

# Maternity Quality Improvement through Nurses' Self-care

by Carole Ann Drick, PhD RN AHN-BC

**Abstract:** *Quality Improvement (QI) focuses on the prime relationship between nursing care and patient outcomes. Nowhere has self-care been considered as important and studied within a holistic perspective. The major premise is that we cannot give what we don't have. If nurses do not take care of themselves, how can they really care for another? This is an opportunity to consider raising the QI bar by adding the nurse's self-care - body, mind and spirit – as an essential QI parameter. This article raises the question as to the importance of the nurse's self-care as foundational to genuine and authentic heart felt nursing care.*

*Keywords:* Maternity, Quality Improvement, Nurse, Self-care

When was the last time you experienced a day when you were able to effortlessly take care of yourself and your needs while meeting all your family and work obligations? Now consider your typical day. Do they match? The majority of nurses and health care workers whom I talk to, and I talk to a lot of them, say that self-care is the last thing on their list to do. How is your quality of self-care on a scale of one to five with one being the lowest and five being the highest? Mine used to run two to sometimes three. What if there was a way to increase your quality of self-care and still be able to meet all your daily obligations? Maybe it's time for Quality Improvement for you, the nurse.

First, let's take a brief overview of Quality Improvement through the current eyes of nursing then the increasing use of complementary health approaches as we begin to consider self-care as foundational for quality nursing care and then reflect on what's good for Mom is good for the nurse.

## Quality Improvement

Quality Improvement (QI) has become the new focus in health care recently (Barker, 2017). Having been around a long time, QI frameworks are all designed to constantly advance the delivery of patient care. In 1859, Florence Nightingale developed the initial QI with her identification of nursing's role in quality health care. Using statistical methods, she created reports that connected patient outcomes to environmental conditions (Dossey, Selanders, Beck, & Attewell, 2005).

In 1998 the American Nursing Association (ANA) established the National Database of Nursing Quality Indicators, based on the relationship between nursing care and patient outcomes (Montalvo, 2007). Its purpose was to assemble and build on prior data to create a body of nursing knowledge related to factors, which impact the quality of nursing care. With the general connections between nurse staffing and patient outcomes already well known, it was then necessary to assess quality nursing care at the unit level (Dunton, Gajewski, Klaus, & Pierson, 2007). This would further fulfill nursing's commitment to improving patient care through ongoing evaluation. By 2003 two major indicators were identified: structures of care and care processes which influence patient care outcomes. These were divided into 10 indicators/categories that became the basis for future research (Gallagher & Rowell, 2003).

It is interesting to note that under the category, "Nurse Personally" were listed RN education and continuing educa-

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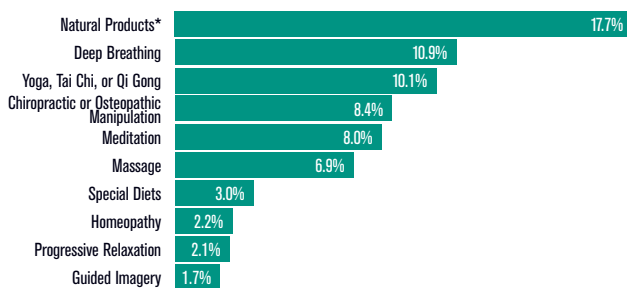
tion, and nurse satisfaction with job and practice environment. Nowhere had self-care been considered as important. This applies to all of us who serve the childbearing families. This is especially interesting since there is a growing realization among holistic nurses that self-care is essential for truly effective patient care. So much so that since its founding in 1981 the American Holistic Nurses Association (AHNA) has promoted self-care as foundational to quality care. In 2007 the ANA recognized Holistic Nursing as a specialty just like Maternity Nursing. Its Scope and Standards of Practice continues to reflect self-care as a core concept (AHNA, 2013).

