

# Self-Care for New and Student Nurses



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## Instructor's Guide

# Self-Care for New and Student Nurses

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## About the Authors

**Dorrie K. Fontaine, PhD, RN, FAAN (she/her)**, is the Dean Emerita at the University of Virginia (UVA) School of Nursing, where she served as dean for 11 years until 2019. A champion of creating healthy work environments in clinical and academic settings, she is a Past President of the American Association of Critical-Care Nurses (AACN). In 2009 she created the Compassionate Care Initiative at UVA, which has grown to be a guiding force in transforming the culture of the school with a focus on fostering human flourishing and resilience for students, faculty, and staff. A noted author of critical-care texts, a leadership book, and multiple papers and presentations on creating healthy work environments through compassionate care, Fontaine credits a spring 2009 retreat at Upaya Zen Center in Santa Fe with the Abbot Roshi Joan Halifax for setting her on the path of mindfulness, meditation, and a renewed focus on self-care. She attended Villanova University and the University of Maryland, and she received her PhD from The Catholic University of America. Her four-decade career of teaching and academic leadership includes the University of Maryland, Georgetown University, and the University of California, San Francisco (UCSF). Fontaine lives in Washington, D.C., and the Blue Ridge Mountains of Virginia with her husband, Barry.

**Tim Cunningham, DrPH, MSN, RN, FAAN (he/him)**, began his professional career as a performing artist and clown. As a clown, he worked for two organizations that changed his life. The first, The Big Apple Circus, employed him to perform as a clown doctor at Boston Children's Hospital, Yale New Haven Children's Hospital, and Hasbro Children's Hospital. Concurrently, he volunteered for Clowns Without Borders (CWB), performing in various refugee camps, war zones, and other global zones of crisis. He later served as Executive Director of CWB. It was in pediatric hospitals and refugee camps where he witnessed and began to learn about the true meaning of resilience and self-care. This performance work inspired him to pursue a career in nursing, and he completed a second-degree nursing program at the University of Virginia. Cunningham became an emergency trauma nurse and worked clinically in Charlottesville, Virginia; Washington, D.C.; and New York City. During his time in New York City, he completed his doctoral degree in public health at the Mailman School of Public Health, Columbia University. Cunningham is the former Director of the Compassionate Care Initiative at the University of Virginia, where he had the opportunity to work closely with Drs. Fontaine and May as this book came to fruition. He currently lives in Atlanta, Georgia, and serves as the Vice President of Practice and Innovation at Emory Healthcare, where he also holds a joint appointment as an adjunct Assistant Professor at the Nell Hodgson Woodruff School of Nursing at Emory University. Cunningham began his academic journey receiving his BA in English from the College of William and Mary in 2000. For self-care, he is an avid runner and wanna-be gardener. He also loves any chance he can get to swim in the ocean or meditate as the sun rises.

**Natalie May, PhD (she/her)**, recently transitioned to the University of Virginia (UVA) School of Nursing after 30 years as Associate Professor of Research in the Division of General Medicine, UVA School of Medicine. She is a founding member of the UVA Center for Appreciative Practice. Certified as an Appreciative Inquiry facilitator and lead author of *Appreciative Inquiry in Healthcare*, she enjoys developing Appreciative Inquiry projects and teaching appreciative practice workshops at her home institution and beyond. May is an experienced qualitative researcher, and she has extensive grant writing, program and curriculum development, and program evaluation experience. Her

current research projects include the Mattering in Medicine study and the Medical Subspecialties HOME Team Program for high utilizer patients. She was also an investigator for the Wisdom in Medicine Project: Mapping the Path Through Adversity to Wisdom, a study funded by the John Templeton Foundation. She is coauthor of *Choosing Wisdom: The Path Through Adversity* and coproducer of a PBS film, *Choosing Wisdom*. She has codeveloped and implemented an innovative curriculum for medical students, The Phronesis Project, designed to foster wisdom in young physicians, and has implemented a similar program, Wisdom in Nursing, in the UVA School of Nursing. May earned a BA in economics and urban studies from Wellesley College, an MA in creative writing from Boston University, and her PhD in educational research from the University of Virginia Curry School of Education. She lives in Richmond, Virginia, with her husband, Jim. Her most consistent and effective self-care practices are modern quilting and walking near water, especially the James River and the ocean at the Outer Banks, North Carolina.

## Contributing Authors

Writing this book was an exciting opportunity to collaborate with some of the people we enjoy and admire most. We reached out to our friends and colleagues in nursing and related fields to bring you diverse perspectives on self-care and to add their expertise to the conversation. In addition to nurses, we have physicians, researchers, advocates, a lawyer, a psychologist, members of the clergy, hospital administrators, and a nurse historian. We are especially pleased that so many nurses generously share their stories with you here. We have done our best to include diverse perspectives and to cast a wide net around the topic of self-care in nursing. We hope you agree that our collaborators' insights strengthen the book and offer self-care ideas that you may not find anywhere else.

We thank the following authors for their thoughtful writing on the topic of self-care for nurses. We are especially grateful to Gina DeGennaro, DNP, CNS, RN, AOCN, CNL and Edie Barbero, PhD, RN, PMHNP-BC at the University of Virginia School of Nursing for their wealth of expertise as well as their teaching insights.

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## **An Invitation and Welcome From the Authors**

Thank you for selecting *Self-Care for New and Student Nurses* for your course. We consider it an honor to be part of your classroom, and we hope that in choosing this text you are as committed as we are to helping nurses flourish in their newly chosen careers.

We have prepared this *Self-Care for New and Student Nurses Instructor's Guide* to assist you in class preparation and to offer our thoughts and experience in teaching much of this material. The instructor's guide content parallels the activities in the *Self-Care for New and Student Nurses* workbook, providing you with a menu of classroom activities and assignments.

That said, we encourage you to rely on your own experience, creativity, and local resources to make this course as valuable as possible to your students.

Depending on the year or level of student, some topics may merit more focus than others. For example, fourth-year BSN students might want to take a deep dive into Chapter 17, "Healthy Work Environment: How to Choose One for Your First Job." If, by some chance, you are teaching in the middle of a global pandemic, you may want to spend more time with Chapter 10, "Self-Care and Systemic Change: What You Need to Know." We hope that in every chapter you will share your expertise, experiences, and wisdom with your students. Most of all, we hope you enjoy the self-care discovery process together and that your study of self-care is valuable for student and teacher alike.

## About *Self-Care for New and Student Nurses*

In the *Self-Care for New and Student Nurses* introduction, we offer this invitation to our readers, your students:

This book, we hope, will be valuable specifically to the student nurse and early career nurse. No matter where you are in your nursing trajectory, we hope that keeping your mind and body safe and strong is a high priority for you. We hope that is why you picked up this book. You understand that the knowledge and skills you learn in school are important, but they are not all it takes to be an extraordinary nurse. You understand that your work will be challenging and that caring for yourself will help you care for others.

*Self-care practices are important because we need you.*

We need all the gifts that you bring to the nursing profession. Your future patients need you. Your future colleagues need you. We need you to become the best nurse you can possibly be so that you can support other young nurses as they, too, enter this profession. Nursing will afford you daily interactions that will change the lives of your patients, strengthen the resolve of your colleagues, and ripple beyond your immediate circle to surprising places. The gifts that you bring are beyond measure.

We have organized the book into five sections. In Section I, “Fundamentals,” we provide an overview of why self-care is so important in nursing, what we mean by resilience, and concrete practices to get the reader started.

In Section II, “The Mind of a Nurse,” we explore practices that address the needs of underrepresented nursing students, LGBTQIA+ students, and international students, as well as narrative and mindfulness practices. Section II also includes an important chapter about the risks of “one-sided” resilience training; a healthy work environment is critical to nurses’ health and well-being.

In Section III, “The Body and Spirit of a Nurse,” we explore the physical and spiritual needs of the resilient nurse. We talk more about strengths-based resilience, and we introduce our work bringing T’ai Chi practice to nurses and student nurses. We include a chapter on physical well-being, with a focus on sleep, exercise, and nutrition.

Section IV, “The Transition to Nursing Practice,” was designed to help students navigate that anxiety-provoking period between finishing their studies and beginning their practice. What is the role of a mentor? How do you choose a healthy work environment? We even include a chapter about humanitarian aid nursing, a path that students might want to explore. We hope this section helps your students navigate this exciting, if fraught, period.

The final section, “The Heart of a Nurse,” focuses on the early years of nursing. No matter where students land professionally, they will not be working alone. Section V hopes to spark ideas about ways to navigate the interpersonal, interprofessional, and organizational issues they may face.

Each chapter has sidebars, often including vignettes, that further illustrate the chapter topic. We have also included several stand-alone essays, written by nurses from many backgrounds at various points in their careers. We find these voices of practicing nurses compelling, shining light on self-care practices in the “real world.”

## Teaching Strategies

The unique and personal nature of this course prevents us from giving you exquisitely detailed, step-by-step instructions on how to deliver the material. Our goal is to ensure that you are comfortable with the topic and that you have the materials you need to be a trusted leader for your students as they navigate this vital aspect of their future practice.

- Given the personal nature of the material, your students will engage with *Self-Care for New and Student Nurses* and each other if they feel comfortable having honest and vulnerable conversations. You might consider establishing classroom norms at the beginning of the semester around trust, confidentiality, respect, and active listening.
- Because the goal of this course is for students to practice self-care behaviors as regularly as possible, we encourage you to find creative ways to hold them accountable to themselves and to each other. For example, some instructors ask students, as they enter the classroom, to write one word or sentence about their self-care practice since the class last met. These could be anything: “I hate running, but walking is ok.” “My dog is my best therapy.” “I did better with sleep this week.” You could also write a prompt on the whiteboard that differs from week to week. Gratitude boards or collections of student strengths are powerful to read. You could also create a class “positivity portfolio,” asking each student to send you a photo of something that gives them joy, and then you can begin the class with a slide show. The possibilities are endless! Students will have great ideas, too.
- Identify your own self-care practices, goals, and vulnerabilities. It is important for you to model self-care behaviors and to be able to speak honestly about the challenges you struggle with. If self-care is not your strong suit, we encourage you to be honest about that with your students but commit to learning and practicing with them.
- Take the opportunity to visualize your goals for this class. What would be your ideal outcome at the end of the semester? Will it be more empowered students who feel confident about their ability to maintain their well-being during their first year of clinical practice? Is it students who feel connected to one another in a deeper, more meaningful way? Dream big. Imagine your goals in as much detail as possible. (For example, are students laughing together? Do they show kindness toward one another? In what specific ways? Are they advocating for their fellow students’ well-being to school administrators?) As we describe in Chapter 3, positive visualization is a powerful tool.
- There are also numerous shared themes across chapters. We strived to present a wide array of self-care concepts, but you will probably notice that there are common threads that weave throughout the chapters, and we call this “synergy.” You may also notice some redundancy. If you see a topic or idea multiple times, please assume that it is something we think is very important. As Jon Kabat-Zinn (2010) said, “There are a million doors into the same room.”

We hope your students will try opening as many doors, and try as many practices, as time will allow.

- Finally, take care of yourself as you take this journey with your students. Have fun. Laugh. Try new things. Be creative. Ask your colleagues for help. Let conversations and class discussions go where they go.

## Thoughts on Assignments

**Homework:** The *Self-Care for New and Student Nurses* workbook contains activities for each chapter. These are structured in a WHAT, WHY, DO, and REFLECT & JOURNAL format. Although it is important for students to learn the didactic material, it is even more important for them to practice the self-care techniques and have the opportunity to process them. They should have the opportunity to process the material in the REFLECT & JOURNAL activities and in classroom discussion with you and their peers. We think that journal assignments should remain personal to each student, but you may want to periodically ask for reflection papers that they know will be turned in to you or shared with other students.

**Classroom activities:** Many classroom discussions can begin with prompts from the workbook, and we have added several activities and classroom discussion questions in this instructor's guide. Discussions can be done in pairs, small groups, or as an entire classroom.

**Course assignment #1, research paper:** We recommend asking students to do a deep dive into at least one self-care practice or topic over the course of the semester. This would potentially include writing a research paper on the topic; trying to do the practice, when feasible; and presenting their research and personal experience to the class. Their findings could become part of their own or their peers' self-care tool kit.

Potential research topics include but are not limited to:

Pet therapy	Reiki	Moral distress
Coping with bullying in nursing	Sleep hygiene	Mindfulness
Mental health stigma in health-care professions	How to train for a marathon	Substance use disorders among practicing nurses
Yoga	Health benefits of walking	How to breathe
Art therapy	Health benefits of social connections	Gratitude practices
Humor therapy	Nurses' Health Study	Burnout
Music therapy	Harvard Study of Adult Development	Compassion
Dialectical Behavior Therapy	Impact of COVID-19 pandemic on nurses' well-being	Narrative practices

**Course assignment #2, self-care tool kit:** We hope that every student will engage in many self-care practices during the course and evaluate which are effective for them, which they might modify for their own lifestyle and preferences, and which might be more useful in the future. In each workbook chapter, we encourage students to use the REFLECT & JOURNAL assignments to consider their personal tool kit. We encourage you to engage with students about their progress in creating their tool kit. This can be in the form of regular written assignments or a product at the end of the course.

## Getting on the Same Page About Self-Care

There are some harmful myths when it comes to self-care. What comes to mind when you hear the words “self-care”? Does the idea of caring for yourself sound selfish? Do you think of a good night’s sleep, a meal that includes a vegetable, or a workout at the gym? Is self-care something you’ll do later, when you’re in the throes of a stressful nursing job? Is self-care all up to you, something you alone can address?

We want to address these myths before going any further.

- Self-care is not selfish. Nurses should be entitled, in fact expected, to care for themselves with the same creativity and compassion that they use to care for others.
- Nurses don’t flourish simply by fostering the well-being of others. The nursing profession is inherently meaningful in that we care for patients and families during their most vulnerable moments. But meaningful work has its limits. A major thread throughout this book is that we don’t want to be “the naked person offering someone their coat.”
- Self-care is about the mind as much as it is about the body. Yes, sleep, exercise, and good nutrition are important. But self-care involves how we harness the gift of brain neuroplasticity, mindfulness, and our ability to pay attention to ourselves and others.
- Self-care is a lifelong *practice*, and it is best to begin the practice early, before facing the stressors of a hospital or other clinical setting. In general, nursing students face significantly more stress than their peers, increasing the importance and value of self-care practices during nursing school.
- Individual self-care practices do not let organizations off the hook. The importance of a healthy work environment cannot be overstated, and in this book, we offer help in selecting a healthy workplace and encourage readers to advocate for themselves and others.

## What Is Self-Care?

Nursing researchers Pam Ashcraft and Susan Gatto (2018, p. 140) offer that self-care “can be described as deliberate decisions made and actions taken by individuals to address their own health and well-being.” We appreciate their emphasis on “deliberate decisions” and the recognition that we are all empowered to manage our behaviors and resulting health and well-being. This is an excellent starting point.

This book contains many voices, and we hope diversity strengthens the power of this work. We noticed in final edits that there were many more similarities across the chapters than we realized. We find it reassuring to know that so many experts on self-care and resilience point to similar strategies. The authors often come to the same place but from different perspectives, sometimes using different language and frameworks. Again, we hope these variations allow each student to find the voice that best speaks to them.

With this diversity, we have been able to include many tools, ideas, and paths to well-being in the text, but if we had to give you two goals for your teaching, they would be these:

- We have the power to choose—our focus, our response to stimuli around us, and the deliberate decisions we make for our own health and well-being.
- We cannot care compassionately for ourselves and others unless we master the art of paying attention. There are many explanations of the value of paying attention throughout the book, and we highlighted many of them in this instructor's guide.

