

## The practice of self-care by nursing staff of basic health units

Caroline Barão Araujo<sup>1</sup>, Laís de Miranda Crispim Costa<sup>2</sup>, Regina Maria dos Santos<sup>3</sup>,  
Lenira Maria Wanderley Santos de Almeida<sup>4</sup>

<sup>1</sup> Nurse, Maceió, AL, Brazil. E-mail:  
[cacabarao@hotmail.com](mailto:cacabarao@hotmail.com).

<sup>2</sup> Nurse, Registered Nurse; Student of the Postgraduate Nursing Program, doctorate level, of the Federal University of Rio de Janeiro; Assistant Professor at the Federal University of Alagoas, Maceió, AL, Brazil. E-mail: [laimcc@gmail.com](mailto:laimcc@gmail.com).

<sup>3</sup> Nurse, Registered Nurse; Associate Professor at the Federal University of Alagoas, Maceió, AL, Brazil. E-mail: [relpesantos@gmail.com](mailto:relpesantos@gmail.com).

<sup>4</sup> Nurse, Registered Nurse; Assistant Professor at the Federal University of Alagoas, Maceió, AL, Brazil. E-mail: [lenirawanderley@gmail.com](mailto:lenirawanderley@gmail.com).

Received: 01/06/2016.

Accepted: 07/15/2016.

Published: 12/03/2016.

### Suggested citation:

Araujo CB, Costa LMC, Santos RM, Almeida LMWS. The practice of self-care by nursing staff of basic health units. Rev. Eletr. Enf. [Internet]. 2016 [cited \_\_/\_\_/\_\_];18:e1181. Available from: <http://dx.doi.org/10.5216/ree.v18.39304>.

### ABSTRACT

This study examines the self-care practices carried out by nursing staff working in Basic Health Units, in light of the Orem self-care theory. This is a descriptive exploratory qualitative study, which has interviewed 30 nursing workers by means of a semi-structured script drafted from Dorothea Elizabeth Orem's self-care requirements. Most participants have been working in nursing for 16 to 25 years, stressing that time on the job grants authority to those who talk about their daily activities. For the discussion of the results, the following categories emerged: Self-care is not a priority: "what can wait is left till later"; The work wears down the worker: "because it is exhausting!"; Life perception: "My work is my work and my life is my life"; This is how I (un) care for myself. The conclusion is that nursing workers are not prioritizing self-care, and have little time to carry it out.

**Descriptors:** Self Care; Occupational Health; Nursing, Team; Health Centers.

### INTRODUCTION

Work plays an important role in the social life of individuals providing income, opportunities for growth, social identity and self-esteem; but it may also have consequences to the worker's health due to excessive work hours, strict activity control, intense pace, pressure and the need for professionals with various skillsets<sup>(1)</sup>.

With regards to the above, nursing workers inserted in different institutionalized organizations are exposed to different situations of occupational risks because, since they are in an organization that provides care to "others", they are responsible for the quality of such care and must offer their best to ensure

humanized care<sup>(2)</sup>.

Therefore, workers with difficulties in articulating the process of caring for others and themselves may convert such disarticulation into a generator of stress in the development of his/her activities. Thus, is it necessary that each individual take responsibility for caring for themselves as they care for others, but it is also necessary to recognize limits and weaknesses to know how to act so as not to hurts one's own convictions and desires, achieving full professional practice<sup>(3)</sup>.

Certain studies indicate that nursing professionals should incorporate self-care practices procedurally so that they are not affected by physical, mental and emotional stress, because it is impossible to take care of himself or herself in the absence of a counterpart from the institution in which they are inserted. On the other hand, there should be a reflection on the quality of care provided by a sick caregiver<sup>(1-2,4)</sup>. With these finds, and considering the importance of nursing staff's health, this study aims at examining the self-care practices performed by those who work in Basic Health Units, in light of the Orem self-care theory.

## METHOD

This is a qualitative study with a descriptive-exploratory approach, carried out in 10 Basic Health Units (BHUs) in the city of Maceió, northeastern Brazil. The participants in this study were nursing workers at a BHU selected spontaneously during visits to city units.

The inclusion criteria for study participation were: nursing workers linked to the Maceió Municipal Health Department, working at BHUs for at least five years. The exclusion criterion was: the nursing workers who were on leave during the data collection stage.

As data collection technique, an interview was conducted from a semi-structured script with essay questions, drafted from the self-care requirements theorized by Dorothea E. Orem. The criterion adopted for the suspension of the interviews was the saturation of findings, resulting from the ongoing analysis that began with the first interview.

