary position						
Staff nurse	1	1	0	0	1	2
Clinical nurse specialist	1	1	0	0	1	2
Nurse administrator (academia)	5	5	3	7	2	5
Nurse administrator (practice)	45	49	29	63	16	36
Nurse educator (academia)	9	10	2	4	6	14
Nurse educator (practice)	1	1	0	0	1	2
Nurse manager	20	21	10	22	9	21
Nurse practitioner	1	1	0	0	1	2
Other	6	7	2	4	5	21
Highest level of education						
Bachelors	4	4	0	0	4	9
Masters	49	53	24	53	24	55
Doctorate						
DNP	20	22	11	24	9	21
PhD	13	14	6	13	6	14
EdD	3	3	3	7	0	0
DNS	1	1	0	0.0	1	2
Health care administration	1	1	1	2	0	0

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Table 1. (continued)

Characteristic	All n = 92		Downstate n = 45		Upstate n = 42	
	n	%	n	%	n	%
Number of years in nursing			($\bar{x}$ = 29.96; SD = 11.34)		($\bar{x}$ = 30.56; SD = 11.59)	
6-10	3	3	2	4	1	2
11-15	12	13	5	11	6	14
16-20	6	7	3	7	3	7
21-25	12	13	7	16	5	12
26+	57	62	28	62	28	65
Number of years in current position			($\bar{x}$ = 5.39; SD = 4.72)		($\bar{x}$ = 4.99; SD = 4.34)	
0-5	57	62	29	63	27	64
6-10	21	23	10	22	11	26
11-15	9	10	6	13	3	7
16-20	1	1	1	2	0	0
21-25	2	2	0	0	1	2
Work status at primary position						
Employed full-time	88	96	45	98	41	93
Employed part-time	2	2	1	2	1	2
Retired	2	2	0	0	2	5
Magnet-designated facility						
Yes	49	53	21	46	18	42
No	40	44	23	50	25	58
Type of facility						
Academic medical center	34	37	20	44	13	31
Community-based	28	30	16	35	12	29
Other	2	2	0	0	2	5
Private	5	5	3	7	2	5
Public	8	9	3	7	5	12
School of nursing	12	13	4	9	7	17
VA	1	1	0	0	1	2
Number of hours worked per week						
10-20	2	2	0	0	2	5
30-40	10	11	4	9	5	11
40	11	12	6	13	5	11
40-60	54	59	28	61	25	57
>60	15	16	8	17	7	16

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Table 1. (continued)

Characteristic	All n = 92		Downstate n = 45		Upstate n = 42	
	n	%	n	%	n	%
Area(s) worked in[a]						
Administration	50	54	28	61	21	48
Critical care (adult, neonatal, & pediatric)	12	13	7	15	5	11
Emergency department	3	3	3	7	0	0
Home care	5	5	5	11	0	0
Medical/surgical (adult & pediatric)	11	12	9	20	2	5
Obstetrics/GYN	2	2	1	2	1	2
Oncology	4	4	1	2	3	7
Operative services	7	8	2	4	4	9
Other	15	16	6	13	9	21
Outpatient	9	10	5	11	4	9
Procedural	5	5	2	4	3	7
Psychiatric	4	4	4	9	0	0
Household income						
$50,000-$100,000	2	2	0	0	2	5
$100,00-$150,000	20	22	7	15	13	30
$150,00 or more	56	61	32	70	22	50
Number of dependents						
No dependents	46	50	20	44	25	57
1	13	14	8	17	5	11
2-3	24	26	10	22	13	30
4+	9	10	6	13	1	2

Downstate consists of Greater New York, Nassau, Suffolk & Normet Chapters. Upstate consists of Central, Finger Lakes, Northeast New York, & Western New York Chapters.
[a]*"Select all that apply" format.*

study team, and all NYONL members were reminded that they could opt out at any time and withdraw consent without any membership-related consequences.

Summary statistics of the 18-item survey and demographic variables were obtained. Descriptive statistics reported here include frequencies and means (±SD). Data were analyzed using IBM SPSS Statistics, and statistical significance was set at $p < 0.05$.

RESULTS

Demographics

Among the 533 NYONL members, 92 (17%) completed the survey. This study's response rate is consistent with previous NYONL membership survey responses, where the response rate was <20%.[8] Consistent within the discipline of nursing, most respondents were women (n = 84, 91%) and White (n = 77, 84%). More than half were older than 50 years (65%), and the youngest category, <30 years, included the fewest respondents (11%). Most were married (n = 63, 69%), most earned over $150,000 (n = 56, 61%), and half had no dependents (n = 46, 50%), whereas 26% (n = 24) had more than 2 dependents (*Table 1*).