## references

- Ashcraft, P. F., & Gatto, S. L. (2018). Curricular interventions to promote self-care in prelicensure nursing students. *Nurse Educator*, 43(3), 140–144. <https://doi.org/10.1097/NNE.0000000000000450>
- Kabat-Zinn, J. (2010, March). *Mindfulness in medicine and psychology: Its transformative and healing potential in living and in dying*. Talk presented at the University of Virginia, Virginia, United States.

# Instructor Resources

You will notice that most chapters come with extensive bibliographies, and we encourage you to take a deeper dive into topics that you or your students gravitate toward. We also asked our contributors to tell us which additional books or articles were important to their work; we have included them in the list that follows.

## Introduction

- Ashcraft, P. F., & Gatto, S. L. (2018). Curricular interventions to promote self-care in prelicensure nursing students. *Nurse Educator*, 43(3), 140–144. <https://doi.org/10.1097/NNE.0000000000000450>
- Kabat-Zinn, J. (2010, March). *Mindfulness in medicine and psychology: Its transformative and healing potential in living and in dying*. Talk presented at the University of Virginia, Virginia, United States.
- Lazenby, M. (2017). *Caring matters most: The ethical significance of nursing*. Oxford University Press.
- Mackesy, C. (2019). *The boy, the mole, the fox and the horse*. HarperCollins.

## Chapter 1: The Fundamentals of Stress, Burnout, and Self-Care

- Halifax, J. (2018). *Standing at the edge: Facing freedom where fear and courage meet*. Flatiron Books.
- Lorde, A. (2017). *A burst of light: And other essays*. Dover.
- Nagoski, E., & Nagoski, A. (2019). *Burnout: The secret to unlocking the stress cycle*. Ballantine Books.
- Taylor, J. B. (2008). *My stroke of insight: A brain scientist's personal journey*. Penguin Books.

## Chapter 2: The Fundamentals of Resilience, Growth, and Wisdom

- Achor, S. (2010). *The happiness advantage: The seven principles of positive psychology that fuel success and performance at work*. Crown Business.
- Brown, B. (2017). *Braving the wilderness: The quest for true belonging and the courage to stand alone*. Random House.
- Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. Gotham House.
- Diener, E., & Biswas-Diener, R. (2008). *Happiness: Unlocking the mysteries of psychological wealth*. Blackwell Publishing.
- Doyle, G. (2020). *Untamed*. The Dial Press.
- Hanson, R. (2016). *Resilient: How to grow an unshakable core of calm, strength, and happiness*. Harmony Books.
- Irvine, W. B. (2009). *A guide to the good life: The ancient art of Stoic joy*. Oxford University Press, Inc.
- Irvine, W. B. (2019). *The Stoic challenge: A philosopher's guide to becoming tougher, calmer, and more resilient*. W. W. Norton & Co., Inc.
- Schwartz, B., & Sharpe, K. (2010). *Practical wisdom: The right way to do the right thing*. Riverhead Books.
- Thaler, R. H., & Sunstein, C. R. (2009). *Nudge: Improving decisions about health, wealth, and happiness*. Penguin Books.

## Chapter 3: Developing a Resilient Mindset Using Appreciative Practices

- Hanson, R. (2013). *Hardwiring happiness: The new brain science of contentment, calm, and confidence*. Harmony Books.
- Kelm, J. B. (2005). *Appreciative living: The principles of Appreciative Inquiry in personal life*. Venet Publishers.
- Kross, E. (2021). *Chatter: The voice in our head, why it matters, and how to harness it*. Crown.
- Lee, I. F. (2018). *Joyful: The surprising power of ordinary things to create extraordinary happiness*. Little Brown Spark.



## Chapter 4: The Community Resiliency Model (CRM)® Approach to Mental Wellness for Nursing Students and New Graduate Nurses

- Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Central Recovery Press.
- Miller-Karas, E. (2015). *Building resilience to trauma: The trauma and community resiliency models*. Routledge.
- Saul, J. (2013). *Collective trauma, collective healing*. Routledge.

## Chapter 5: Self-Care, Communal Care, and Resilience Among Underrepresented Minority Nursing Professionals and Students

- Flanagan, D. (2020). *Dream big and awaken to your possibilities*. Flanagan Publishing.
- Gardner, J. (2005). Barriers influencing the success of racial and ethnic minority students in nursing programs. *Journal of Transcultural Nursing*, 16(2), 155–162. <https://doi.org/10.1177/1043659604273546>
- Zambrana, R. (2018). *Toxic ivory towers: The consequences of work stress on underrepresented minority faculty*. Rutgers University Press.

## Chapter 6: Self-Care for LGBTQIA+ Nursing Students

- Braun, H. M., Ramirez, D., Zahner, G. J., Gillis-Buck, E. M., Sheriff, H., & Ferrone, M. (2017). The LGBTQI health forum: An innovative interprofessional initiative to support curriculum reform. *Medical Education Online*, 22(1). <https://doi.org/10.1080/10872981.2017.1306419>
- Carabez, R., Pelligrini, M., Mankovitz, A., Eliason, M., Ciano, M., & Scott, M. (2015). “Never in all my years...”: Nurses’ education about LGBT health. *Journal of Professional Nursing*, 31, 323–329. <https://doi.org/10.1016/j.profnurs.2015.01.003>
- Dorsen, C. (2012). An integrative review of nurse attitudes towards lesbian, gay, bisexual, and transgender patients. *Canadian Journal of Nursing Research*, 44(3), 18–43.
- Eliason, M. J., DeJoseph, J., Dibble, S., Deevey, S., & Chinn, P. (2011). Lesbian, gay, bisexual, transgender, and queer/questioning nurses’ experiences in the workplace. *Journal of Professional Nursing*, 27, 237–244. <https://doi.org/10.1016/j.profnurs.2011.03.003>
- Eliason, M. J., Dibble, S. L., & Robertson, P. A. (2011). Lesbian, gay, bisexual, and transgender (LGBT) physicians’ experiences in the workplace. *Journal of Homosexuality*, 58(10), 1355–1371.
- Eliason, M., Streed, C., & Henne, M. (2018). Coping with stress as an LGBTQ+ health care professional. *Journal of Homosexuality*, 65(5), 561–578. <https://doi.org/10.1080/00918369.2017.1328224>
- Fallin-Bennett, K. (2015). Implicit bias against sexual minorities in medicine: Cycles of professional influence and the role of the hidden curriculum. *Academic Medicine*, 90(5), 549–552.
- Kroning, M. (2018). Lesbian, gay, bisexual, and transgender education in nursing. *Nurse Educator*, 43, 41.
- Kuzma, E. K., Pardee, M., & Darling-Fisher, C. S. (2019). LGBT health: Creating safe spaces and caring for patients with cultural humility. *Journal of The American Association of Nurse Practitioners*. <https://doi.org/10.1097/JXX.0000000000000131>
- Landry, J. (2017). Delivering culturally sensitive care to LGBTQI patients. *The Journal for Nurse Practitioners*, 13, 342–347.
- Lapinski, J., & Sexton, P. (2014). Still in the closet: The invisible minority in medical education. *BMC Medical Education*, 14(1), 171.
- Lim, F. A., Brown, D. V., & Jones, H. (2013). Lesbian, gay, bisexual, and transgender health: Fundamentals for nursing education. *Journal of Nursing Education*, 52, 198–203.
- Lim, F., Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual and transgender (LGBT) health in baccalaureate nursing programs. *Nursing Education Perspective*, 36, 144–152. <https://doi.org/10.5480/14-1355>
- Mansh, M., White W., Gee-Tong, L., Lunn, M. R., Obedin-Maliver, J., Stewart, L., Goldsmith, E., Brenman, S., Tran, E., Wells, M., Getterman D., & Garcia, G. (2015). Sexual and gender minority identity disclosure during undergraduate medical education: “In the closet” in medical school. *Academic Medicine*, 90(5), 634–644.
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2, 209–213. <https://doi.org/10.1037/sgd0000132>
- Nadal, K. L., Wong, Y., Issa, M. A., Meterko, V., Leon, J., & Wideman, M. (2011). Sexual orientation microaggressions: Processes and coping mechanisms for lesbian, gay, and bisexual individuals. *Journal of LGBT Issues in Counseling*, 5(1), 21–46. <https://doi.org/10.1080/15538605.2011.554606>



- Nama, N., MacPherson, P., Sampson, M., & McMillan, H. J. (2017). Medical students' perception of lesbian, gay, bisexual, and transgender (LGBT) discrimination in their learning environment and their self-reported comfort level for caring for LGBT patients: A survey study, *Medical Education Online*, 22(1). <https://doi.org/10.1080/10872981.2017.1368850>
- Ngamake, S. T., Walch, S. E., & Raveepataradul, J. (2016). Discrimination and sexual minority mental health: Mediation and moderation effects of coping. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 213–226. <https://doi.org/10.1037/sgd0000163>
- Przedworski, J. M., Dovidio, J. F., Hardeman, R. R., Phelan, S. M., Burke, S. E., Ruben, M. A., Perry, S. P., Burgess, D. J., Nelson, D. B., Yeazel, M. W., Knudsen, J. M., & van Ryn, M. (2015). A comparison of the mental health and well-being of sexual minority and heterosexual first-year medical students: A report from the medical student CHANGE Study. *Academic Medicine*, 90(5), 652–658.
- Sánchez, N. F., Rankin, S., Callahan, E., Ng, H., Holaday, L., McIntosh, K., Poll-Hunter, N., & Sánchez, J. P. (2015, December). LGBT trainee and health professional perspectives on academic careers—facilitators and challenges. *LGBT Health*, 2(4), 346–356.
- Sandfort, T. G. M., Bakker, F., Schellevis, F., & Vanwesenbeeck, I. (2009). Coping styles as mediator of sexual orientation-related health. *Archives of Sexual Behavior*, 38, 253–263. <https://doi.org/10.1007/s10508-007-9233-9>
- Sitkin, N. A., & Pachankis, J. E. (2016). Specialty choice among sexual and gender minorities in medicine: The role of specialty prestige, perceived inclusion, and medical school climate. *LGBT Health*, 3(6), 451–460.
- Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2018). Coping with sexual orientation-related minority stress. *Journal of Homosexuality*, 65(4), 484–500. <https://doi.org/10.1080/00918369.2017.1321888>

## Chapter 9: Mindful Compassion: A Life in Practice

Epstein, R. (2017). *Attending: Medicine, mindfulness and humanity*. Scribner.

## Chapter 13: Sleep, Exercise, and Nutrition: Self-Care the Kaizen Way

Nester, J. (2020). *Breath: The new science of a lost art*. Riverhead Books.

Walker, M. (2017). *Why we sleep: Unlocking the power of sleep and dreams*. Scribner.

## Chapter 14: Six Steps to Compassion: Practicing T'ai Chi in a Healthcare Setting

Brach, T. (2003). *Radical acceptance: Awakening the love that heals fear and shame*. Ebury/Penguin.

Gallagher, P. (2007). *Drawing silk: Masters' secrets for successful Tai Chi practice* (3rd ed.). BookSurge Publishing.

Kaptchuk, T. (2000). *The web that has no weaver: Understanding Chinese medicine* (2nd ed.). McGraw-Hill.

Lehrhaupt, L. M. (2001). *Tai Chi as a path of wisdom*. Shambhala Publications.

Wayne, P. M., & Fuerst, M. L. (2013). *The Harvard Medical School guide to Tai Chi*. Shambhala Publications.

Yang, Y. (2008). *Taijiquan: The art of nurturing, the science of power* (2nd ed.). Zhenwu Publications.

## Chapter 17: Healthy Work Environment: How to Choose One for Your First Job

Alsopach, G. (2016). The toxic wake of rudeness: Why it matters. *Critical Care Nursing*, 36(5), 10–13.

Porath, C. (2016). *Mastering civility: A manifesto for the workplace*. Grand Central Publishing.

Salzberg, S. (1995). *Lovingkindness: The revolutionary arc of happiness*. Shambhala Publications.

Salzberg, S. (2014). *Real happiness at work: Meditations for accomplishment, achievement, and peace*. Workman Publishing.

White, K. R., & Fontaine, D. K. (2017). *Boost your nursing leadership career: 50 lessons that drive success*. Health Administration Press.

Worline, M. C., & Dutton, J. E. (2017). *Awakening compassion at work: The quiet power that elevates people and organizations*. Berrett-Koehler Publishers.

## Chapter 19: Sowing Seeds of Resilience: Compassionate Care Ambassadors

- Feldman Barrett, L. (2020). *Seven and a half lessons about the brain*. HMH Books.
- Freeman, R., Taylor M. (2020). *When love comes to light*. Shambhala Publications.
- Hari, J. (2018). *Lost connections: Uncovering the real causes of depression—and the unexpected solutions*. Bloomsbury USA.
- Salzberg, S. (2020). *Real change: Mindfulness to heal ourselves and the world*. Flatiron Books.

## Chapter 20: Mattering: Creating a Rich Work Life

- Flett, G. L. (2018). *The psychology of mattering: Understanding the human need to be significant*. Elsevier Inc.
- Frankl, V. (2006). *Man's search for meaning*. Beacon Press.
- Wambach, A. (2019). *Wolfpack: How to come together, unleash our power, and change the game*. Celadon Books.

## Chapter 21: Integrating a Life That Works With a Life That Counts

- Achor, S. (2010). *The happiness advantage: The seven principles of positive psychology that fuel success and performance at work*. Crown Business.
- Bauer-Wu, S. (2011). *Leaves falling gently: Living fully with serious and life-limiting illness through mindfulness, compassion and connectedness*. New Harbinger Publications.
- Cuddy, A. (2015). *Presence: Bringing your boldest self to your biggest challenges*. Back Bay Books.
- Heath, C., & Heath, D. (2017). *The power of moments: Why certain experiences have extraordinary impact*. Simon & Schuster.

## Chapter 22: Providing Compassionate Care and Addressing Unmet Social Needs Can Reduce Your Burnout

- Bowler, K. (2018). *Everything happens for a reason: And other lies I've loved*. Random House.
- Cahalan, S. (2013). *Brain on fire: My month of madness*. Simon and Schuster.
- Dempsey, C. (2018). *The antidote to suffering: How compassionate connected care can improve safety, quality, and experience*. Press Ganey Associates.
- Hassmiller, S. (2020). *Resetting: An unplanned journey of loss, love, and living again*. Morgan James Publishing.
- Price, R. (2000). *A whole new life*. Simon and Schuster.
- A second report on the future of nursing. (2021). The National Academy of Medicine.
- Yip-Williams, J. (2020). *The unwinding of the miracle: A memoir of life, death, and everything that comes after*. Random House Trade Paperbacks.

## Chapter 23: Showing Up With Grit and Grace: How to Lead Under Pressure as a Nurse Clinician and Leader

- Bergland, C. (2013, Feb. 2). The neurobiology of grace under pressure. *Psychology Today*. <https://www.psychologytoday.com/us/blog/the-athletes-way/201302/the-neurobiology-grace-under-pressure>
- Cuddy, A., Kohut, M., & Neffinger, J. (2013). *Connect, then lead*. Harvard Business Review. <https://hbr.org/2013/07/connect-then-lead>
- Duckworth, A. (2016). *Grit: The power of passion and perseverance*. Scribner.
- Halpern, B. L., & Lubar, K. (2004). *Leadership presence: Dramatic techniques to reach out, motivate and inspire*. Gotham.
- Hanson, R. (2018). *Resilient: Find your inner strength*. Rider.
- Hougaard, R., & Carter, J. (2018). *The mind of the leader: How to lead yourself, your people, and your organization for extraordinary results*. Harvard Business Review Press.
- Powell, L., & Hunter, J. (2020, June 26). How to recapture leadership's lost moment. *Leader to Leader*. <https://doi.org/10.1002/ltl.20519>
- Trzeciak, S., & Mazzarelli, A. (2019). *Compassionomics: The revolutionary scientific evidence that caring makes a difference*. Studer Group.
- Worline, M., & Dutton, J. (2017). *Awakening compassion at work: The quiet power that elevates people and organizations*. Berrett-Koehler.