Workers who agreed to participate signed an Informed Consent Form. Thus, the interviews were carried out at the Health Units themselves by one of the authors of the study, respecting the availability of the workers so as not to disrupt their work.

Data analysis was carried out by means of content analysis in the form of thematic analysis, which is subdivided into pre-analysis, exploring the material, treatment and interpretation of results<sup>(5)</sup>. In order to ensure the reliability of the data, the recorded interviews were transcribed verbatim and the organization of the statements was done by means of a table from which three analysis categories emerged. On the other hand, the theoretical reference used was Orem's self-care theory, which assumes that care is part of the positive action that has a therapeutic practice and path, aiming to maintain the life and normal function of human beings<sup>(6-8)</sup>.

Participants were identified as N (nurse) or NT (nurse technician) followed by the interview order number. The study was approved by the Research and Ethics Committee of the Federal University of Alagoas

via Brazil Platform, with Presentation Certificate for Ethics Assessment (CAAE) No. 34195114.0.0000.5013.

## RESULTS AND DISCUSSION

The characterization of the study participants shows that, of the 30 subjects participating in the study, only two were male, demonstrating that nursing is still mostly performed by women. In terms of age, it was observed that the predominant age bracket is between 40 and 49 years old, emphasizing that experience in nursing provides authority to those who talk about their daily lives.

Among the interviews carried out, seven were with nurses and 23 with nursing technicians. Of these workers, 12 have worked at BHUs since the beginning of their careers. As to the time that participants have been working in the profession, about half have worked in nursing between 5 and 15 years, followed by 16 to 25 years, and a minority has worked between 26 and 35 years.

We tried to discuss participant statements about the practice of self-care by BHU nursing staff from the perspective of Orem's self-care deficit where the following categories emerged: Self-care is not a priority: "what can wait is left till later"; The work wears on the worker: "because it's exhausting!"; Life perception: "My work is my work and my life is my life!"; That is how I stop taking care of myself.

### Self-care is not a priority: "what can wait is left till later"

Orem describes self-care as the performance or practice of activities that individuals carry out on their behalf to maintain life, health and well-being. When self-care is effectively carried out, it helps maintain structural integrity and human functioning and contributes to one's development<sup>(9)</sup>.

Therefore, this category discusses self-care as not being a priority in the lives of nursing staff working at BHUs. These workers who provide care for other individuals and usually forget about themselves, have become ill because they have been prioritizing the development of their duties<sup>(10)</sup>, as aspect revealed in the following statements:

*So this is how it works, one thing after the other and you put it off, whatever can wait will wait. (TN 4).*

*But we carry on as best as we can. (N.4).*

*The caregiver hasn't taken care of him/herself. (TN 2).*

*We keep putting off our own health. (TN 16).*

Moreover, nursing workers have sustained increasing workloads by having more than one job, compounded by the double shift, since nursing mostly consists of women, which usually don't have the time to take care of themselves. This causes changes to their process healthy living<sup>(11-12)</sup>, as we see in the statements below:

*It's a constant rush and sometimes there isn't enough time to eat, so it becomes tiring because it is difficult to have only one job, right? (TN 6).*

*It is because time is short (...) in the evening I have to make dinner, wait for my husband, and take care of my*

*kids. (TN 14).*

*Looking at me as an example and to other people I know, who aren't taking care of themselves, most of them are like me, working more than one shift without time to take care of themselves. (TN 21).*

With nursing as a profession committed to the care and improvement of the quality of life of others, it is essential that the worker also have good living and working conditions. However, the impression one gets is that health workers, the human-educator-caregiver, doesn't get ill or never tires. So those who provide care to others end up forgetting about themselves<sup>(13)</sup>. In many of the statements we can observe that nursing workers are requiring self-care from their patients and simply forget about or ignore their own care, creating the paradox, "to care for or be taken care of":

*Overall, [nursing workers] do not take care of themselves, "the cobbler's children are always the worst shod", it's complicated. (TN 4).*

*We end up taking better care of others than of ourselves. (TN 14).*

*I haven't been taking care of myself, as the saying goes, "the cobbler's children are the worst shod". I tell my patients what to do and I don't do it for myself (...) the healthcare staff has been taking better care of patients than of themselves. (TN 16).*

Self-care provides nursing workers with a broader view of everything around them, allowing for an interpersonal care interaction that is healthier and more supportive<sup>(12)</sup>. Thus, it is important for nursing workers to reflect on their life habits and work routines so as not to compromise their health due to lack of simple attitudes.

### **The work wears on the worker: "because it's exhausting!"**

This category shows how the lack of self-care, along with the precariousness of the working environment and the diseases resulting from work spaces, may lead to health problems of nursing workers at Basic Health Units.