## National Center for Complementary & Integrative Health (NCCIH)

The National Center for Complementary and Integrative Health contains a plethora of information surrounding complementary approaches and the growing interest in their usage (NCCIH, 2017a). Slightly more than 30% of American adults and around 12% of children currently practice self-care approaches that are outside of conventional western medicine (NCCIH, 2017b). The 2012 National Health Survey of the 10 most common health approaches among adults is seen in Table 1 (Clarke, Black, Stussman, Barnes, & Nahn., 2015). In accordance with this health survey, it is interesting that 17.7% of adults use natural products such as herbs, vitamins, minerals and probiotics, with fish oil being the most popular natural product used. One in four adults use mind/body practices with the most popular be-

### Use of Complementary Health Approaches in the U.S. National Health Interview Survey (NHIS)

## Ten Most Common Complementary Health Approaches Among Adults – 2012



\* Dietary Supplements other than vitamins and minerals.

Source: Clarke TC, Black LI, Stussman BJ, Barnes PM & Nahn RL. (2015). Trends in the use of complementary health approaches among adults. United States, 2002-2012. National Health statistics reports: #79. Hyattsville, MD: National Center for Health Statistics.

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ing meditation (8.0%), massage (6.9%) and Yoga, Tai Chi or Qi Gong (10.1%). Relaxation techniques of breathing (10.9%), progressive relaxation (2.1%), and guided imagery (1.7%) make up 14.7% usage by adults. One in three adults use either deep breathing (10.9) or some form of practices that include the breath – meditation (8.0%), progressive relaxation (2.1%), guided imagery (1.7%), Yoga, Tai Chi or Qigong (10.1%). There are also other Complementary Health Approaches that do not precisely fit into either Natural Products or Mind/Body Practices. These approaches include: traditional healers, Ayurvedic medicine, traditional Chinese Medicine, homeopathy and naturopathy.

## Good for Nurse: Good for Mom

### Why the emphasis on self-care?

As nurses, doulas, and health care professionals, we excel at telling patients what they need to do to remain healthy especially during the prenatal period, since their health is concomitant with having a healthy baby. The importance of diet, exercise, sleep, hydration, amount of weight gain and adapting to the changes with each trimester are well established. However, whether we have had children or not, it is essential that we also practice what we espouse. We need to reflect the importance of self-care by being the role models for our patients. Knowing and doing are two different things. If we know and talk about weight gain or sleep but we do not practice this in our own life, how can we be authentic and taken seriously? It's like talking about eating a luscious peach. We can describe its color, texture, taste, where it is grown and all the details about peaches; however, unless we actually have eaten a peach we do not know how luscious it can really be with the juices running down our hands and the burst of flavor with the first bite as the aroma wafts into our nostrils. Think about it. Self-care is really essential to thriving not just existing but really thriving as a person. If we are not thriving how can we expect that our patients will thrive? We cannot give what we do not have.

The Native American tradition admonishes us to walk our talk and talk our walk. – a strong encouragement to be genuine and truthful as the basis for what we say. In a larger perspective as we walk our talk as to self-care it expands to a way of life, a way of being in the world.

### Foundation for Success in our Self-care

Stepping into a larger frame of reference three general principles come into focus regarding success in our self-care (Drick, 2016a). First, it is necessary to *begin near in order to go far*. As discussed in the previous section speaking from a “want to be” position comes across as less than authen-

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tic. Both the nurse and the patient can thrive when we are authentic and heart centered.

Second, rather than start with many changes, *select one change at a time*. Although eager and willing to make changes we can easily get into overwhelm. Select the one that is most central to your overall wellbeing. If diet soda is your challenge, then eliminate all forms of diet sugar. Do this for a couple of weeks until you are comfortable then add the next thing to change. Success is a great motivator and keeps us moving forward.

Finally, *be kind to yourself*. Most often nurses and doulas have great patience and compassion with others; yet envisage themselves able to accomplish everything. We set very high standards for our self. The small steps are just as important and the large steps with each needing to be acknowledge and appreciated. Appreciate yourself for your successes – even write them down in a “success” journal! Writing makes them more lasting, real and reinforces our progress. When you are feeling down and out you can read about all your successes. We as a society, not just nurses, tend to forget the successes and focus on the failures.