# Introduction to Self-Care for New and Student Nurses

In the textbook's introduction, we talk about the influence that nurses have on others—their superpower of compassion—that they may never even be aware of. We write:

Imagine for a moment a patient who is a young mother. Perhaps she is facing her health challenges while trying to be strong for her children and partner. The kindness, wisdom, and support that you bring to your interactions with her will have a downstream impact on her children and family. Even her children's children. Think about yourself or your nursing school peers who, when asked why they wanted to become a nurse, tell a story about growing up and seeing a nurse who cared for them or a loved one during a health crisis. So many nurses are nurses because they experienced the compassion of someone like you when they were in need. These nurses' compassion may have started you on your own journey to nursing, even though they may never know the impact they had on you. That is one of the superpowers of nursing: the impact you have on others. You will matter in ways big and small, in ways that the universe may never even be able to reveal to you.

This would be an appropriate time to ask students to share their path to nursing and to remember those who influenced their decision to become a nurse. Depending on their level of experience, you could invite them to reflect on times when they felt as if they mattered to a patient, a patient's family, or a colleague. The goal of this exercise is both to underscore the impact of our behavior on others (good and bad, but in this case, good) and to reflect on the superpower of compassion embodied in nursing.

Ask students how they define self-care.

- What does it mean to you?
- What comes to mind when you hear the term?
- Why did you choose to enroll in this course (if it is an elective)? What do you hope to gain from this course?

The goal of this discussion is to sort through myths about self-care as we described in the “Getting on the Same Page About Self-Care” section earlier. (This material also appears in the textbook's introduction and the student workbook introduction.) We hope that students begin to understand that:

- Self-care is not selfish.
- Nurses don't flourish simply by fostering the well-being of others.
- Self-care is about the mind as much as it is about the body.
- Self-care is a lifelong *practice*, and it is best to practice on the safety of the runway, rather than in mid-air.
- Individual self-care practices do not let organizations off the hook.

# **section I**

## **Fundamentals**

# **1**

## **The Fundamentals of Stress, Burnout, and Self-Care**

## what

- Read Chapter 1.
- What do we mean by the phrase “a naked person offering someone their shirt”?

It's from the opening quote by Maya Angelou: “I do not trust people who don't love themselves and yet tell me, ‘I love you.’ There is an African saying: Be careful when a naked person offers you a shirt.” Nurses are often the ones caring for others but not caring as well for themselves. *Self-Care for New and Student Nurses* is an invitation to not be that naked person.

- Describe the differences between stress, stressors, and burnout.

**Stress** is anything that causes a sudden physical or psychological reaction.

**Stressors** are the stressful situations that result in stress. There are good and bad stressors, from exams and sports competitions to physical danger and trauma.

**Burnout** is an employee's response to excessive work-related stress—stress that goes unaddressed for a long period of time. It is not a result of a one-time stressor. It stems from one or more “mismatches” between employees and their work. Burnout can have physical and behavioral symptoms. Maslach (1998) and Maslach and Jackson (1981) conceptualized burnout as having three dimensions: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment.

- List five stressors that nurses face in the workplace that are unique to healthcare and nursing.

High workload	Lifting/repositioning heavy objects
Low staffing levels	Physical assault by patient or patient's family
Long shifts	Concerns for physical safety
Low control	Musculoskeletal pain at work
Low schedule flexibility	Coming in early/staying late/working through breaks
Time pressure	Bullying
High job and psychological demands	Working more than 10 hours/day
Low task variety	Busy, complex work environment
Role conflict	Routinely confronting human suffering, patient morbidity, and mortality
Low autonomy	Complex ethical decision-making
Negative nurse-physician relationship	Difficult conversations with patients and families
Poor supervisor/leader support	Work-family conflict
Poor leadership	Societal stressors, such as aging of baby boomers, physician shortages, nursing shortages, uncertainties of healthcare reform, COVID-19 pandemic
Negative team relationship	
Job insecurity	

- Why are new and early-career nurses more vulnerable to burnout and stress-related ill health than more experienced nurses?

- Stress of being in a new role
- Having to master new skills in a high-stakes environment
- Socialization into a new profession and workplace
- Heavy workloads
- Unsupportive practice environments
- Daily work not matching expectations

- What barriers to self-care might you face as a practicing nurse?

- Not enough time/being overworked
- Lack of adequate resources and facilities
- Fatigue/lack of sleep
- Outside commitments, such as family, community, attending school
- Unhealthy food culture

## why

- List three reasons a personal self-care practice is important for nurses.

This prompt is a good class discussion question and will provide an opportunity to discuss compassionate care goals as well as their own well-being and personal goals.

- List three reasons a personal self-care practice is important *to you*.

This prompt is intended to allow students an opportunity to identify their own professional and personal goals. You may also want to invite them to share the stressors they face. These could include struggles to get enough exercise or sleep, manage anxiety, or set and maintain boundaries.

## do

### Activity 1-1: My Current Self-Care Practice Inventory

- We are quite certain that you already engage in self-care practices, whether you label them as such or not. Think back over the past few years. What do you do to care for yourself when you feel stressed, anxious, or overwhelmed? Do you go for a run? Call a friend? Knit? Knock back

a few beers? Do some online shopping? Write down all the activities that you turn to when you need to calm yourself.

- Once you have made this list, put a plus sign next to the activities that you think are helpful and that you would like to include in your self-care tool kit. Put a minus sign next to those that you might want to eliminate or modify, such as self-medicating with food or drink.

## Activity 1-2: Self-Care Google Exploration

- This activity is included in the textbook. Google the terms “self-care” and “self-care practices.” Expand your search if you’re feeling especially ambitious or curious.
- Make a list of some of what pops up. You will find memes, posters, infographics, quotes, research articles, and more. Make a list, or a Pinterest board, of things that intrigue you or resonate with your personality and current self-care practices.
- Which concepts make you think, “*I could get into this*” or “*This makes sense to me*”? What ideas intrigue you or make you want to learn more? These concepts might be your own personal entrées into the study and practice of self-care.
- As you are browsing the internet for self-care practices and ideas, try to categorize each practice into one of the following self-care and wellness categories: physical, mental, emotional, spiritual, intellectual, social, financial, and environmental. Some may fit into more than one category.

We address this later in *Self-Care for New and Student Nurses*, but it may come up in this discussion: #selfcare, or toxic presentations of self-care practices, might make students feel inadequate or excluded due to their social or economic backgrounds or for other reasons. Welcome this discussion and how it will factor into their personal exploration of self-care.

## Activity 1-3: Try the Big Four

We end Chapter 1 with four of the fundamental self-care practices: checking in with yourself and unclenching when you find tension in your body; staying hydrated; taking deep, restorative breaths; and staying present. Begin to integrate these practices into your daily routine. Use whatever reminder system works best for you, whether it’s alarms on your phone, post-it notes, or something else.

## reflect & journal

- As you explore self-care practices in your Google search, try to imagine yourself engaging in some of these practices. Are you an athlete or an artist? Do you recoup your energy by being in nature? Is your highest priority staying connected with family and friends?
- What self-care practices would you like to learn more about and consider including in your self-care tool kit?



- Which of the Big Four practices (unclenching, hydration, breathing, being present) come most naturally to you? Which ones will take a little more work? Why?
- As you begin this journey, we want to caution you about comparing yourself to others. Comparing ourselves to others can often feel like a competition and can induce more stress and self-doubt. As you journal about your experiences with self-care, consider a different type of comparison. Compare yourself not to others, but to you. Observe the progress you have made. Celebrate your curiosity and willingness to try new things. Stick to it. Ask for help when you need it. Support and acknowledge the progress of others.

## references

- Maslach, C. (1998). A multidimensional theory of burnout. In C. L. Cooper (Ed.), *Theories of organizational stress* (pp. 68–85). Oxford University Press Inc.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2, 99–113. <https://doi.org/10.1002/job.4030020205>

# 2

## **The Fundamentals of Resilience, Growth, and Wisdom**

## what

- Read Chapter 2.
- What do we mean by the term “resilience”?

The ability to bounce back from adversity; the capacity to recover from adversity or trauma

A trait that helps nurses and others avoid the effects of unmitigated workplace stress, or burnout

Mental resources like determination, self-worth, and kindness are what make us *resilient*: able to cope with adversity and push through challenges in pursuit of opportunities. Although resilience helps us recover from loss and trauma, it offers much more than that. True resilience fosters well-being, an underlying sense of happiness, love, and peace. Remarkably, as you internalize experiences of well-being, it builds inner strengths that in turn make you more resilient. Well-being and resilience promote each other in an upward spiral (Hanson, 2018, p. 2).

Resilience is in everyone; we have the capacity to nurture it and be mindful of its power.

- List three ways that your workplace can foster individual resilience.

Your personal resilience skill development plus organizational support are the two primary ingredients that will determine how you respond to the stressors in your work and life. Your workplace can foster resilience with the following supports (adapted from Cusack et al., 2016).

**Policies and structures that enable a nurse to act ethically, respectfully, and benefit patient care:** Explicit lines of communication; receptive, responsive, understanding, supportive leadership; timely access to support for ethical guidance; and respectful working relationships

**Processes that enable nurses to deliver competent, patient-centered care:** Explicit but flexible role expectations; appropriate patient allocation; availability of essential and properly working equipment; and support of interprofessional collaboration

**Practices that enable nurses to feel connected, safe, and well:** Culture of kindness and positive staff behaviors; planned and monitored meal breaks; Employee Assistance Programs; and physical space for mindfulness, breathing, and meditation practices

**Opportunities for nurses to engage in reflection, career development, and lifelong learning:** Mentoring programs, review processes that promote staged knowledge and skill development, and study leave

**Opportunities to enhance clinical nursing practice:** Practice development opportunities around clinical knowledge, skills, and problem-solving; clinical supervision systems that build competence and confidence; opportunities to debrief and learn from mistakes rather than blaming

**Opportunities for nurses to learn resilience skills:** Adaptive coping learning opportunities, mindfulness and meditation training

- What are the four components of grit, another kind of resilience?

1. **Interest:** “I love what I do” feeling
2. **Practice:** Our ability to avoid complacency, to build upward from our current skill level
3. **Purpose:** The sense that your work matters to others (see more in Chapter 20)
4. **Hope:** The belief that you have the power to make things better

This section begins with the question, “What do you think matters more in life: talent or hard work?” This might generate an interesting class discussion. Ask for examples of when they have succeeded through grit or seen others do so. It is a valuable reminder to students that they have persevered in the past and have the capacity to do so now and in the future.

## why

- Why is neuroplasticity important in our ability to become resilient?

Many connections between self-care and resilience abide in the science of *neuroplasticity*, your nervous system’s ability to change and form new neural pathways. This process is literally the rewiring of your brain, based on your experiences. If you have studied the effects of trauma, you know that traumatic events can change victims’ brains in a negative way. Similarly, positive neuroplasticity explains why fostering your own well-being today can have a powerful impact on your well-being months or even years from now when you face adversity. By watching a funny movie or snuggling with your canine or feline companion, you are on your way to building new positive pathways in your brain. Hanson (2018) calls this the ability to “turn passing experiences into lasting inner resources built into your brain” (p. 2).

According to Hanson (2018), the most important method of fostering resilience is to *internalize experiences of well-being*.

- In this chapter, we present two nursing students, Nevin and Pat. Explain in your own words how these two students have learned to approach challenges. Which student do you most closely resemble? Why?

## do

### Activity 2-1: Foster Positive Emotions

One foundation of well-being is fostering positive emotions. Just as a steady diet of negativity will breed negativity, engaging in activities that make us feel good will help us feel good. Happiness and well-being researcher Barbara Frederickson (Cohn et al., 2009) identified 10 universal positive emo-

tions that we ask you to explore here. For this activity, write down at least one activity or experience that gives rise to each emotion in you. For example, you might feel awe when you see a hawk fly overhead. Perhaps you feel inspiration when you observe an experienced nurse perform a difficult procedure. After identifying what creates positive emotions, the next step is to be intentional about experiencing them. If calling your best friend generates feelings of love, call your best friend more often. If a particular song makes you feel joyful, listen to that song!

Emotion	Activity
Joy	
Gratitude	
Serenity	
Interest	
Hope	
Pride	
Amusement	
Inspiration	
Awe	
Love	

## Activity 2-2: Savor the Moment

Rick Hanson (2018) argues that we must “sit with” positive emotions to rewire our brains for resilience. In Chapter 2, we provided a hypothetical list of daily opportunities to savor positive emotions. For at least one day, be very intentional about savoring positive moments, from the moment you wake up until you fall asleep at night. Write down as many of these moments as possible. After this one-day exercise, remind yourself to continue savoring positive emotions.

## reflect & journal

- How will you be able to maintain this practice of fostering positive emotions and savoring them once you are in clinical practice? What techniques and strategies can you use to help build these activities into your daily and weekly routine?
- We all know someone, either personally or from the news or history books, who has overcome extreme adversity and grown wiser as a result of their experience. In the textbook, we include Congressman John Lewis, Malala Yousafzai, and the Marjorie Stoneman Douglas High School students as examples of individuals who were able to transform their pain into wisdom. Who do you know that you would consider wise? Why do you consider them to be wise? What qualities do they exhibit? Did they overcome adversity as part of their journey to wisdom?
- How does it feel to be intentional about fostering and savoring positive emotions? Is this a new experience for you? Is it something that you can continue to do? Why or why not?

- You are capable. You are strong. You are wise. You will become more able, strong, and wise as you learn and grow. Say it aloud to yourself: “I am capable. I am strong. I am wise.” Believe it.

## references

- Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009). Happiness unpacked: Positive emotions increase life satisfaction by building resilience. *Emotion*, 9(3), 361–368. <https://doi.org/10.1037/a0015952>
- Cusack, L., Smith, M., Hegney, D., Rees, C. S., Breen, L. J., Witt, R. R., Rogers, C., Williams, A., Cross, W., & Cheung, K. (2016). Exploring environmental factors in nursing workplaces that promote psychological resilience: Constructing a unified theoretical model. *Frontiers in Psychology*, 7, 600. <https://doi.org/10.3389/fpsyg.2016.00600>
- Hanson, R. (2018). *Resilient: How to grow an unshakable core of calm, strength, and happiness*. Harmony Books.

# 3

## **Developing a Resilient Mindset Using Appreciative Practices**

## what

- Read Chapter 3.
- What is the negativity bias? Give some examples of this bias in your own life.

As humans, and certainly as healthcare professionals, we are prone to a negativity bias (Haizlip et al., 2012). The negativity bias is an evolutionary construct that results in our human tendency to be more strongly influenced by the negative aspects of our environment than the positive (Baumeister et al., 2001). This makes sense from a survival perspective: It's more imperative to notice the hungry predator than the lovely sunset. The negativity bias has remained with us and affected our behaviors in numerous realms, including learning, attention, and how we make sense of the world around us (Baumeister et al., 2001; Vaish et al., 2008). The negativity bias leads us to focus on what is broken or what needs to be fixed.

Some examples of this bias could include the following:

- When I receive good news, I immediately think about what could go wrong.
- I tend to notice what people do wrong, rather than what they do right.
- I tend to assume the worst in people.
- I don't give myself a break; I only notice what I do wrong.
- My parents never celebrated my good grades; they only criticized the less-than-good grades.

- What are some of the well-being benefits of positive activities?

- Allows us to focus on what we want in ourselves and those around us, while growing the thoughts, feelings, and behaviors that support well-being and happiness
- Supports overall health and success
- Benefits our immune systems and cardiovascular health
- Fosters creativity, improves cognition, reduces depression, and increases our ability to cope with stress
- Allows us to create more of what we want more of by shifting our focus to that
- Increases our ability to offer emotional support to others
- In healthcare, improves decision-making and patient safety



- Explain two of the theoretical principles (constructionist, poetic, positive, simultaneity, anticipatory) of Appreciative Inquiry in your own words.