Orem, in her theory, established self-care in health disorders requested under conditions of illnesses required by medical measures to diagnose or correct the condition. This type of requirement is necessary whenever ill people present specific disabilities or impairments<sup>(9)</sup>.

In this sense, nursing workers usually report grievances to their own health. Anxiety, sleeplessness, increase and/or decrease in body weight, pain and distinct problems are usually verbalized with possibilities of resulting from the work or its excess. Distractions, drowsiness, memory lapses, depression, heart attacks or organic brain syndromes may occur due to excessive work<sup>(14)</sup>. Confirming the literature, these problems were also reported by those interviewed:

*I'm suffering with insomnia and have been losing a lot of weight. I've lost 5kg very quickly and I need to go to see a doctor for a checkup. (TN 1).*

*So, I've already had back problems, tendonitis, and today my voice is like this. I'm having musculoskeletal*

*issues and also [sic] mental health. I'm feeling tired and a little depressed (...) I'm having problems both mentally as well as physically. (TN 3).*

Another factor that may lead to disease are the working conditions provided by the health units to nursing workers, which may be responsible for certain health imbalances to this group of workers<sup>(15)</sup>. Instead of improving working conditions over time, the precariousness of health work has expanded<sup>(16)</sup>.

The progressive breakdown of Public Health care in Brazil, precarious care conditions, unfinished BHU restorations, lack of material resources, etc., results in a decrease in the standard of care and stress to nursing workers<sup>(15)</sup>, a fact demonstrated by the following statements:

*At times the stress due to lack of management support, unavailability of proper structure and materials, so that we can do our jobs. (TN 3).*

*My work routine is stressful due to the lack of working conditions. (TN 7).*

*It is stressful because sometimes we don't have the materials to work. (TN 13).*

*Due to this exhausting and stressful demand, we end up getting worn down because it is quite stressful, right?! (N.7).*

*Routine becomes tiresome due to the lack of material and professional support. (TN 16).*

According to Dorothea Orem, "nursing is particularly concerned with the need for individual self-care and its offer and control on an ongoing basis in order to sustain life and health, recovering from disease and/or injury and be compatible with its effects"<sup>(9)</sup>. However, nursing workers are not managing to following Orem's guidelines as to self-care, demonstrating that they are becoming sick at work.

### **Life perception: "My work is my work and my life is my life!"**

Job satisfaction is reflected on the employee's quality of life. Work as well as food, housing, education and other social factors are human needs, which are essential in building a quality life<sup>(17)</sup>.

Thus, the worker, whatever it may be, should be a source of satisfaction for those who carry it out and a way of personal, family and social achievement. The emphasis given to work in an individual's life may often shake the subjective value applied to it generating feelings of worthlessness, anxiety, insecurity, leading to dissatisfaction<sup>(18)</sup>, as shown in the following statements:

*I'm not happy with the way I have to work as a healthcare professional, but I try to reconcile things and organize my life. (TN 2).*

*Despite being a beautiful profession, a very important profession in healthcare, it is stressful and ends up discouraging the professional. (N.5).*

Job satisfaction is one of the main components for overall satisfaction with life and for a subjective well-being estimate. Thus, job satisfaction is also important for individual mental health, also expanding its effects to one's private life. Otherwise, dissatisfaction will be followed by disappointment that will pervade the life of the individual, affecting his/her behavior outside of work<sup>(15)</sup>.

Related to this, the dissociation of one's personal life with work can be strong, due to one's dissatisfaction with one's working environment, which many workers treat as something isolated in their life as if it were merely to provide income and that such an individual wasn't a nurse or nursing technician also outside of work, as reported in the following statements:

*Not my personal life. I can separate my personal life quite well, I take good care of myself (...) so, except for my professional life, my personal life, so I prevent against the effects. (N.1).*

*I try to keep my professional and personal life separate. My professional life is one thing and my personal life is another. (N.2).*

*We have to learn how to organize things. My work is my work and my live is my life, everything separate. (TN 13).*

Therefore, work represents the individual's status, a way of living and behaving, in addition to being a means of ensuring survival. Despite having a series of social and psychological implications in the life of the individual, work is an important part of human beings, which bears the question: is it possible to separate personal life from professional life?

### **And this is how I (un) care for myself**

When Dorothea Orem described the universal self-care requirements in her first interrelated theory, she associated life processes and the maintenance of human structure and functioning. These universal requirements, or daily life activities, are common to all human beings during all stages of the life cycle, and must be seen as interrelated factors, each one affecting the others<sup>(19)</sup>.