On average, the sample included experienced nurses with 30 ± 12 years of experience, and mostly remained in their current position greater than 27 ± 10 years. The respondents' primary positions included nurse administrators (n = 45, 49%), nurse managers (n = 20, 22%), and academic nurse educators (n = 9, 10%). Nearly 60% of the respondents (n = 54) worked 40 to 60 hours per week and some greater than 60 hours (n = 15, 16%). More than half of the respondents held a master's degree (n = 49, 53%), as

Table 2. NYONL Members Self-Care Practices Scale[4a]

Self-Care Practices	x	SD	Range
Personal			
1. I engage in physical activities	2.33	0.93	0-4
2. I laugh	2.93	0.77	1-4
3. I engage in spiritual practices	2.21	1.12	0-4
4. I get adequate sleep for my body	2.36	0.98	0-4
5. I spend quality time with people I care about	2.73	0.94	1-4
6. I participate in activities that I enjoy	2.54	0.95	0-4
7. I accept help from others	2.16	0.82	0-4
8. I engage in physical intimacy	1.98	1.02	0-4
9. I take action to meet my emotional needs	2.25	0.98	0-4
Average	2.39	0.61	0.89-4.0
Professional			
10. I take small breaks throughout the workday	1.71	0.93	0-4
11. I seek out professional development opportunities	2.67	0.97	0-4
12. I take vacations	1.89	0.86	0-4
13. I acknowledge my successes at work	1.91	0.87	2-4
14. I problem-solve when I have challenges at work	3.23	0.64	0-4
15. I reserve work tasks for designated work hours	1.99	0.99	0-4
16. I attend to feelings of being overwhelmed with my work	2.08	0.78	0-4
17. I seek out colleagues I find supportive	2.48	0.94	0-4
18. I am able to say "no" when appropriate	1.99	0.82	0-4
Average	2.22	0.47	0.78-3.44

[a]*Likert scale, 0 to 4.*

compared to 20% who were DNP prepared (n = 20) and 14% who were PhD prepared (n = 14%). Additionally, more respondents worked at non–Magnet®-designated facilities versus Magnet-designated facilities, n = 49 (53%) versus n = 40 (44%). The distribution of facilities included: academic medical centers (37%), community-based (30%), schools of nursing (13%), public (9%), and private (5%).

Self-Care Practices Scale

A total self-care score ranged from 0 to 72, with higher scores signifying higher levels of self-care (*Table 2*). For this sample of nurse leaders, the total self-care score was 41 ± 8.8, with a range of 51 points. Individual question rating ranged from 1.71 ± 0.93 to 3.23 ± 0.64, whereas the average was 2.3 ± 0.49, which was the equivalent of replying "sometimes." Among the 18 Likert questions, all replies had full ranges, from 0 to 4 except for 2 questions: "I laugh" had no reply for "never," and "I acknowledge my successes at work" had no reply for "never" or "rarely."

A correlation matrix using the Self-Care Practices Scale to the nurses' age revealed that as age increased, nurses were more likely to take work breaks and vacations. Similarly, a correlation matrix using the Self-Care Practices Scale to the number of years in nursing revealed nurses with more tenure were more likely to engage in spiritual practices, take vacation, and acknowledge successes at work.

Personal versus Professional Self-Care Practices

When comparing personal versus professional self-care practices among the NYONL nurse leaders, the average scores were not statistically significant. The highest scoring reply was to the professional self-care practice of "I problem-solve when I have challenges at work" = 3.23 out of 4.0, and the lowest scoring reply was to the professional self-care practice of "I take small breaks throughout the workday" = 1.71 out of 4.0. The statement with the most variance was to the personal self-care practice of "I engage in spiritual practices" = 2.21 ± 1.12.

DISCUSSION

This statewide survey of NYONL members post–COVID-19 pandemic provides new data to better understand the self-care practices among nurse leaders. The demographic composition of this study's sample of NYONL nurse leaders is like that of the US nurse managers, who are early middle-aged (47 years old) and predominately white (67%) females (87%).[9] Miller et al.[10] originally examined the self-care practices among social workers using the same self-care practices scale, and the total overall and question scores were not significantly different from this study's sample of NYONL nurse leaders, 41 ± 8.8 versus 44.46 ± 8.24 and 2.47 (standard deviation not provided) versus 2.3 ± 0.5, respectively.

The personal versus professional self-care practices revealed that individual self-care practices were not significantly different; in other words, nurse leader's self-care practices are the same whether they are off or on-duty. Of note, self-care scores were lowest among members in a predominantly rural region of New York, which may result in fewer resources being available, including a limited pool of prepared RNs. Thus, RNs in this region often perform more than 1 role, leaving little time for self-care.