**Constructionist Principle:** Our realities are created by our thoughts, language, and interactions with others (language with care).

**Poetic Principle:** There is beauty in everything; it just depends on how you look at it (reframing).

**Positive Principle:** We are more creative, better able to solve problems, and more open to learning and to new ideas when we are experiencing positive emotions; positivity also results in social bonding (gratitude practice).

**Simultaneity Principle:** Our questions are fateful; change and our questions are inextricably linked (assumption of positive intent).

**Anticipatory Principle:** We move toward the image of the future that we hold in our heads; the more positive that vision, the more positive our future (visualization).

## why

In this chapter, the authors discuss the importance of “choosing our focus.” Explain what this entails and why it matters. (You may want to refer back to the Nevin and Pat examples in Chapter 2.)

This question is intended as a reminder not only of the importance of choosing our focus but of our own agency in improving our well-being. Many of the exercises in this chapter and Chapter 4 teach small behavior changes that improve well-being on their own, but also build the “muscle” of choosing our focus and paying attention in the moment. These real-world mindfulness activities are the foundation of self-care practices.

## do

### Activity 3-1: Choose Language With Care

As the authors explain, language creates our reality. Observe the choices that people make with language. How does naming something a certain way change words’ impact? Pay attention to your own language choices. Did you learn to use certain words in your childhood that seem problematic today?

This can be an opportunity to look at language in healthcare. Why do we use one term instead of another? What connotation do these words convey? (Drug addiction vs. substance use disorder; diabetic vs. person with diabetes; and cultural competency vs. cultural humility are a few examples.) As we wrote this book, the term “student nurse” versus “nursing student” came up a lot. What is the difference in these two terms? Here is a link to an interesting essay about this: <https://nurse-manifest.com/2016/04/06/nursing-students-or-student-nurses-whats-in-a-name/>

Encourage students to look at how language is used in the world around them—their school of nursing, their university, their communities. Language in the news always generates good discussion (e.g., illegal alien vs. immigrant vs. refugee; pro-choice vs. pro-life; etc.).

### Activity 3-2: Reframing

What we choose to focus on becomes our fate (Whitney & Trosten-Bloom, 2003). Reframing is the capacity to intentionally explore new ways of seeing to experience the best of what is. Think of something that is annoying, sad, disappointing, or challenging. Now reframe this situation to find the best of what is. For example, you may have a long walk to your campus or hospital. You could reframe this by realizing that the walk is an opportunity for exercise, time to listen to music, or a chance to prepare for or decompress from your day.

Literally anything can be reframed, and how we think about something determines how we feel about it. After a week of rainy days, a colleague was walking to work, grumbling to herself about the weather. She noticed an extraordinary growth of mushrooms near the sidewalk. She got out her camera, got down on the ground, and snapped photos. People stopped to see what she was doing and then to admire the mushrooms. She said it turned into a very fun and social moment, and suddenly she realized that without all the rain, she would not have experienced that moment.

We encourage you to practice reframing as a class activity. One student can present a situation, and the others can come up with a reframe. Or you can generate a list of situations and ask students to try their hand at reframing. Inevitably, students will bring up tragic events such as natural disasters and global pandemics. But just as inevitably, communities learn from these events, rally around each other, and develop creative solutions, alternatives, or preventatives.

### Activity 3-3: Gratitude Practice

A growing body of research finds that a simple gratitude practice can improve well-being among nurses and other healthcare workers (Sexton & Adair, 2019). Commit to taking time at the end of each day to write down three good things that happened to you during the day. These can be exciting events such as acing an exam or receiving a job offer, but most likely, they will be more humble moments. You might appreciate a delicious meal, an unexpected connection with a friend, a nap, or a sunny day.

You may choose to write your three good things in a small notebook, on your phone, or on your laptop. The most important thing is to do it regularly for at least 10 days. You will begin to notice that throughout the day, your attention and thoughts will be drawn toward those good things around you and away from those things that produce negative feelings.

If you would like to take this exercise a step further, pick one good thing each day and reflect on the people and events that made that good thing possible. For example, if you are grateful for a hot cup of coffee, think about the barista who made it to work that day and the workers who manufactured the cups; you will increase your sense of connection with the world around you.

Here are two resources that you might want to share in class:

**A. J. Jacobs TED Talk:**

[https://www.ted.com/talks/a\\_j\\_jacobs\\_my\\_journey\\_to\\_thank\\_all\\_the\\_people\\_responsible\\_for\\_my\\_morning\\_coffee](https://www.ted.com/talks/a_j_jacobs_my_journey_to_thank_all_the_people_responsible_for_my_morning_coffee)

**365 Grateful Project:**

Video: <https://www.youtube.com/watch?v=Aedlvmd8MJA>

Website: <https://365grateful.com>

### Activity 3-4: Positivity Portfolio

A positivity portfolio is a collection of objects, words, or photos that stirs positive emotions in the viewer or reader. Positivity portfolios are more common than we realize. A collection of photos, plants, and seashells on someone's desk is a positivity portfolio. A group of refrigerator magnets that reminds a family of their travels together is a positivity portfolio. A collection of favorite quotes and a laptop or water bottle covered in stickers are positivity portfolios. A playlist can be a positivity portfolio. Create your own portfolio in any way you choose. All that matters is that you create a collection of items that make you feel a positive emotion, such as happiness, contentment, or peace.

Ask students to spend the week looking for positivity portfolios, or ask where they have seen some in the past: desktops filled with family photos, laptops with stickers, dorm doors and walls, Pinterest boards, collections, pins on jackets and backpacks, and so on.

### Activity 3-5: Vision Board

We move toward the image of the future that we hold in our heads, and the more positive that vision, the more positive our future. Remember the story of Ryan Speedo Green, the young man who saw his first opera at the Met and visualized himself performing on that same stage someday. Creating positive visions of our future is a remarkably powerful tool.

To create a vision board, gather a stack of old magazines, scissors, a piece of cardstock or cardboard, and a glue stick. Give yourself at least an hour (set a timer) to flip through the magazines and cut out

photos and words that represent the future you are seeking. Relax. What dreams do you have for yourself? (This exercise can be done for the upcoming year or a longer time frame, whichever seems best to you.) Cut and glue the pictures to your cardstock, and keep the collage somewhere where you can see it regularly.

Depending on your time limitations and class size, this is a wonderful activity to do in groups. It is relaxing to sit and flip through magazines and cut and paste, quietly, beside friends or peers. We encourage you to ask students to share their completed vision boards and talk a little about their future goals and dreams.

### Activity 3-6: Vision Board, With No Glue

Are you trying to make a difficult decision about your future? Is there something you desire, but you are having trouble achieving it? Create a quiet space, and give yourself at least a half hour to do this activity. Visualize your life one year from now. What does it look like? The power is in the details. Imagine yourself waking up in the morning. Where are you? What do you eat for breakfast? Is someone with you, or are you alone? Go through your entire day in this future life, focusing on your work, your friends, the activities of your day. *Remember—details, details, details.* Pay attention to how you feel. On a piece of paper, write down as many details as you can remember.

## reflect & journal

- We hope this chapter gave you a lot of ideas and food for thought. Which activities were the most helpful? Were any so compelling that you think you would be able to include them in your self-care tool kit?
- “Our focus is our fate.” Spend a few moments writing about your own focus and how it affects your well-being in the short and long term.

## references

- Baumeister, R. F., Bratslavsky, E., Finkenauer, C., & Vohs, K. D. (2001). Bad is stronger than good. *Review of General Psychology*, 5, 323–370. <https://doi.org/10.1037/1089-2680.5.4.323>
- Haizlip, J., May, N., Schorling, J., Williams, A., & Plews-Ogan, M. (2012). The negativity bias, medical education, and the culture of academic medicine: Why culture change is hard. *Academic Medicine*, 87(9), 1205–1209. <https://doi.org/10.1097/ACM.0b013e3182628f03>
- Sexton, J. B., & Adair, K. C. (2019). Forty-five good things: A prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work-life balance and happiness. *BMJ Open*, 9(3), e022695. <https://doi.org/10.1136/bmjopen-2018-022695>
- Vaish, A., Grossmann, T., & Woodward, A. (2008). Not all emotions are created equal: The negativity bias in social-emotional development. *Psychological Bulletin*, 134, 383–403. <https://doi.org/10.1037/0033-2909.134.3.383>
- Whitney, D., & Trosten-Bloom, A. (2003). *The power of Appreciative Inquiry: A practical guide to positive change*. Berrett-Koehler Publishers, Inc.

# 4

## **The Community Resiliency Model (CRM)<sup>®</sup> Approach to Mental Wellness for Nursing Students and New Graduate Nurses**

## what

- Read Chapter 4.
- Describe the difference between the sympathetic and parasympathetic nervous systems.

In this chapter, we will use awareness of normal, everyday sensations already occurring in the body to develop a language of sensations and to understand their link to our body's autonomic nervous system responses to stress, perceived threats, or trauma. These responses emanate from the autonomic nervous system's sympathetic ("fight or flight") and parasympathetic (restoration of energy and balance) responses (Miller-Karas, 2015).

The wavy line within the resilient zone in Figure 4.2 in the textbook corresponds to the rise and fall of energy in the body, which is also the normal alternation between sympathetic and parasympathetic dominance in the nervous system (Haglund et al., 2007). Much like a car's gas pedal (sympathetic) and brake (parasympathetic), these are the balancing forces in our nervous system. The mere awareness of these normal body changes and the learned ability, with intention, to bring awareness to sensations of well-being are potent factors in rebalancing the nervous system and in withstanding the stress of nursing.

- What is the resilient zone? What can cause someone to "bounce out" of their resilient zone? What are the differences between the high zone and the low zone?

The cornerstone concept of CRM<sup>®</sup> is the *resilient zone* (RZ), an internal state of well-being where individuals can function to their fullest capacity. It is where we are best equipped to think clearly, manage daily challenges, make decisions, engage fully in relationships, and be our most productive (Miller-Karas, 2015). It is where we feel most fully alive. It is possible to be in the resilient zone and feel sad or irritable, but we are still able to cope and function. Figure 4.2 in the textbook illustrates the resilient zone.

A traumatic or stressful experience may lead to over-activation of the gas or the brake pedals in our nervous system. When the accelerator is pressed, our bodies rev up our *sympathetic nervous system* with a rise in heart rate, respiratory rate, and muscle tension. The sympathetic nervous system is the component of the autonomic nervous system that prepares the body for action; you've heard it referred to as our "*fight or flight*" response. When the sympathetic nervous system is activated, you may notice anxiety, anger, irritability, or hyperactivity, and you'll know that you have been pushed out of the top of your resilient zone (Miller-Karas, 2015).

The *parasympathetic nervous system* is the brake, the autonomic nervous system's complement to the fight or flight response. Parasympathetic nervous system activation is restorative and calming, slowing breathing and heart rates, reducing blood pressure, and increasing digestion and muscle relaxation. This brake pedal, however, gets stuck sometimes, and we experience fatigue, depression, heavy limbs, and feeling disconnected or numb (Miller-Karas, 2015). This is what happens when you are pushed below your resilient zone.

When our nervous system's gas or brake pedals are stuck, and we are out of our resilient zone, this imbalance makes it difficult to think clearly and make good decisions. In this state, we may feel uncomfortable, unsettled, or just yucky. It is important to clarify that there is nothing *wrong* with this; it is simply our body's signaling system notifying us to bring our awareness back to a state of well-being. It is human nature to desire this state of well-being, and we naturally engage in behaviors that return us there, such as exercise, rest, journaling, eating comfort foods, and other adaptive coping strategies. Alternatively, we may engage in unhealthy or maladaptive behaviors such as lashing out, overeating, and using substances. Understanding the connection between stressors and our natural physical and emotional responses to them goes a long way toward self-compassion and resilience (Miller-Karas, 2015).

- List the six skills that make up the Community Resilience Model (CRM)<sup>®</sup>.

(All from Miller-Karas, 2015)

1. **Tracking:** Foundational skill; directs our conscious awareness toward positive or neutral sensations in our body.
2. **Resourcing:** Helps you build a sense of internal strength. It is like a strong muscle that reinforces your sense of capability and purpose and is akin to establishing a new pathway in the limbic system or etching a positive template in the mind.
3. **Grounding:** "Settles" the nervous system through somatic awareness of the sensations of support, security, and safety—gravitational and environmental security. Again, it uses tracking to generate sensory awareness—in this case, a conscious focus on the body in contact with itself or something in the environment. Grounding brings our attention away from worries about the past or future and into the present moment.
4. **Gesturing and spontaneous movement:** Natural, involuntary actions of the body that occur as expressions of internal sensations of distress or well-being. Examples of natural positive gestures and spontaneous movements include open, relaxed postures; smiling; taking a deep breath; and hand movements such as restful folding or opening of the hands.
5. **Help Now! Help Now!** (also called Reset Now!) skills are quick strategies for those distressing moments when you bounce out of your resilient zone. They can help you shift back into the zone by drawing attention away from unpleasant sensations and emotions and shifting your focus to positive and neutral body sensations or stimuli in the room or environment. Strategies can include noticing the temperature, texture, color, or shape of objects in the room; noticing sounds in the environment; drinking a glass of water; and counting steps while walking.
6. **Shift and Stay:** The technique of selecting from the menu of the previous five skills and lingering with those new, more pleasant sensations for approximately 12 seconds. This will allow you to experience the shift successfully and to transfer the experience into long-term memory (Hanson, 2016).

## why

The textbook includes many approaches to self-care in clinical practice. What differentiates the CRM from other self-care techniques (both those included in this book and traditional self-care activities)? Why is CRM especially appropriate for nurses?

The Community Resiliency Model is an innovative, elegantly simple self-care practice that you can draw on anytime, anywhere. It complements and can even deepen other self-care modalities, such as appreciative practices (Chapter 3), exercise, meditation, mindfulness, and yoga. You may practice as little or as much as you like. CRM takes advantage of mechanisms that are already within our bodies to interrupt the hijacking of the brain by strong emotions or stress reactions. It enables us to maintain or return to a resilient state via a momentary, brief, and unnoticeable CRM self-care skill.

## do

Activities to help you develop all six CRM skills are described in detail in Chapter 4 of the textbook.

We encourage students to learn all six CRM skills. We did not include the complete instructions for all six in the student workbook or instructor's guide because they are so explicitly written in the textbook. Invite students to try these practices throughout the semester, and share the opportunities they found to use them (such as grounding practice while taking an exam and Help Now! when feeling anxious during a clinical rotation).

### Activity 4-1: Tracking

Tracking directs our conscious awareness toward positive or neutral sensations in our body (Miller-Karas, 2015). Tracking is the foundation for the other CRM skills and is closely related to many other practices described in the textbook. You can practice tracking by shifting your awareness and paying attention to your five senses. Identifying and sensing these pleasant or neutral sensations decrease the body's tendency to focus so closely on the discomfort messages.

Notice things that you can see, hear, smell, taste, and feel. Notice feelings inside your body, such as tension, thirst, and tingling. Notice your breathing. Is it fast or slow? Deep or shallow?

### Activity 4-2: Resourcing

Resourcing uses the first skill, tracking, to help you build a sense of internal strength. A powerful tool, resourcing is like a strong muscle that reinforces your own sense of capability and purpose. Your *internal resources* can be many things: your values or beliefs; a wonderful quality, talent, or ability; or a significant experience or moment in your life. Your *external resources* may include happy memories, people, places, or things that bring you support, calm, or peace (Miller-Karas, 2015).



They could be hobbies, social groups, and animals. *Imagined resources* are those that are brought to mind from experiences yet to be, like a daydream or a wished-for image or thought.