Healthy food is a basic requirement for the promotion and protection of health, allowing for a better quality of life. However, the dietary pattern of the Brazilian urban population has suffered expressive changes, with an increase in animal protein intake, animal and vegetable lipids and reduced consumption of grains, legumes, roots and tubers. All this, associated to factors such as heredity, obesity and physical inactivity, has contributed to the increased prevalence of diseases<sup>(20)</sup>.

It is interesting to note that many statements are contrary to the correct requirements for a healthy diet.

*I do not have a healthy diet. During the weekends, I indulge in junk food. (TN 1).*

*I can't resist pizza, soda and desserts. (TN 4).*

*I'm not very careful with my diet. (TN 8).*

*I eat everything and end up eating what my kids eat, in other words, junk food (...) I have a sedentary lifestyle and end up eating junk food, I can never stick to a diet. (TN 18).*

Another strategy for self-care is the practice of physical activities in the daily life of individuals. A sedentary lifestyle is one of the most prevalent risk factors in global and Brazilian population, currently identified as an important public health problem. Studies have shown that physical activities have an

important preventive and therapeutic role and must be an integral part of therapeutic practices in health<sup>(21)</sup>.

However, by analyzing participant interviews, it is possible to note that the vast majority has no physical activity in their daily routine, proving the Brazilian and global reality that most of the population is sedentary. Some statements show that physical activity by nursing workers is null or only during specific moments.

*None, I don't practice any physical activities (...) I used to power walk but then I got lazy a few months later, but I'm getting ready to power walk again. (TN 5).*

*It is difficult to create a physical exercise routine, because I always start and then stop. (TN 6).*

*I don't have any physical activities, look at me, I'm overweight (...) I'm very sedentary, I have to get to a gym. (TN 19).*

Associated to various criteria, among them self-esteem and well-being, quality of life is influenced by the socioeconomic and emotional level, social interaction, leisure and entertainment, state of health, cultural and ethical values and religiousness. As important requirements are leisure, spirituality, caring for the body and mind, as a whole, directly reflect quality of life<sup>(22)</sup>.

However, with daily turmoil, many people end up losing their life essence, the importance of living well and with quality, carrying out their duties automatically. Thus, as previously demonstrated, they give up on self-care, including during moments of leisure. Time for leisure and family has become scarce. Time pressures are responsible for the adoption of lifestyles that do not recognize the human needs of nursing workers<sup>(23)</sup>.

*I try to entertain myself, find things to do when I have time, but recently I don't even feel like leaving the house. (TN 21).*

*I haven't gone out with my children for a while now, and they keep asking me to. (TN 19).*

*As to leisure, I also need to improve on it. (TN 6).*

Thus, considering that work excessively absorbs these workers' daily routines, establishing a balance is practically a feat. Commitments with work, estimated as priority, prevent self-care, compromising these workers' quality of life, as well as the safety of the care provided<sup>(1,24)</sup>.

## CONCLUSION

Dealing with the theme of self-care exercised by BHU nursing workers has proved quite exciting because analyzing how they exercise self-care is of paramount importance for scientific contribution regarding workers' health.

The findings showed that nursing workers are not prioritizing self-care, leaving it in the background and not having enough time to exercise this practice. The lifestyle assumed by nursing professionals may cause serious damage to their health, especially regarding the absence of self-care, and they have been presenting reports to health damages, which may be of physical or mental origin.

The stress cause to workers results in professional dissatisfaction. Thus, the work, which should be something pleasurable in the life of an individual, becomes something done for financial purposes. Workers end up going to work feeling unmotivated and unhappy, because self-care is not performed either personally or professionally. The form in which these workers stop taking care of themselves is of extreme importance, because as shown in Orem's theory, there are fundamental requirements, which are common during all stages of the life cycle and that must be seen as interrelated factors.

Finally, this study contributes to the discussion of barriers and aspects that prevent the practice of self-care by BHU nursing workers. Considering the non-generalization of the findings, it is suggested that other studies be conducted to add relevant data to the progressive debate on the health of workers, especially nurses.