When the failures or slips come, and they do, rather than becoming a couch potato, stay in action. Make the correction and keep moving forward. And, yes, breathe! With over 40 years of working with 1000s of clients in many countries, I am convinced that the first and most important thing we can do in *any* situation is to breathe.

If we only do one thing to return into the flow of moving forward and being successful, it's to breathe. Take three to four slow easy breaths and simply feel the cool air coming in and the warm air going out. That's it! Simple. Try it now. This reading will wait the 20 to 30 seconds as you take the breaths.

Since we can only breathe in the present moment, the breath brings us into the present moment. Since our mind can only focus on one thing at a time, breathing automatically quiets the chatter in our mind as we focus on our breath.

### Trifold Approach to Self-Care

In order to give to others, we must first value, honor and appreciate our self. Working on our self-care is strengthened with a strong foundation in Presence (Drick, 2017) coupled with self-reflection which blossoms into deepening self-care.

#### Presence

Presence as foundational to self-care is composed of three levels although the names of the levels have not been consistent (Dosssey, 1995; Easter, 2000; McGivern, 2009;

Turpin, 2014; VanKuiken, Bradley, Harland & King, 2017). Essentially there are three hierarchical levels of Presence. Physical Presence is when nurses are in the room with the patients; however, their mind may be engrossed in something or someplace else. Psychological Presence occurs when the nurse is attentive to what the person is saying and the ideas or thoughts that are being shared. This focus includes not only the content of the conversation, but also assessing and evaluation the patient's condition. The third level is therapeutic, or as Easter (2000) refers to it, holistic Presence. This is where nurses knowingly bring their whole self, body-mind-spirit, to the nurse-patient relationship. There is unconditional acceptance of the patient as a unique holistic person with unique experiences (Dosssey, Keegan & Guzzetta, 2005).

Most nurses are aware of and use the first two levels. It is the therapeutic or holistic Presence that is the game changer that brings the underlying feeling of authenticity, genuineness and deep caring to the nurse-patient relationship (Drick, 2015). Here there is a sense of being given to, being safe, and being heard. Entering the patient's room in Presence is beneficial to both the nurse and the patient. Often called Centering (Drick, 2016, 2015; Erickson, 2006) this feeling and being in the present moment is available to every nurse simply by stopping at the doorway to the room and focusing on 2-3 easy deep breaths before entering the room. Everything works better, so much better, when you are centered and you are there! The present moment is the only place to live and really experience life.

#### Self Reflection

Self-reflection is very powerful as it brings together both a professional strategy plus an essential self-care strategy by integrating critical thinking of the mind and compassion of the heart (Levin & Reich, 2013). This non-judgmental inward examination strengthens our self-understanding and gives insight for future practice. Self-reflection promotes the growth of our own personal wellbeing and deeper understanding of our own personal journey. There is always a choice to “go through” or “grow through” every experience. The choice is yours. Choose wisely.

The frequency of self-reflection is totally up to you. There is no set time. Consider it at the close of the day, often during the day as time permits or when you are feeling out of balance. Even if you are not able to immediately reflect on something that happened, make a mental note to reflect on it before you go to bed on the same day. Allowing something to fester or to spend time rehashing it with others prolongs the hurt and agony. Our peace and clarity come with quiet self-reflection. You can even do it now. Here is how:

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- Read the entire process then reread one step. Do it. Read the next step.
- Close your eyes. Feel your breath gently going in and out. Notice the increasing feeling of peace and the gentle rhythm of the breath.
- Bring into mind something within the last 24 hours that you left unresolved.
- Gently keep your attention on your breath. Ask, "What is it that I need to be doing about this?" Or "How can I make this better or improve?"
- Focus on your breathing & allow something to "float" in – an idea, a word, a picture, a sound. Keep your focus on your breathing (there's no rush here.)

You might be aware of something right away or simply have a relaxed feeling; and, the answer comes later such as in the shower, as you watch the sunset or when you are first waking in the morning.