Resourcing is akin to establishing a new pathway in the limbic system or etching a positive template in the mind. We are essentially using our own nervous system to calm our nervous system. A resource is like a template you can access anytime, and like a muscle, its strength grows with repeated use. You can draw on your resource any time, and under times of stress, you can use your resource to counter any existing negative templates that are the natural stress default in your brain (Vaish et al., 2008). When you experience future stress, you can purposefully access your resource and return to the resilient zone as your central nervous system begins to reset and release tension.

Take a moment to identify a resource that you'd like to try out. It could be a memory, idea, place, or person associated with calm, comfort, and safety. Maybe it is walking along a beach or jogging through a park. If you're a musician, maybe your resource is mentally rehearsing a song or remembering a time you played music with friends. For artists, a resource might be visualizing the next painting or sculpture they will create or walking through a museum. Everyone's resource is different, but it should evoke calm and pleasant feelings.

Now that you have decided on a resource to try, take a moment to describe three or four aspects of the resource in your mind. Write down what comes to mind. As with the visualization exercise in the previous chapter, it is important to be as descriptive and detailed as possible. Your goal is to paint a rich picture that touches all your senses. This elaboration is called *resource intensification*, a way to deepen the resource with sensory details that help the resource become more potent. As you think about your resource, what do you notice happening on the inside of your body (*heart rate, breathing, changes in muscles, fullness, warmth, lightness*)? Do you notice any movement on the outside of your body (*smiles, gestures, posture changes*)? Notice if the sensations are pleasant, unpleasant, or neutral.

Once you have found these pleasant or neutral sensations, stay with them for about 12–20 seconds. There is no rush to get back to daily life. Rather, take your time to firmly establish this resource. Staying with it for a period will strengthen your newfound resilience pathway. Revisit your resource periodically to get used to relying on it. Resourcing is a muscle you can stretch and strengthen anytime you want to stay in your resilient zone or get back inside your best self.

### Activity 4-3: Grounding, Gesturing, Help Now!, and Shift and Stay

Please refer to the textbook for detailed instructions on learning these additional four CRM skills.

## reflect & journal

- Think about what you are like when you are in your personal resilient zone. Describe your “best-self” in that zone. What do you feel like? What keeps you in that zone, and what in your life can pull you out of it?
- Hopefully you have begun to master the six CRM skills. What do you think they can contribute to your current and future well-being?

- The authors begin their chapter with a quote by Elaine Miller-Karas, the creator of the CRM: “When we bring awareness to the inner wisdom of our bodies, wellbeing can grow, even in times of great suffering. Moments of gratitude can be seen and sensed.” Take a few moments to reflect on the connection between “awareness to the wisdom of our bodies” and well-being.

## references

- Haglund, M. E. M., Nestadt, P. S., Cooper, N. S., Southwick, S. M., & Charney, D. S. (2007). Psychobiological mechanisms of resilience: Relevance to prevention and treatment of stress-related psychopathology. *Development and Psychopathology*, 19(3), 889–920. <https://doi.org/10.1017/S0954579407000430>
- Hanson, R. (2016). *When good is stronger than bad*. <http://www.rickhanson.net/teaching/tgc-public-summary/>
- Miller-Karas, E. (2015). *Building resilience to trauma: The trauma and community resiliency models*. Routledge.
- Vaish, A., Grossmann, T., & Woodward, A. (2008). Not all emotions are created equal: The negativity bias in social-emotional development. *Psychological Bulletin*, 134(3), 383–403. <https://doi.org/10.1037/0033-2909.134.3.383>

# **section II**

## **The Mind of a Nurse**

# 5

## **Self-Care, Community Care, and Resilience Among Underrepresented Minority Nursing Professionals and Students**

## what

- Read Chapter 5.
- Describe at least five unique challenges underrepresented minority (URM) nurses face.

The unique workplace stressors they face due to longstanding social and structural inequities—such as institutional and interpersonal racism, discrimination, and stereotyping—often remain invisible and unaddressed.

- Daily exposure to racism—institutional discrimination, interpersonal racism
- Microaggressions
- Racial disparities that reduce URM retention in the nursing workforce
- The need to code switch in school and work, which takes an emotional toll
- Social exclusion
- Racialized experiences of emotional labor, negatively affecting self-care and care for patients

Internationally educated nurses face institutional discrimination, inadequate acknowledgement and underuse of their expertise and previous work experience, lack of understanding and ignorance about their sociocultural background, and communication difficulties with their colleagues and patients (Ghazal et al., 2020; Xiao et al., 2014).

- The author states that “Nurses’ experiences of emotional labor are not only gendered but also racialized.” Explain what she means by this.

**Care is gendered.** Within the prevalent social structures of the US healthcare system, which are male-dominated, paternalistic, and hierarchical, emotional labor and provision of compassionate care mostly fall on the shoulders of female healthcare providers, particularly nurses (Bell et al., 2014; Erickson & Grove, 2008). The traditional image of a nurse is a woman who is capable of and enjoys providing tender care.

**Nurses of color engage in “emotional double shift”** (Evans, 2013, p. 12) due to navigating everyday racial microaggressions and facing negative stereotype threat. Nurses’ experiences of emotional labor are not only gendered but also racialized. Another challenge URM nurses may face is having to engage in a disproportionate amount of emotional labor when they care for patients (Cottingham et al., 2018). Systems of power and domination, including but not limited to racism, sexism, and class inequalities, mutually interact with one another to shape the ways in which practices of emotional labor are distributed disproportionately among nurses of different social locations. Race-related emotional experiences (e.g., facing microaggressions, stereotype threat), on top of daily work stressors, exhaust URM nurses’ emotional capital, and in turn, negatively affect their ability to engage in self-care and care for their patients (Cottingham et al., 2018).

- What unique barriers to self-care do URM nurses face?

In addition to all the barriers nurses face that were identified in Chapter 1, URM nursing students and professionals may experience significant stressors other than those related to the medical tasks they perform, such as institutional discrimination, racism, and microaggressions perpetrated by teachers, coworkers, or patients, which cause exclusion from the social fabric of the organization and lack of access to power (Griffith et al., 2007).

URM nurses are often underrepresented in management positions, thus lacking the resources and social networks that are necessary to influence organizational structures and practices (Griffith et al., 2007).

## why

Why is communal care a potentially more effective strategy for well-being than self-care?

For the nursing community, *communal care* is a collective practice through which nurses can develop a multitude of strategies to care for each community member's well-being by mobilizing not only the individual, but also interpersonal, organizational, and systems-level resources in reciprocal ways. This approach to cultivating health and wellness engages all constituents of a community, highlighting the interdependence between them and holding them responsible for each other's well-being. Communal care also acknowledges the diversity of health and wellness needs among nurses, aiming to create space for diverse, equitable, and inclusive approaches to addressing the problems of the most vulnerable members in the nursing community.

Wever and Zell (2017) argued that when individual self-care is proposed as "an antidote" for the negative impacts of the work within human service organizations, it "places the responsibility of managing the effects of social, cultural and organizational injustices squarely on the individual worker" (p. 210). Without ignoring the necessity for each advocate (*or nurse, in our case*) to be cognizant of their own well-being needs and to be proactive, they called for "a movement of caring for and acknowledging each other in human service organizations" (Wever & Zell, 2017, p. 211).

Students might want to consider the benefits of communal care for *all* nurses, not just URM nurses. What would a culture of communal care look like in a nursing work environment?

## do

### Activity 5-1: Responding to Discriminatory Behavior: Individuals

Have you experienced or observed the racial or ethnic identity-based discriminative experiences during your training? If so, what was your response or the response of others? If possible, gather in a group of four to five peers, establish expectations for students to safely share their experiences, and begin this conversation. Give yourselves time to make sure that all voices are heard.

## Activity 5-2: Responding to Discriminatory Behavior: Healthcare Institutions

Reflect on and discuss with your peers how healthcare institutions can address the issues URM nursing professionals and students experience. What types of resources are available in your institution that might help address these issues? Are there any structural and policy changes you would like to see?

Generate a list of policy and health system changes your team envisions that would build equity, inclusion, and diversity into your school or workplace.

## reflect & journal

- Think about examples of communal care in your own life and how they have had an impact on your well-being. Now consider ways that communal care and similar well-being benefits can be cultivated in healthcare organizations. What would our healthcare organizations look like, and in what ways would they focus on diversity, inclusion, and equity?
- Dr. Çayır selected this quote by Maya Angelou to open her chapter: “My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style.” Imagine yourself in your role as a nurse. In what ways will you embody these qualities—passion, compassion, humor, and style—into your work and life?

## references

- Bell, A. V., Michalec, B., & Arenson, C. (2014). The (stalled) progress of interprofessional collaboration: The role of gender. *Journal of Interprofessional Care*, 28(2), 98–102. <https://doi.org/10.3109/13561820.2013.851073>
- Cottingham, M. D., Johnson, A. H., & Erickson, R. J. (2018). “I can never be too comfortable”: Race, gender, and emotion at the hospital bedside. *Qualitative Health Research*, 28(1), 145–158. <https://doi.org/10.1177/1049732317737980>
- Erickson, R. J., & Grove, W. J. C. (2008). Emotional labor and health care. *Sociology Compass*, 2(2), 704–733. <https://doi.org/10.1111/j.1751-9020.2007.00084.x>
- Evans, L. (2013). *Cabin pressure: African American pilots, flight attendants, and emotional labor*. Rowman & Littlefield.
- Ghazal, L. V., Ma, C., Djukic, M., & Squires, A. (2020). Transition-to-U.S. practice experiences of internationally educated nurses: An integrative review. *Western Journal of Nursing Research*, 42(5), 373–392. <https://doi.org/10.1177/0193945919860855>
- Griffith, D. M., Childs, E. L., Eng, E., & Jeffries, V. (2007). Racism in organizations: The case of a county public health department. *Journal of Community Psychology*, 35(3), 287–302. <https://doi.org/10.1002/jcop.20149>
- Wever, C., & Zell, S. (2017). Re-working self-care: From individual to collective responsibility through a critical ethics of care. In B. Pease, A. Vreugdenhil, & S. Stanford (Eds.), *Critical ethics of care in social work: Transforming the politics and practices of caring* (pp. 207). Routledge.
- Xiao, L. D., Willis, E., & Jeffers, L. (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. *International Journal of Nursing Studies*, 51(4), 640–653. <https://doi.org/10.1016/j.ijnurstu.2013.08.005>

# 6

## **Self-Care for LGBTQIA+ Nursing Students**



## what

- Read Chapter 6.
- List the additional stressors faced by LGBTQIA+ nursing students.

- Family expectations
- Social norms and assumptions
- Legally sanctioned discrimination, hate, and violence

For your reference, you might want to refer to this white paper on how to improve learning climate in nursing and other health professions schools: <https://healthdiversity.pitt.edu/sites/default/files/RecommendationsforEnhancingLGBTClimateinHealthProfessionalSchools.pdf>

- Given these additional stressors, self-care strategies are vitally important for the LGBTQIA+ nursing student. Describe the four LGBTQIA+-specific self-care strategies that the author suggests in this chapter.

1. **Explore "outness" in your own time and your own way:** Come out when you feel safe to do so. There is no "right" way to come out or to be an LGBTQIA+ person in nursing school.
2. **Find a mentor who shares your identity/ies:** This mentor doesn't have to share your identity, but if they do, they will be able to help you navigate nursing school and anticipate what to expect after you graduate.
3. **Seek out healthy ways of being in community with people:** Finding LGBTQIA+ people and being in community with them outside of school (and bars) can be scary but rewarding. Seek out an LGBTQIA+ group doing something you love, such as sports or a hobby.
4. **Focus on what your body can do, not on who your body can attract:** You (and your body) are perfect exactly as they are. Care for your body as the vehicle that will carry you through your life.

## why

This chapter opens with the famous quote by Audre Lorde: "Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare" (Lorde, 1988, p. 205). Why is caring for oneself an act of political warfare?

You might find some interesting food for thought in this brief essay by Rituparna Som:

<https://www.vice.com/en/article/nexbpz/is-self-care-an-act-of-political-warfare>

She writes, "When you're presenting your individual 'self' to a society that creates and supports homogeneity, then yes, self-care is a way to say that YOU matter. YOU are worthy. As an act of rebellion—that seems on point."

She also quotes Evette Dionne, who wrote, "And so saying that I matter, that I come first, that what I need and what I want matters I think is a radical act because it goes against everything that we've been conditioned to believe."

## do

### Activity 6-1: The Importance of Being Seen

If you identify as LGBTQIA+, how did it feel reading a chapter that was written in a voice that was clearly speaking to you? Think of times in your life when you have felt seen. What specific behaviors on the part of others make you feel this way?

If you identify as heterosexual and cisgender, how did it feel reading a chapter that was written in a voice that was clearly speaking to someone other than you? In what ways did the author express her compassion and understanding for her readers? Think of times in your life when you have felt seen for who you truly are. What specific behaviors on the part of others make you feel this way?

## reflect & journal

- In what ways can you be more intentional about helping others feel truly seen by you?
- Identity is complex—LGBTQIA+ nursing students aren't just LGBTQIA+. They hold other identities simultaneously: Black, Latinx, Indigenous/Native, Jewish, Christian, Muslim, atheist, first generation college student, and so on. LGBTQIA+ nursing students may also be persons with disabilities or persons for whom English is the second language they learned.

What identities do you hold? How do you care for each of those identities?

Encourage *all* students to think about the identities they hold: a nursing student, a daughter, a friend, a leader, the jock, the funny one. Each role has a different persona. Invite students to explore how they present themselves in each role and how comfortable and authentic they feel in each. We hope they will develop additional empathy for themselves and for their fellow students who embody complex identities.

## reference

Lorde, A. (1988). *A burst of light: And other essays*. Courier Dover Publications.

# 7

## **Nursing Our Identities: Self-Compassion and Intersectionality**

## what

- Read Chapter 7.
- Explain the differences between self-worth, self-esteem, and self-compassion as described in this chapter.

Self-identity defines who we are objectively and is directly shaped by the similar concept of *self-worth*, a subjective perception of ourselves that acts as a motivator for actions and behaviors in the present. Depending on our interpretations of experiences, self-worth may obscure the internal examination of our interconnected identities that define us. It can be constructed in two ways: 1) *self-esteem*: a degree to which we evaluate ourselves positively, often based on comparisons with others, and 2) *self-compassion*: an ability to relate to ourselves via unconditional self-acceptance (Germer & Neff, 2019).

*Self-compassion*, a transcultural concept prevalent in the East and West, refers to learning how to treat ourselves as we might naturally treat others when they suffer, fail, or feel inadequate. Whereas mindfulness invites us to open ourselves to suffering with spacious awareness, self-compassion allows us to be kind to ourselves during these bouts of suffering.

- What are the three components of self-compassion?

The three components of self-compassion are self-kindness, common humanity, and mindfulness.

- What are the specific benefits of self-compassion?

Self-compassion not only promotes resiliency, motivation, and self-concept but may mitigate worry, rumination, and other forms of internal conflict (Germer & Neff, 2019). For the chapter author, self-compassion helped him “find confidence in who I am and celebrate my predisposition toward open-mindedness, empathy, and childlike curiosity.”

## why

This chapter deepens our examination of the diversity of self-care practices. Why is our culture or family heritage so important to our personal well-being?

The culture and heritage of the chapter author’s family, such as his family’s beliefs about homosexuality, were often detrimental to his well-being. When he began studying his family’s Philippine heritage, he was able to place himself in a historical context, which was meaningful to him.

Invite students to think about their own families of origin and the influence they’ve had on their self-care behaviors. For example, in a hard-driving family, rest may be considered “lazy” or an indulgence. A family of athletes probably supported physical activity and exercise.