Nurse leaders were noted to be older in non-Magnet facilities. It may be that Magnet-designated facilities are successfully attracting younger talent. However, this may be an indication that organizations need to focus on succession planning as many of the nurse leaders are reaching retirement age. Additionally, according to the American Organization of Nursing Leadership,[11] 17% of nurse leaders are considering quitting their jobs. In the future, health care organizations may find themselves short of strong leadership as these nurse leaders leave their roles.

Results of this study revealed that older nurses tend to take work breaks and vacations. This information is consistent with the findings of Murat et al.,[12] who found that nurses with less experience had higher levels of stress and burnout. The question raised is whether this is related to the skill level and subsequent lack of self-care in this latter population.

This study's results were presented to the NYONL membership during its 2022 annual conference. The NYONL members shared various approaches to self-care that they practiced, which included being grateful daily, laughter, going outdoors, being with nature, taking vacations, spending time with family, and using the resources of their organizations. Members also indicated that since COVID-19, many organizations have put processes in place for self-care, and thus recommended a follow-up study.

As we emerge from an unprecedented period in health care where nurses have given a great deal of themselves to care for those with the COVID-19 virus, it becomes evident that to effectively care for others, nurses must first care for themselves. This is particularly important for nurse leaders who model practices for their teams. This study addresses the issues of identifying the practices of nurse leaders and self-care.

NEXT STEPS

This study highlights the call for action for nurse leaders to prioritize and promote self-care practices across the profession. Nursing is the art and science of caring and often nurses are strong proponents for the care of others at the expense of themselves. Nurses tend to put themselves last in the spectrum of care.

Further self-care research is an imperative, with larger sample sizes to determine self-care best practices and motivating factors for nurse leaders. To better support the nursing profession, a culture shift must occur from one that is servant-driven to a healthier culture of promoting well-being for caregivers as well as for those being cared for. In their discussion of leadership, Campis et al.[13] asks nurse leaders to decide if they perceive self-care as an indulgence or a necessity. This is an important question for all nurse leaders to answer and address.

REFERENCES

1. Dyess SML, Prestia AS, Marquit DE, Newman D. Self-care for nurse leaders in acute care environment reduces perceived stress: a mixed-methods pilot study merits further investigation. *J Holist Nurs*. 2017;36(1):79-90.
2. Prestia AS. Next level self-care for nurse leaders. *Nurse Leader*. 2021;19(3):305-307.
3. Ross A, Bevans M, Brooks AT, Gibbons S, Wallen GR. Nurses and health-promoting behaviors: knowledge may not translate into self-care. *AORN J*. 2017;105(3):267-275.
4. Chipu M, Downing C. Professional nurses' facilitation of self-care in intensive care units: a concept analysis. *Int J Nurs Sci*. 2020;7(4):446-452.
5. Chipps EM, Joseph ML, Alexander C, et al. Setting the research agenda for nursing administration and leadership science. *J Nurs Adm*. 2021;51(9):430-438.
6. Leclerc L, Strenge-McNabb KK, Thibodeaux T, Campis S, Kennedy K. Relational leadership: a contemporary and evidence-based approach to improve nursing work environments. *Nurs Manage*. 2022;53(7):24-34.
7. Lee JJ, Miller SE, Bride BE. Development and initial validation of the Self-care Practices Scale. *Soc Work*. 2019;65(1):21-28.
8. Millenbach L, Niyirora J, Sellers K, DeChance C. Nursing expertise in the boardroom. *Nurse Leader*. 2021;19(4):341-347.
9. Registered Nurse Manager Demographics and Statistics in the US. Zippia. 2022. Available at: https://www.zippia.com/registered-nurse-manager-jobs/demographics/. Accessed December 1, 2022.
10. Miller JJ, Grise-Owens E, Owens L, Shalash N, Bode M. Self-care practices of self-identified social workers: findings from a national study. *Soc Work*. 2019;65(1):55-63.
11. AONL. AONL COVID-19 Longitudinal Study. AONL. August 21, 2021. Available at: https://www.aonl.org/system/files/media/file/2021/09/AONL%20COVID-19%20Longitudinal%203%20Written%20Report.pdf. Accessed December 1, 2022.
12. Murat M, Köse S, Savaşer S. Determination of stress, depression and burnout levels of front-line nurses during the

COVID-19 pandemic. *Int J Ment Health Nurs*. 2020;30(2):533-543.
13. Campis S, Kennedy K, Leclerc L. Human-centered leadership in action: embracing health boundaries. *Ga Nurs*. 2022;82(4):6.

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