### Self-Care Simplified

Experiential based evidence over many years has clarified four basic characteristics of true self-care. First, self-care is *something that you do for yourself that no one else can do for you*. It is first valuing yourself enough to take the time whether it is five minutes, 20 minutes, a half day or even a full day. What is it that only you can do for yourself? It can be as simple as taking an uninterrupted bath or shower by candlelight or eating your lunch outside or taking off your shoes and wiggling your toes. Second, self-care is *not something you should do*. It's something that you want to do that brings joy and relaxation to every part of you – mind, body, spirit, emotions which automatically ripple out to others. Third, self-care is something that *nourishes and refreshes you*. What nurtures you and sustains you? Is it relaxing music, sitting on the front porch in the evening, being in the garden, taking a walk? Where do you find your sustenance? Fourth, self-care simply *feels good to your body, mind and spirit*. What is it that feels wholesome on all levels? It's what brings a soft smile to your face and your entire being relaxes.

It's time to pay attention to that which nurtures our wholeness. When we don't, we quickly become lopsided. It's time to become round again so we can roll better.

Probably one of the most important parts of self-care is self-compassion, which includes self-forgiveness. Holding onto grudges hurts only ourselves. We need to practice something that I've learned to call "inverse paranoia." Rather than the world is out to do us harm, the world is out to do us good. It's up to us to look for the gift inside the seemingly problem or incident.

Finally, we all know what happens when self-care is limited or withdrawn. Mounting stress is seen in relational discord, feeling devalued, compassion fatigue, and burn out. What happens to you? If left unaddressed stress finds the weakest place to let out steam such as aches, pains, anger, sleeplessness. This is a law of nature.

The questions become: what is your first symptom?" What is your first red flag that you are out of balance? At what point do you take action and make the correction? OR do you try to push your way through for later when you have time, which never really comes?

Here is our challenge. This is where the proverbial rubber meets the road. This is where we stumble and often, way too often fall down. We have to be the role model for our patients, our family and others.

### Finding Time and Balance

Have you noticed that twenty-four hours is insufficient to do what you need to do? As nurses, we are great at sleeping less so we can do more. Let's use the two Golden Keys to time and balance (Drick, 2016a). First Golden Key, *take eight hours each night to sleep – no excuses*. Insufficient sleep means the body's first priority is to use energy to keep the tired body functioning. Everything else is secondary. Using time to our advantage is imperative. Second Golden Key and most important: *use your usual activities of daily living (ADL) to incorporate your self-care activities*. Our creativity comes into play here with "play" being the key word. With sufficient sleep creativity and play are possible. You can have fun with this. AND here is a third BONUS Golden Key for maternity nurses. The principles and exercises you teach your Moms are not just for them. They are life time healthy self-care activities. Use them also. For example, strengthening the pelvic floor muscles in the kitchen by squatting for anything lower than the countertop in the kitchen. Preventing lower backaches by pelvic rocking when you are standing in the checkout line. Reducing pedal edema by putting your feet up while you are opening the mail or talking on the phone.

Once you start to look for ways to put self-care into your daily routine, they will start to pop up including time for that candlelight bath. Increasing your innate creative expression is enhanced as you get enough sleep and take time to breathe/center.

Maternity Nursing Quality Improvement begins with the foundation of nurses' self-care. There is a pull to the past to keep on trudging and doing the same old thing and getting the same results. There is a pull to the future and promises of things to come that often fall down for lack of motivation or progress. There is also a pull into the present moment. These are all tactile experiences if we look for them. Let's begin to

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increasingly live more in the present moment where there is a much larger sense of space around all of us who care for the childbearing family. It's a space of not planning time rather looking at your time. Think about it.