**do**

### **Activity 7-1: Cultural Heritage and Self-Care**

As a form of self-care and self-compassion, the author discovered, “To know ourselves requires an understanding of all the forces that have shaped us—notably, the distant past.” Based on your own and your family’s cultural traditions and experiences, what self-care do you practice that might not be included in the traditional self-care literature?

Are there self-care practices described in the traditional self-care literature or this book that may not be culturally appropriate for you?

### **Activity 7-2: Shaping Our Self-Worth**

Our sense of self-worth is a combination of self-esteem and self-compassion and is paramount in the discussion of self-care throughout the chapter. Take time to identify and list the myriad factors that shape your sense of self-worth. What factors are external (for example, approval of others), and which are internal?

This exercise is a wonderful opportunity to explore the “threads” that are woven into our self-worth and self-identities. So much of who we are is shaped by those around us. For example, if someone tells me I’m a good mother, I weave that recognition into my self-identity. I am more likely to try to support and grow that identity of being a good mother. The internal and external factors interact with one another, too. I may want to be a writer, but I may not fully embrace that identity until an external source (a teacher, an editor) acknowledges my writing ability.

### **Reflect & Journal**

- When the author turned to historical research as a form of self-care, this illustrates an excellent example of “resourcing,” as described in Chapter 4. What forms of resourcing do you rely on now? What additional forms could you add to your tool kit?
- The chapter author exposed vulnerability by sharing experiences of what he considered “failures.” Write about a time when you have failed. How did you move through that adversity? How did you care for yourself or show yourself compassion? What would you say to that earlier version of yourself now?

## reference

Germer, C., & Neff, K. (2019). *Teaching the mindful self-compassion program: A guide for professionals* (1st ed.). The Guilford Press.

# 8

## **Narrative Practices**

## what

- Read Chapter 8.
- This chapter is about paying attention. How can narrative practices, and other activities that foster deep awareness, help you become a better clinician?

Narrative practices have the capacity to increase empathy and attention skills as well as broaden self-awareness.

Narrative practices, reflective writing, and intellectual discourse have a common thread: the necessity of paying close attention. Research on narrative medicine for nurses and physicians suggests that engaging closely with the arts or literature (for example, if you're examining a piece of literature, spending time looking deeply into writing style, theme, tone, and voice) can, over time, increase empathy scores and attention scores on various scales (Mangione et al., 2018; Ward et al., 2012).

Uniquely ours, lived experience is an important aspect of our lives to examine because from it, we will know ourselves better. In knowing ourselves better, we'll better understand our own critical self-care needs.

- Describe the three levels of resonance, or caring: sympathetic, empathetic, and compassionate.

*Sympathetic resonance* is an example of physical entrainment, in which periodic behavior of one object can be communicated to another, even when there are no direct physical connections between the two (Dawson & Meddler, n.d.). Sympathetic resonance is best observed in nonliving objects, like the strings of a violin or other musical instrument. *Empathic resonance* is essentially connecting with—or vibrating with (if that's a phrase you can relate to)—another person's emotional state. Empathic resonance is absolutely crucial when it comes to the healing arts, regardless of your profession within healthcare (Richards, 2018). As nurses, we experience empathetic resonance when we encounter a patient who is suffering. Through narrative practices that we'll explore in this chapter, you can practice your skills at empathetic resonance and reading "the space in between." It is in this "space in between" where the empathetic resonance passes and occurs.

*Compassionate resonance* occurs when we recognize and connect with someone else's suffering and then take the next step of doing something about it. Compassion reflects action. It does not always mean that we will end the suffering of another, but we must make efforts (even if those efforts are thoughts) to help decrease it.

There are many ways to conceptualize the "space in between." You may want to refer to Chapter 14 on T'ai Chi for more on this concept.



## why

In considering our ability to reflect, defract, and deflect emotions, why is awareness of this phenomenon so important to nurses? What examples can you provide?

When we feel emotions that others see and share, that is *reflection*; think, “Laughter is contagious.” When others see us respond with an emotion and they respond in a different way, that is *refraction*. When others see us experiencing emotion and then shut down or display a flat affect, that is *deflection*. For nurses, it is important for us to be aware that patients, families, and even colleagues may be refracting or deflecting difficult emotions when they don’t respond the way we might expect them to respond. A mother whose child is gravely ill might not respond with tears, as we might expect. Instead, she might respond with stoicism or nervousness. It does not mean her concern isn’t deep, but she may be deflecting or refracting her emotions.

## do

### Activity 8-1: Visual Arts

In groups of three or four, collectively select a famous painting or sculpture. You may consider browsing websites of a local art museum to find images on the web. Once you find the image, designate one person in the group to prompt discussion questions about the image. (This exercise may certainly be done on your own, but it is an excellent group activity.) Here is a list of museum websites:

- **The Tate Modern:** <https://www.tate.org.uk>
- **The Metropolitan Museum of Art:** <https://www.metmuseum.org>
- **Museo Botero:** <https://www.banrepcultural.org/bogota/museo-botero>
- **The National Bardo Museum:** <http://www.bardomuseum.tn>
- **Tokyo National Museum:** <https://www.tnm.jp/?lang=en>
- **National Museum Australia:** <https://www.nma.gov.au>

Ask the following questions of the group, and allow time for everyone to respond.

1. What comes to mind first when you see this image?
2. What is the first feeling (if any) that comes up for you?
3. Look closely now at the textures of the image. What do you see?
4. Look closely now at the colors in the image. What do you see?
5. What do you think the artist was trying to say with this piece of work?
6. If you could meet the artist right now, what would you tell them about this work?

Activity 8-1 could be done as a classroom activity, as could reading Dr. Mathieu's poem together as a class. Or you might want to try the same activity with music. As a class, listen to Handel's "Largo from Xerxes: Ombra mai fu" or any other piece or genre.

Music (allow at least 30 minutes to complete this exercise): In groups of three or four, listen to the selected piece at least three times, with your eyes closed, and let your mind wander to wherever it chooses to go. Designate one person in the group to prompt discussion questions about the music.

Ask the following questions of the group and allow time for everyone, including the person giving the prompts, to respond.

What comes to mind when you first listen to this music?

What is the first feeling (if any) that comes up for you?

Listen closely to the rhythm of the music. What do you hear?

Listen closely to the tone or mood that this music evokes. What do you hear?

What do you think the artist was trying to say with this piece of work?

If you could meet the artist right now, what would you tell them about this work?

## Activity 8-2: Capturing Your Own Experience in Art

Think of a patient encounter or healthcare experience that had meaning to you. Select an art form—prose or poetry writing, painting, drawing, collage, music, photography—and convey your experience of this encounter. Relax and enjoy this process. There is no right or wrong, good or bad.

## reflect & journal

- In this chapter, the author writes, "That calling [to become a nurse] is at the core of our lived experience. Uniquely ours, lived experience is an important aspect of our lives to examine because, from it, we will know ourselves better. In knowing ourselves better, we'll better understand our own, individual and critical self-care needs." Write about your calling to become a nurse. What is your story?
- Select a narrative of health, illness, or healing to read. You may choose one included in this chapter (for example, *Violation*, *When Breath Becomes Air*, *Fun Home*, or choose one of the many others that have been written. If an entire book feels daunting, select an essay or short story. Use the narrative practice skills we have discussed to reflect on the work you chose. How did the work make you feel? How did it change you? What did it convey about the author and their experience of health, illness, or healing?

**55-word stories.** We also refer you to Colleen Fogarty's (2010) work using "Fifty-Five Word Stories" for personal reflection and teaching. These are "brief pieces of creative writing that use elements of poetry, prose, or both to encapsulate key experiences in healthcare" (p. 400).

Fogarty, C. T. (2010). Fifty-five word stories: "Small jewels" for personal reflection and teaching. *Family Medicine*, 42(6), 400–402. <https://pubmed.ncbi.nlm.nih.gov/20526906/>

## references

- Dawson, M., & Meddler, D. (n.d.). *Dictionary of cognitive science*. University of Alberta.  
[http://www.bcp.psych.ualberta.ca/~mike/Pearl\\_Street/Dictionary/contents/S/sympres.html](http://www.bcp.psych.ualberta.ca/~mike/Pearl_Street/Dictionary/contents/S/sympres.html)
- Mangione, S., Chakraborti, C., Staltari, G., Harrison, R., Tunkel, A. R., Liou, K. T., Cerceo, E., Voeller, M., Bedwell, W. L., Fletcher, K., & Kahn, M. J. (2018). Medical students' exposure to the humanities correlates with positive personal qualities and reduced burnout: A multi-institutional U.S. survey. *Journal of General Internal Medicine*, 33(5), 628–634.  
<https://doi.org/10.1007/s11606-017-4275-8>
- Richards, R. (2018). Empathy and relational creativity. In R. Richards (Ed.), *Everyday creativity and the healthy mind* (pp. 243–265). Palgrave Macmillan.
- Ward, J., Cody, J., Schaal, M., & Hojat, M. (2012). The empathy enigma: An empirical study of decline in empathy among undergraduate nursing students. *Journal of Professional Nursing*, 28(1), 34–40.  
<https://doi.org/10.1016/j.profnurs.2011.10.007>

# 9

## **Mindful Compassion: A Life in Practice**

## what

- Read Chapter 9.
- Describe *beginner's mind*. How do we foster it? What are the barriers to it? How can this fresh perspective make us more compassionate in our work?

Beginner's mind is the capacity to see things, no matter how mundane or common. This skill sounds simple but is one of the most challenging qualities to bring forth in our clinical work.

Beginner's mind is a quality of *compassion*, of *suffering with*. Beginner's mind asks us to have an open and receptive orientation toward any experience, however difficult or easy, however rare or common, however complex or simple. It is a challenging quality to maintain, as there are so many things that pull our attention and focus away from the present moment mindset, even if we have consciously and intentionally set our mind to see things freshly and experience moments as if they have never occurred before.

Barriers to beginner's mind are external and internal distractions. External distractions include phone calls and other interruptions. Internal distractions include the awareness of time pressures, the multiple tasks that need to be completed, the striving not to miss "big" or "risky-if-missed" diagnoses.

A fresh perspective, or beginner's mind, allows us to see our patients with fresh eyes, to go beyond the expected and our assumptions to fully experience their suffering.

## why

The author uses mindfulness and the practices described in the chapter to make him a more compassionate physician. Why is this ability important to his well-being?

Feeling compassion for others is better than the alternative, as demonstrated by this passage:

I currently see a patient I have been caring for a number of years who is now suffering from the ravages of alcoholic liver disease. There are times when it seems, despite severe illness requiring hospitalization for gastrointestinal bleeding or peritonitis, that he won't make the changes necessary to decrease his risk for further complications or for, dare I say, saving his life. And I have noticed moments of awareness when I feel within me anger, disgust, and disbelief arising. Yet, there are also moments when I cannot only imagine but also feel and see the fear he lives with, the dread that his wife holds, and even the beauty of two people doing the best they can or being the best they can be in that moment. And I find that there is almost always a choice in how I want to hold his situation and his illness in my awareness. And that holding can be described in no other way than compassion, simply being with the suffering. Part of that is also having self-compassion for my own sense of helplessness and for the human part of me that experiences those sensations of frustration, anger, and disgust. Sometimes it is helpful to me to simply acknowledge the presence of suffering of the patient. When I can and when I do, there is an inclination toward compassion.

The author closes his chapter with this:

We are all embedded in a complex web of interdependence, and human survival as well as human flourishing depends now and has always depended on our cooperation and connection. Compassion, which includes the triad of recognizing suffering, emotionally resonating with it, and taking action to relieve it, is a prosocial imperative for humankind. Health professionals, through the intimacy of their encounters with suffering and their capacity to provide real, tangible healthcare, are the human embodiment of society's capacity to express concern, provide care, and enact compassion. Self-compassion cannot be separated from this because they must coexist. Compassion that embraces attentiveness, awareness, and love of humanity—philanthropy—in the end is as much a giving as it is a receiving and remains a moral beacon for all health professionals.

**Designed for compassion:** You might want to engage your students in discussion about Elgin Cleckley's sidebar in this chapter about compassionate design. Read the passage and ask students what they have observed about the hospital settings they have encountered. What aspects would they describe as compassionate? What elements are designed for compassion?

do

### Activity 9-1: Developing Beginner's Mind

At the heart of beginner's mind is the ability to see things with fresh eyes, even (or especially) things that we take for granted, that blend into the background of our everyday lives. For at least one day, be intentional about noticing the everyday objects, buildings, natural elements, and people of your life with fresh eyes. What changes? In Chapter 3, we talked about an “appreciative eye,” that there is beauty in everything. Do you notice more beauty when you use a beginner's mind?

### Activity 9-2: Developing Compassion

Now that you have gotten a taste of beginner's mind, try taking this technique a step further. View one of the paintings the author suggests in his chapter: Van Gogh's *Sorrowing Old Man (At Eternity's Gate)*, Leo Twiggs's *Hooded*, Goya's *Self Portrait with Dr. Arrieta*, and Sir Luke Fildes's *The Doctor*.

Take a few moments to look at the painting, allowing yourself to empathically resonate and allowing compassion to arise. Notice what you observe in the painting. Notice what you observe in yourself. Notice what you would say or do if you met the people as they are depicted in these photographs.

### Activity 9-3: Waiting Room Observation

Set aside an hour to sit in a busy waiting area. This can be in a hospital, but it can also be a department of motor vehicles, train station, or airport. Spend this time focusing your attention on one individual at a time. Try to imagine what their day has been like so far. Where did they sleep? What did they consume for breakfast? Why are they in this particular space, and how did they get here? What are they worried about? What might they be looking forward to? Whom do they love? Who loves them? Your conclusions do not have to be factual or “correct”; they simply need to be details that humanize the individuals you observe.

## reflect & journal

- The chapter author includes this Blaise Pascal quote: “In difficult times carry something beautiful in your heart” (Goodreads, n.d.). What does Pascal mean by this? Why did the author include it?
- Do you believe it is possible to feel compassion toward someone whom you dislike or even despise? Why or why not?
- Write, write, write, write. When you have a meaningful encounter, positive or negative, take the time to process it through writing. It doesn’t have to be perfect, but let the words flow. Then let it go. See what you learn.

## reference

Goodreads. (n.d.). *Blaise Pascal quotes*. <https://www.goodreads.com/quotes/410084-in-difficult-times-carry-something-beau>

# **10**

## **Self-Care and Systemic Change: What You Need to Know**



## what

- Read Chapter 10.
- There are pitfalls to focusing on individual self-care above all else. What are the author's concerns about this?

Self-care practices alone do not ensure your well-being and professional satisfaction.

The top causes of nursing burnout are excessive workload; moral distress; and lack of resources, professional autonomy, and decision-making authority (Mudallal et al., 2017).

Self-care practices focus on the individual practitioner in isolation, rather than as a professional member of a team and complex system. One unintended consequence of promoting self-care practices as a way to reduce burnout is the focus on the individual practitioner as the problem to be fixed and not the systems causing the stressful work environment. Many hospitals and clinical practices offer programs that focus on the individual clinician, such as mindfulness-focused workshops and incentivized exercise programs. It follows, however, that if work stress is the result of inadequate staffing, lack of practice autonomy, and interprofessional collaboration, for example, self-care alone will not remedy these issues. Organizational leadership must focus on solving these complex issues with more than clinician-focused programs (National Academies of Sciences, Engineering, and Medicine [NASEM], 2019); Shanafelt & Noseworthy, 2017).

- Explain moral distress in your own words. Provide at least one example.

A leading cause of burnout in nurses is moral distress (Epstein et al., 2019). *Moral distress* is generally defined as the belief that you know the morally right thing to do but cannot do it because of external or internal barriers. The root causes of moral distress are institutional causes, not personal ones.