## REFERENCES

1. Oliveira RKM, Maia CAAS, Queiroz JC. Cuidado de si em enfermagem: uma revisão integrativa. *Rev pes cuid fundam.* 2015;7(1):2104-2112.
2. Azambuja EP, Pires DEP, Vaz MRC, Marziale MH. É possível produzir saúde no trabalho da enfermagem? *Texto Contexto Enferm.* 2010;19(4):658-66.
3. Valença CN, Azevêdo LMN, Oliveira AG, Medeiros SSA, Malveira FAZ, Germano RM. A produção científica sobre a saúde do trabalhador de enfermagem. *Rev pes cuid fundam.* 2013;5(5):52-60.
4. Katsurayama M, Parente RCP, Moretti-Pires, RO. O trabalhador no programa saúde da família no interior do estado do Amazonas: um estudo qualitativo. *Trab Educ Saúde.* 2016;14(1):183-198.
5. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10ª ed. São Paulo: Hucitec-Abrasco; 2011.
6. Hintze A. Orem-based nursing education in Germany. *Nurs Sci Q.* 2011;24(1):66-70.
7. Santos I, Sarat CNF. Modalidades de aplicação da teoria do autocuidado de Orem em comunicações científicas de enfermagem brasileira. *Rev enferm UERJ.* 2008;16(3):313-8.
8. Taylor SG. Dorothea Orem's Legacy. *Nurs Sci Q.* 2011;24(1):5-6.
9. George JB. Teorias de enfermagem: dos fundamentos à prática profissional. 4ª ed. Porto Alegre: Artes Médicas Sul; 2000.
10. Ribeiro RP, Martins JT, Marziale MHP, Robazzi MLCC. O adoecer pelo trabalho na enfermagem: uma revisão integrativa. *Rev Esc Enferm USP.* 2012;46(2):495-504.
11. Marques ALN, Ferreira MBG, Duarte JMG, Costa NS, Haas VJ, Simões ALA. Qualidade de vida e contexto de trabalho de profissionais de enfermagem da Estratégia Saúde da Família. *Rev Rene.* 2015;16(5):672-81.
12. Silva T, Guerra GM, Pessini L. Caracterização do autocuidado do profissional de enfermagem e reflexões à luz da bioética. *Revista Bio & Thikos.* 2014;8(1):61-74.
13. Fontana RT, Brigo L. Estudar e trabalhar: percepções de técnicos de enfermagem sobre esta escolha. *Esc Anna Nery (impr.).* 2011;16(1):128- 133.
14. Robazzi MLCC, Mauro MYC, Secco IAO, Dalri RCMB, Freitas FCT, Terra FS, et al. Alterações na saúde decorrentes do excesso de trabalho entre trabalhadores da área de saúde. *Rev enferm UERJ.* 2012;20(4):526-32.
15. Dalri RCMB, Silva LA, Terra FS, Robazzi MLCC. Carga horária dos enfermeiros de emergência e sua relação com estresse e cortisol salivar. *Rev Enferm UFPE.* 2014;8(10):3358-68.
16. Villela LCM, Galastro EP, Freitas MEA, Santos MSG, Notaro KAM. Tempo de atuação do profissional enfermeiro – Minas Gerais. *Enfermagem em Foco.* 2011;2(4):248-50.
17. Iwamoto HH, Fernandes JS, Miranzi SSC, Tavares DMS, Santos CB. A relação dos aspectos profissionais na qualidade de vida dos enfermeiros das equipes Saúde da Família. *Rev Esc Enferm USP.* 2012;46(2):404-12.
18. Melo MB, Barbosa MA, Souza PR. Satisfação no trabalho da equipe de enfermagem: revisão integrativa. *Rev Latino-Am Enfermagem.* 2011;19(4):1-9.
19. Taylor SG, Geden E, Isaramalai S, Wongvatunyu S. Orem's self-care deficit nursing theory: its philosophic

foundation and the state of the science. *Nurs Sci Q*. 2000;13(2):104-10.

20. Martins MPSC, Gomes ALM, Martins MCC, Mattos MA, Filho MDS, Mello DB, et al. Consumo alimentar, pressão arterial e controle metabólico em idosos diabéticos hipertensos. *Rev Bras Cardiol*. 2010;23(3):162-70.

21. Pimenta AM, Assunção AA. Trabalho noturno e hipertensão arterial em profissionais de enfermagem do município de Belo Horizonte. *Cienc Cuid Saúde*. 2015;14(3):1211-1219.

22. Silva RS, Silva I, Silva RA, Souza L, Tomasi E. Atividade física e qualidade de vida. *Ciência & Saúde Coletiva*. 2010;15(1):115-20.

23. Neves MJAO, Branquinho NCSS, Paranaguá TTB, Barbosa MA, Siqueira KM. Influência do trabalho noturno na qualidade de vida do enfermeiro. *Rev enferm UERJ*. 2010;18(1):42-47.

24. Magalhães AMM, Dall'agnol CM, Marck PB. Nursing workload and patient safety – a mixed method study with an ecological restorative approach. *Rev Latino-Am Enfermagem*. 2013;21(spe):146-54.