## References

- American Holistic Nurses Association. (2015). *Centering Exercises for faculty and Students*. Retrieved March 3, 2018, from <http://www.ahna.org/Resources>
- American Holistic Nurses Association & American Nurses Association. (2013). *Holistic Nursing: Scope and Standards of Practice*, 2nd Edition. Silver Spring, MD: Nursesbooks.org.
- Barker, B. (2017). Quality improvement and the nursing process: What's the relationship? *Ohio Nurses Review*, 92(4), 12. Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingWorkforceCharacteristics.html>
- Clarke, T. C., Black, L., Stussman, B. J. Barnes, P. M. & Nahn, R. L. (2015). Trends in the use of complementary health approaches among adults. United States, 2002-2012. National Health statistics reports: #79. Hyattsville, MD: National Center for Health Statistics. Retrieved from <https://nccih.nih.gov/health/integrative-health>
- Dossey, B. M. (1995). Nurse as healer. In B. M. Dossey, L. Keegan, C. E. Guzzetta, & L. G. Kolkmeier (Eds.). *Holistic nursing: A handbook for practice* (2nd.Ed.) Gaithersburg, MD: Aspen, 61-82.
- Dossey, B. M., Keegan, L., & Guzzetta, C. (2005). *Pocket Guide for holistic nursing*. Sudbury, MA: Jones & Barlett Learning.
- Dossey, B. M., Selanders, L. C., Beck D. M., & Attewell, A. (2005). *Florence Nightingale today: Healing, leadership, global action*. Silver Spring, MD: Nursesbooks.org. <https://www.nursingworld.org/books/pdesc.cfm?cnum=29#o4FNT>
- Drick, C. A. (2017). Coming alive in presence: The cornerstone of 21st century holistic nursing. *Beginnings*, 37(2) 12-14.
- Drick, C. A. (2016a) SelfCare: A busy person's guide to finding time and balance. *Beginnings*, 36(4) 6-7, 32.
- Drick, C.A. (2016b). Caring for the caregiver: Ensuring 'safety 360' through centering. *The American Nurse: Official Publication of the American Nurses Association*, (September-October), 7.
- Drick, C.A. (2015) The essence of spirituality – coming alive in presence. *Beginnings*, 34(5) 14-16.
- Dunton, N., Gajewski, B., Klaus, S., & Pierson, B. (2007). The Relationship of nursing workforce characteristics to patient outcomes. *The Online Journal of Issues in Nursing*, 12(3), Manuscript 3.
- Easter, A. (2000). Construct analysis for four modes of being present. *Journal of Holistic Nursing*, 18, 362-377.
- Erickson, H. L. (2006). Connecting. In H. L. Erickson (Ed.), *Modeling and Role Modeling: A view from the client's world*. Cedar Park: TX: Unicorn, 300-323.
- Gallagher, R.M. & Rowell, P.A. (2003). Claiming the future of nursing through nursing-sensitive quality indicators. *Nursing Administration Quarterly*, 24(4), 273-284.
- Levin, J. & Reich, J. (2013). Self-reflection. In B. Dossey & L. Keegan (Eds.), *Holistic nursing: A handbook for practice* (6th ed.). Sudbury, MA: Jones & Barlett, 633 – 671.
- McKivergin, M. (2009). The nurse as instrument of healing. In B.M. Dossey & L. Keegan (Eds.), *Holistic nursing: A handbook for practice* (5th ed.). Sudbury, MA: Jones & Barlett Learning: 722.
- Montalvo, I., (2007) The national database of nursing quality indicators™ (NDNQI®) *OJIN: The Online Journal of Issues in Nursing*, 12(3), Manuscript 2. Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingQualityIndicators.asp?%3E>
- National Center for Complementary and Integrative Health (2017a). Retrieved from <https://nccih.nih.gov>
- National Center for Complementary and Integrative Health(2017b). Complementary Versus Alternative. Retrieved from <https://nccih.nih.gov/health/integrative-health>
- Nightingale, F. (1859; reprinted 1946). Notes on nursing: What it is, and what it is not. Philadelphia: Edward Stern & Company.
- Turpin, R. L. (2014). State of preserving nursing presence capability. *International Journal of Human Caring*, 18(4), 14-29.
- Van Kuiken, D., Bradley, J., Harland, B., M. King. (2017). Calming & focusing: Students' perceptions of short classroom strategies for fostering Presence. *Journal of Holistic Nursing*, 35(2), 166.

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