Common causes of moral distress include continuing aggressive care not in the best interests of the patient; watching patient care suffer from lack of provider continuity; staffing shortages that endanger patient care; and poor team communication (Whitehead et al., 2015). However, moral distress is *experienced by* the individual nurse, physician, or other clinician. In other words, you experience moral distress, but its cause is rooted in the work environment.

- What is the #selfcare movement? Why is it potentially harmful for true well-being?

The #selfcare social media movement is frequently presented as a hyper-feminine form of self-indulgence. From bubble baths to spa days, what is depicted on social media is often a caricature of self-care practices aimed at selling products and competing with one's Instagram followers. The explosion of the #selfcare movement has created a \$10 billion industry (Silva, 2017).

The #selfcare movement is often misleading and needs to be differentiated from the self-care practices in this book.

The #selfcare message echoes unhelpful gender stereotypes of pampered women and in no way reflects the mental work intrinsic to a true self-care practice.

Additionally, studies show that #selfcare is creating yet another arena for public display and competition, contributing to a negative self-image in those judging themselves lacking in Instagram-mable self-care practices (Lieberman, 2018).

## why

- Why is the “mythology of heroic, self-sacrificing women who cared for the sick” problematic for the well-being of today’s nurses?
- The author writes, “Pairing self-care practices with advocacy empowers nurses to change systems that are not promoting health for all.” Why is this pairing so important?

## do

### Activity 10-1: The Mythology of Nursing

This chapter links the origin of myths and stereotypes of nursing to many of the underlying systemic issues in healthcare today. Dig a little deeper into this notion of potentially harmful perceptions of nursing and nurses. What misperceptions have you personally encountered? What stereotypes did you grow up with? Have these stereotypical images changed since you’ve become a nursing student?

### Activity 10-2: #selfcare

In Chapter 1, we invited you to do a Google search of self-care practices. Our goal was to give you a broad sense of the self-care activities and options available to you as you begin this journey. We suggested that you view your search results through a personal lens: What practices were appealing to you? Which were you curious to learn more about? Now we invite you to revisit your Google search, or do another one, and look at the search results through the #selfcare lens. Which create unrealistic expectations? Which may not be based in good science? Which promote unhelpful stereotypes? Which are actually ridiculous? Which might be harmful?

## reflect & journal

- Imagine yourself in an unhealthy work environment. (We hope this doesn’t happen to you.) What would you do in that situation? What options might you have?
- It is discouraging to think that your workplace may not prioritize the well-being of its employees. As we wrote in the editors’ introduction to the textbook chapter, there is a tension between self-care and institutional responsibility. Give yourself some time and space to reflect and write on this difficult issue.

## references

- Epstein, E. G., Whitehead, P. B., Prompahakul, C., Thacker, L. R., & Hamric, A. B. (2019). Enhancing understanding of moral distress: The measure of moral distress for health care professionals. *AJOB Empirical Bioethics*, 10(2), 113–124. <https://doi.org/10.1080/23294515.2019.1586008>
- Lieberman, C. (2018, August 10). How self-care became so much work. *Harvard Business Review*. <https://hbr.org/2018/08/how-self-care-became-so-much-work>
- Mudallal, R. H., Othman, W. M., & Al Hassan, N. F. (2017). Nurses' burnout: The influence of leader empowering behaviors, work conditions, and demographic traits. *Inquiry: A Journal of Medical Care Organization, Provision, and Financing*, 54. <https://doi.org/10.1177/0046958017724944>
- National Academies of Sciences, Engineering, and Medicine. (2019). *Taking action against clinician burnout: A systems approach to professional well being*. The National Academies Press. <https://doi.org/10.17226/25521>
- Shanafelt, T. D., & Noseworthy, J. H. (2017). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings*, 92(1), 129–146. [https://www.mayoclinicproceedings.org/article/S0025-6196\(16\)30625-5/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf)
- Silva, C. (2017, June 4). *The millennial obsession with self-care*. NPR. <https://www.npr.org/2017/06/04/531051473/the-millennial-obsession-with-self-care>
- Whitehead, P. B., Herbertson, R. K., Hamric, A. B., Epstein, E. G., & Fisher, J. M. (2015). Moral distress among healthcare professionals: Report of an institution-wide survey. *Journal of Nursing Scholarship*, 47(2), 117–125. <https://doi.org/10.1111/jnu.12115>

# 11

## **Strengths-Based Self-Care: Good Enough, Strong Enough, Wise Enough**

## what

- Read Chapter 11.
- What is the “victim narrative”? How can it be detrimental to well-being?

The “victim narrative” is a response to adversity that blames others rather than taking responsibility; in other words, it’s allowing yourself to believe that you are stymied by factors far beyond your control, and worse, that you can just give up because of them (Edwards et al., 2010).

The victim narrative can lead to withdrawal, pulling away from social connections, and giving up. The “victim” feels powerless to make change, and that feeling becomes a self-fulfilling prophecy.

- Explain posttraumatic growth (PTG) in your own words.

In essence, PTG encourages people to consider what they have learned from past traumatic experiences, how they have grown emotionally, and how have they become psychologically stronger after stressful or traumatic experiences.

- What are the five elements of PTG?

1. **Personal strength:** How do you see yourself as changed because of the traumas you’ve experienced, and how have you become stronger because of them?
2. **Closer relationships:** When you think about the relationships that have withstood the traumas in your life, how have they changed? Which ones have lasted, and what strength do you find in them?
3. **Greater appreciation for life:** How do you see life differently now as a result of your traumas? What do you value more now? What in life brings you joy?
4. **New possibilities:** Do you think about certain aspects of your life differently now, and in doing so, how have those perspective changes inspired you to experience innovative ideas? What do you do differently now in your life that builds resilience for yourself and others?
5. **Spiritual development:** What are your new views on spirituality, having withstood the traumas in your life? How have these views changed, and what sort of spiritual wisdom have you noticed in your own self?

- List the five aspects of high emotional intelligence.

1. Self-awareness
2. Self-regulation
3. Motivation
4. Empathy
5. Social skills

## why

Why might “not taking it personally” be one of the most valuable tools in your self-care tool kit?

This exercise provides another opportunity to help students consider different ways of responding to difficult patients and families. Patients come to us not on their best days, but often on their worst.

## do

### Activity 11-1: Growth From Trauma

Take some time to read about a person you admire. They could be a civil rights or political leader, community advocate, artist, scientist, businessperson, or celebrity. You might choose a nurse, friend, or loved one. As you learn about this person, consider any trauma that they experienced. How did that trauma lead to transformation and growth? What strengths did they draw on to help them navigate the traumatic event?

You might want to share some of the videos that are available (and free) on the University of Virginia Wisdom through Adversity website. The site includes a 55-minute documentary, *Choosing Wisdom*, but there are also smaller clips, including an 8-minute video of Lawrence Calhoun explaining the history of posttraumatic growth (in the “For Physicians” section).

<https://med.virginia.edu/wisdom/about-our-work/pbs-documentary-book/>

### Activity 11-2: Inherent Strengths Inventory

This chapter contends that we all have inherent strengths, and we can build on these strengths as a form of self-care. In other words, we don’t have to begin from scratch, and we don’t have to learn everything anew. We each have qualities and characteristics that will help us navigate adversity, grow, and maintain our well-being. We invite you to create your own strengths inventory. Consider traits that are included in this chapter, but we encourage you to expand your view to include other qualities as well.

## reflect & journal

How have you moved through adversity or trauma in your life? How did that experience transform you in good ways and bad?

## reference

Edwards, D., Burnard, P., Bennett, K., & Hebden, U. (2010). A longitudinal study of stress and self-esteem in student nurses. *Nurse Education Today*, 30(1), 78–84.

# **section III**

## **The Body and Spirit of a Nurse**

# 12

## **Reclaiming, Recalling, and Remembering: Spirituality and Self-Care**



## what

- Read Chapter 12.
- How does this author define “spirituality”?

For the purposes of this chapter, *spirituality* is that which sustains and nurtures us in the critical, chaotic, suffering moments in our lives. It is not necessarily related to (but certainly could be) any particular religious belief or theological understanding. It is defined by those things that give us meaning in life, the core beliefs and values that ground and center us, and the relationships that we trust and depend on to hold us when we can no longer hold ourselves. It is what invites us to find joy in the midst of sorrow and sadness, and it is what allows us to move toward gratitude and hope when what we love most is about to slip away from us.

- What does the author mean by “vocation”?

Vocation is a voice calling from within inviting us to do that which brings us joy while meeting the deepest needs of those in the world (Buechner, 1993, p. 119). I fully believe that our vocation calls us, and when we listen deeply to our heart's desires, we will respond to that call with excitement and passion. When what we do matches the joy and passion within us, whatever bumps in the road we may encounter will not deter us from our commitment and purpose in life.

- Describe the term “paradoxical thinking,” and give three examples.

The author writes, “I have learned in my work with clinicians that the work of healthcare is becoming more and more stressful. Patients seem to be arriving sicker and sicker, and families are arriving with heightened emotions that often get directed toward the staff who are caring for their loved ones. Some staff are able to go beneath the surface emotion (often anger) and see the deeper emotion (fear of losing their loved one). When this translation of the surface emotion occurs, staff are able to live in the tension between the two. This is what I mean by *paradoxical thinking*—holding two contradictory thoughts or opinions or emotions simultaneously—living in the tension of the both/and. The family is angry and afraid at the same time. The emotion most easily recognized is the anger; the one that can go unnoticed is the fear, the emotion that makes us more vulnerable.”

Examples include anger and fear; anxiety and excitement; grief and relief.

This provides another opportunity to talk about fostering compassion and “not taking it personally,” as discussed in Chapter 11.

## why

Why is it important to acknowledge and talk about “our true selves”?

Our task throughout life is to recall the “true self” given to us at birth. It is this recalling that will invite us to live fully into our gifts and reclaim our health and wholeness. The author suggests that living into our true selves will support our own well-being as well as our ability to care for others with compassion.

## do

### Activity 12-1: Defining a Belief System

Consider your own belief system or your guiding principles, and write answers to the following questions.

- Who, or what, encouraged you to believe as you do? What in your own life narrative has led you to these beliefs?
- Are your beliefs based on a traditional spiritual practice or something else?
- What specifically are your guiding principles?
- How do your guiding principles affect your daily living? (This could include decision-making, self-care, or simply the way you show up in the world.)
- How do you nurture your spiritual practice or belief system?
- Tell a story about a time that your spiritual practice allowed you to move through a challenging time to a place of peace, compassion, love, or hope.

## reflect & journal

- How will your values or beliefs guide your professional role as a nurse?
- The author includes a quote by Parker Palmer (2000), who says we will find our vocation by accepting the “treasure of true self” we already possess. He encourages us to listen for and nurture that true self. Do you think you know who your true self is?

## references

- Buechner, F. (1993). *Wishful thinking*. HarperOne.
- Palmer, P. (2000). *Let your life speak*. Jossey-Bass.

# 13

## **Sleep, Exercise, and Nutrition: Self-Care the Kaizen Way**

## what

- Read Chapter 13.
- Explain the philosophy of Kaizen. How does it relate to a self-care practice?

Kaizen is a Japanese term that means “good change.” Car manufacturing companies, like Toyota, have used this concept to identify small problems and feasible changes that can be made to fix them (Hosono, 2020). By taking a “bite-sized” approach to change, rather than trying to fix and change everything at once, change can happen, sustainably, over time. What’s best about Kaizen is that change is manageable. You don’t have to climb the mountain today or finish the whole marathon right away—you just have to take one step forward. When you think of Kaizen, think about incremental change and remember that self-care is a practice. It needs repetition, and it can become easier over time.

- List six nonpharmacological sleep aids.

- Follow regular sleep cycles, when possible.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smartphones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.
- Limit your caffeine intake during the day.
- Avoid exercise late in the day.
- Don’t smoke.
- Take a hot bath or shower before bed.
- Keep your bedroom cool.
- Turn the clock face away from your bed so you don’t “watch the clock” when you’re having trouble sleeping.
- Try to get 30 minutes of natural sunlight each day.
- Try aromatherapy.
- Nap during the day.
- Use sleep apps, such as Calm.
- Try reading before bed.
- Relax your facial, neck, and shoulder muscles.
- Try “resourcing,” as described in Chapter 4. Thinking about things that create positive or neutral feelings can slow down “rabbit brain” that prevents sleep.

- What are some of the well-being benefits of exercise? Of sexual activity?

- Sleep enhancer
- Physical health benefits: heart disease prevention, diabetes self-management, and so on
- Emotional and spiritual benefits
- Social connection
- Sexual activity can buffer the stress of everyday life. In a study examining sexual habits, sex appeared to relieve stress by disrupting the escalation of stress from one day to the next (Eindor & Hirschberger, 2012). Sex also produces health benefits, including maintaining circulator, neural, and muscular functionality of genitalia; acting as a preventive for prostate cancer in men; and counteracting vaginal atrophy in women (Levin, 2007). Further, sexual intimacy can foster the desire needed for durable relationships. Relationships are essential for coping throughout life, and they incur advantages.

- What are the barriers to healthy, nutritious eating faced by many nurses? (You may want to refer to Chapter 1 in the textbook as well.)

Barriers to nutritious eating include long work hours and exhaustion, making it difficult to prepare healthy meals. Nurses often work in unhealthy food cultures where baked goods and vending machines are plentiful but healthy options are not.

## why

There are so many voices (experts and otherwise) telling us what to eat to maintain good health. In determining your own nutrition choices, who is the most important expert and why?

Listen to your body. It's as simple as that. Students will explore this concept more in Activities 13-1 and 13-2.

## do

### Activity 13-1: The Sleep-Exercise-Nutrition Triangle

This is an exercise to foster awareness of the connection between the three sides of the sleep-exercise-nutrition triangle and to help you pay attention to your own physical well-being. For seven days, keep track of your sleep, physical activity, and nutrition with simple +, -, or = signs: + indicates that you feel you did well in caring for yourself and meeting your physical needs; - indicates that you think you could have done better; and = indicates you aren't sure, or you are simply satisfied but not impressed. If you'd prefer, you may provide more detailed information in your chart, but our goal is to keep things simple.

Day	Sleep	Exercise	Nutrition	Notes
Example	+	-	=	Pouring rain; couldn't run Ate ok; didn't snack
1				
2				
3				
4				
5				
6				
7				

After seven days, can you see any patterns? If you had poor sleep on certain days, did exercise and nutrition suffer on those days, too? Are you consistently getting enough sleep but not enough exercise? Describe all the patterns that you notice. What factors had an impact on your physical self-care during this week?

### Activity 13-2: Paying Attention

As you went through the week charting your physical self-care, we expect that you may have been paying close attention to your body in a new way. What kinds of things did you notice? What messages did your body send you? For example, how did your body feel after drinking beverages that contain sugar, caffeine, or alcohol?

### Activity 13-3: The Kaizen Way

Consider what you learned this week using a Kaizen mindset. Where do you see opportunities for small steps that might result in change? Think about the sleep-exercise-nutrition triad, and identify one small change you can make. Commit to it for 10 days. We offer a few suggestions to get you thinking. Of course, refer to the *Self-Care* textbook and other sources for ideas.

- Take the stairs instead of using the elevator.
- Turn off all screens 15 minutes before you lie down to sleep.
- Eat vegetarian for one meal a day.
- Pack healthy snacks—fruit, sugar-free yogurt, trail mix—in your backpack.
- Park farther away and walk.
- Use a sleep app to help you fall asleep.
- Eat one meal each day slowly and mindfully.
- Drink a glass of water first thing in the morning.

If this exercise resonates with you, consider adding one small change to the mix each week. Notice what larger changes begin to happen in your life.

## reflect & journal

- What if, in this moment, you are good enough? We can say with surety that you are good enough. This chapter is not about being good or bad, but about caring for yourself, especially your physical self. This chapter is about paying attention to your body so that you can respond to its needs. If your body needs something (more sleep, more movement, better fuel), you can make those changes slowly, one at a time.
- Write down all the reasons that you want to care for your body.

## references

- Ein-Dor, T., & Hirschberger, G. (2012). Sexual healing: Daily diary evidence that sex relieves stress for men and women in satisfying relationships. *Journal of Social and Personal Relationships*, 29(1), 126–139. <https://doi.org/10.1177/0265407511431185>
- Hosono, A. (2020). Kaizen toward learning, transformation, and high-quality growth: Insights from outstanding experiences. In A. Hosono, J. Page, & G. Shimada (Eds.), *Workers, Managers, Productivity* (pp. 45–67). Palgrave Macmillan.
- Levin, R. J. (2007). Sexual activity, health and well-being—The beneficial roles of coitus and masturbation. *Sexual and Relationship Therapy*, 22(1), 135–148. <https://doi.org/10.1080/14681990601149197>

# 14

## **Six Steps to Compassion: Practicing T'ai Chi in a Healthcare Setting**



## what

- Read Chapter 14.

If you have access to a T'ai Chi instructor at your institution or in your community, we strongly recommend you invite them to come and offer a class to your students. At the time of this writing, there were also online classes that individuals could sign up for. You could investigate arranging a virtual class for your students as well.

- T'ai Chi is considered an internal martial art. How does T'ai Chi differ from other fitness programs?

T'ai Chi constitutes an *internal* martial art. Its most profound effects—mental, physical, spiritual—happen in ways the eye cannot see. In addition to the physical benefits, this centuries-old practice allows even beginners to connect more compassionately with the world and feel restored.

- List at least six of the health benefits of T'ai Chi.

T'ai Chi has preventive, palliative, and curative benefits. It focuses on promoting ch'i flow, opening the joints, and dispelling stagnation along the meridians rather than building muscle, although muscles do strengthen considerably along the way. Practicing at a slow and steady pace provides a low-impact workout that strengthens the muscular, skeletal, and internal organ systems (Wayne & Fuerst, 2013). At more advanced levels, practicing slowly also improves reflexes and provides a strong foundation for responding quickly to life's challenges.

Tai' Chi reduces falls and enhances motor function in Parkinson's patients. It alleviates insomnia among breast cancer survivors and improves exercise capacity and quality of life in patients with COPD.

It also aids chronic conditions such as Type 2 diabetes, osteoarthritis, and hypertension. Finally, it can lower blood pressure, improve renal function, and lessen fatigue.

## why

Why might a health system consider offering T'ai Chi classes for its staff? What benefits might result?

First and foremost, T'ai Chi reacquaints medical practitioners with their own bodies after years of learning to subordinate their bodies' signals to the demands of healing others. Second, T'ai Chi's simple, low-cost requirements allow courses to be offered on-site in medical facilities, which in turn permits employees to drop in, "recharge," and return to work if necessary. Last but not least, T'ai Chi has the potential to help caregivers who find themselves struggling with clinical burnout, as they come to understand in an embodied way how compassionate awareness of self and other is inextricably intertwined.

## do

### Activity 14-1: Try T'ai Chi

We encourage you to avail yourself of a T'ai Chi class. Explore a T'ai Chi center in your local area, if possible. Some of author Master Hiromi Hangai Johnson's teachings can be found at: <https://www.charlottesvilletaichi.org/classes/student-resources/>. You can also take online classes; some are free.

### Activity 14-2: Sensing the Gap

This chapter describes something that we often refer to as the space between stimulus and response. Something happens to you—someone bumps into you, a friend annoys you, or a patient complains—and you have a brief moment when you may choose how to respond. That gap—that moment when we have a choice—provides more power and control than many of us realize. We have the freedom to choose our response to everything and everyone we encounter.

The chapter authors write that, “Rather than trying to smooth over gaps by eliminating them, T'ai Chi helps people notice the gaps and draws attention to their productive possibilities.”

For today, notice the gaps. Notice your power to choose.

## reflect & journal

The authors write, “There is always some sort of sensation in your body, but you're just not noticing it. If you are being observant about yourself, that will affect other people.” This is yet another reminder to pay attention, in this case to your body. What sensations are you feeling now? Check in with yourself as often as you can today.

## reference

Wayne, P. M., & Fuerst, M. L. (2013). *The Harvard Medical School guide to Tai Chi*. Shambhala Publications.

# 15

## **Reflections on Self-Care and Your Clinical Practice**

## what

- Read Chapter 15.

This chapter will give your students a chance to visualize themselves fitting self-care practices into their daily work routines. None of the activities described require extra time or money; they are all done in the context of a nurse's busy day. This chapter also reinforces the belief that we all have the power to choose how we respond in any given situation.

- How does this author create in-the-moment self-care opportunities in the middle of a busy clinical practice?

- Checking in with herself throughout the day: "How am I feeling?"
- Using transition rituals
- Honoring her own feelings, naming them, and writing them down
- Journaling
- Using "mini-moments" for gratitude reflections or deep breathing, recalling a happy memory
- Making eye contact with others and expressing gratitude
- Grounding (see also Chapter 4)
- Deflecting and redirecting
- Establishing and following her personal frame of reference
- Practicing Tonglen
- Establishing and maintaining boundaries

- What is a transition ritual?

A transition ritual is an intentional opportunity to prepare for and decompress from work shifts. In some cases, it is also an opportunity to name and acknowledge feelings and emotions. The author writes, "When I first started working as a nurse, I realized I needed a transition ritual to start and end my shifts. My way to do this is through journaling. By writing, I honor and validate my feelings, and without judgment, I can move through the emotions I am experiencing at the start of my day. This allows me to be more focused on my patients and families. As I leave work, particularly after a long and stressful shift, I sometimes do the same thing. This provides a positive transition to being at home with my family."

- What does the author mean when she writes about “set an intention” or “intention setting”?

She writes about this in the context of her Tonglen practice, and it describes her intentions about how she “shows up” for her patients. She writes, “When I practice Tonglen with my patients, I find the ability to connect to something tangible, something I could focus on when faced with any kind of suffering. Each person’s definition of suffering is different, and we are all showing up to an encounter with our own struggles, successes, views, feelings, biases, and values. It is when we can find a generosity for another and offer them loving-kindness that we can transform how we show up. For example, when I am about to cross the threshold of a patient’s room, I take three deep breaths. In those breaths I am receiving and giving loving-kindness before I even interact with the child and family in the room. I’m setting my intention from a foundation of kindness, in anticipation of what I will receive.”

## why

Why does the author sometimes cringe when she looks back on her early days as a nurse?

The author writes, “I was not always self-aware, and I projected my feelings in a way that didn’t serve me or my patients. In my desire to be helpful, I was certain I knew how someone felt and therefore, what they needed. I quickly came up with my truth about what they were experiencing, and even though I was well intentioned, I couldn’t possibly know. I was serving my truth over theirs.”

## do

### Activity 15-1: Transition Rituals

The chapter author uses journaling as a transition activity before and after her shifts. We know other nurses who use prayer, exercise, music, or meditation to help them prepare or decompress. What transition rituals have you used in the past, even if you didn’t name them as such? Try at least one transition ritual this week as you come and go to school or your clinical rotations.

### Activity 15-2: To-Be-Joyful (*not* a To-Do) List

In a chapter sidebar, Jennifer shares ways that she cares for herself on her days off. One way is to make a list of activities; the list makes her feel productive and allows her to intentionally focus on self-care. “This list keeps me reminded of activities outside of work that help me de-stress and stay organized. As I cross these tasks off my list, I earn my sense of productivity and feel ready to give back to others around me.”

Imagine that you have all the time in the world to do things that make you happy. Write a list of these activities.

### Activity 15-3: Frames of Reference

Review the author’s description of her frames of reference, her guiding principles for showing up as a nurse. What frames of reference do you think would serve you well in your clinical practice? How do they build on the guiding principles that you live by today?

### reflect & journal

- The self-care textbook has focused a lot of attention on physical self-awareness—noticing when you are tense, tired, thirsty, and more. This chapter approaches self-awareness from a different perspective. What kind of self-awareness makes the author the kind of nurse that she is?
- We especially love the author’s description of Tonglen practice and how she uses the practice to foster loving-kindness toward those she encounters in her practice. We encourage you to learn more about this practice as a way to “set your intentions” toward your patients.
- The chapter author closes by writing about boundaries as a form of self-care. What are your boundaries in your life today? What additional boundaries would you like to establish?

# **section IV**

## **The Transition to Nursing Practice**

# 16

## **Supportive Professional Relationships: Mentoring and Nurse Residency Programs**



## what

- Read Chapter 16.
- List the seven major challenges that newly licensed registered nurses face.

1. Delegation
2. Prioritization
3. Managing care delivery
4. Decision-making
5. Collaboration
6. Conflict resolution
7. Self-confidence

Kramer et al., 2012

- What are the goals of transition to practice nurse residency programs?

A structured transition-to-practice nurse residency program (NRP) provides a means of social support and a rich resource for mentoring. These programs are designed to help new nurses adjust to the realities of the nursing profession, support development in the professional role, and provide guidance for self-care during the transition to practice and beyond (Fink et al., 2008; Goode et al., 2016).

- Describe the benefits of having a mentor.

Mentoring can decrease stress levels in new graduate nurses and decrease anxiety in student nurses by providing socialization and emotional support (Kim et al., 2013; Van Patten & Bartone, 2019).

Student nurses have reported that mentoring has given them insight into the world of nursing, increased their confidence, increased their understanding of how to deal with difficult situations, and better prepared them for the realities of nursing (Lavoie-Tremblay et al., 2018).

- A nurse mentor can serve as a coach, counselor, confidant, encourager, friend, visionary, and resource. What roles should a mentor not embrace?

Mentors should avoid embracing the roles of advocate, mediator, judge, boss, or magician.

## why

Why should nurses and mentors set specific goals, and what might they entail?

The goals you set with your mentor will provide a roadmap for where you want to go and how to get there. Goals could include the following:

- Explore a particular career option
- Establish a career direction
- Ensure that you complete all the needed qualifications for the desired job
- Decide on an academic program to pursue and begin enrollment
- Improve working relationships with your supervisor and coworkers
- Develop technical or professional skills in a growing area
- Initiate and nurture a network of individuals who can help you in a newly identified career

**Classroom activities:** We encourage you to lead a class discussion about effective mentors the students have had. What made them effective mentors?

Share your own experience as a mentor and a mentee.

Ask students to interview other faculty or preceptors about their mentoring experiences.

## do

### Activity 16-1: Investigate Nurse Residency Programs

Spend some time researching hospitals or health systems and their nurse residency programs (NRPs). Do they meet all the criteria outlined in this chapter, such as being 9 to 12 months long, having an evidence-based curriculum, and so on? Are they accredited by the Commission on Collegiate Nursing Education (CCNE) or the American Nurses Credentialing Center (ANCC)? Do they offer evidence-based practice projects? (Review the NRP checklist at the end of the chapter.)

### Activity 16-2: S.M.A.R.T. Goal Setting

Goal setting is an important part of the mentoring experience for both the mentee and the mentor. But what is a good goal? What are some criteria by which you can assess the strength of a goal? One way to structure goals is by using the S.M.A.R.T. goal approach. S.M.A.R.T. stands for Specific, Measurable, Attainable, Relevant, and Time-based. Consider one goal for yourself that you can achieve this month. It can be anything related to school, work, home, or self-care. In the following table, complete a S.M.A.R.T. diagram for your goal. Enter the name of your goal and generate the

S.M.A.R.T. steps you will take to achieve it. Once you write this goal down, take steps toward completing it.

Name of Goal:	Responses:
<b>Specific:</b> Write details about what this goal entails.	
<b>Measurable:</b> Write exactly how you will measure accomplishment of this goal.	
<b>Achievable:</b> Is this goal achievable? How do you know? What have you achieved before this point that will help you know you can reach this one?	
<b>Relevant:</b> Write how this goal aligns with who you are, your personal beliefs, and your larger goals in life.	
<b>Time-based:</b> What is the realistic time frame during which you can begin to work on this goal and when you plan to achieve it? Are there milestones or checkpoints along the way that you can list to hit while you are achieving this goal?	

## reflect & journal

- It's not all about the mentor. It is also the mentee's responsibility to collaborate effectively with the mentor and develop a trusting relationship. Zachary (2012) came up with nine essential mentee skills, listed next. Consider your own skills for each of these areas. Where are your strengths, and where might you need some improvement? What might you do to strengthen some of these skills?
  1. Ability to receive and give feedback
  2. Self-directed
  3. Open communicator
  4. Taking initiatives
  5. Valuing self-reflection
  6. Ability to listen
  7. Ability to follow through
  8. Relationship building
  9. Ability to set goals
- In today's fast-paced "gig economy," some say that mentoring in nursing may be a dying art. How can you serve as a mentor to others today and in the future? Perhaps you are already serving in a mentoring role, either formal or informal. How can you reignite the art of mentoring?

## references

- Fink, R., Krugman, M., Casey, K., & Goode C. (2008, July–August). The graduate nurse experience: Qualitative residency program outcomes. *Journal of Nursing Administration*, 38(7–8), 341–348. <https://doi.org/10.1097/01.NNA.0000323943.82016.48>
- Goode, C. J., Ponte, P. R., & Havens, D. S. (2016). Residency for transition into practice: An essential requirement for new graduates from basic RN programs. *Journal of Nursing Administration*, 46(2), 82–86. <https://doi.org/10.1097/NNA.0000000000000300>
- Kim, S. C., Oliveri, D., Riingen, M., Taylor, B., & Rankin, L. (2013). Randomized controlled trial of graduate-to-undergraduate student mentoring program. *Journal of Professional Nursing*, 29(6), e43–e49. <https://doi.org/10.1016/j.profnurs.2013.04.003>
- Kramer, M., Maguire, P., Halfer, D., Budin, W. C., Hall, D. S., Goodloe, L., Klaristenfeld, J., Teasley, S., Forsey, L., & Lemke, J. (2012). The organizational transformative power of nurse residency programs. *Nursing Administration Quarterly*, 36(2), 155–168. <https://doi.org/10.1097/NAQ.0b013e318249fdaa>
- Lavoie-Tremblay, M., Sanzone, L., Primeau, G., & Lavigne, G. L. (2018). Group mentorship programme for graduating nursing students to facilitate their transition: A pilot study. *Journal of Nursing Management*, 27, 66–74. <https://pubmed.ncbi.nlm.nih.gov/30198617/>
- Van Patten, R. R., & Bartone, A. S. (2019). The impact of mentorship, preceptors, and debriefing on the quality of program experiences. *Nurse Education in Practice*, 35, 63–68. <https://doi.org/10.1016/j.nepr.2019.01.007>
- Zachary, L. J. (2012). *The mentor's guide* (2<sup>nd</sup> ed.). John Wiley & Sons, Inc. Jossey-Bass.

# 17

## **Healthy Work Environment: How to Choose One for Your First Job**

## what

- Read Chapter 17.
- List the six standards for establishing and sustaining a healthy work environment (HWE).

1. Skilled communication
2. True collaboration
3. Effective decision-making
4. Appropriate staffing
5. Meaningful recognition
6. Authentic leadership

You may ask: What is your favorite standard, the one that resonates the most for you? Share your own ideas.

- “Skilled communication” is a broad standard that includes a range of important topics. List at least five aspects of skilled communication in a healthy work environment.

Aspects include developing proficiency in communicating with patients and families to build relationship-centered care, strengthen trust in patients and team members, and prevent miscommunication and errors in patient care.

Foster respect and eliminate disrespect (follow ANA guidelines).

Identify bullying behaviors and cite examples of subtle and overt ones.

- What distinguishes the Daisy Award as a meaningful form of recognition for nurses?

The Daisy Award originated as one family's way to honor their son in his courageous battle with a rare blood disease and the nurses who cared for him. The Barnes family's passion and caring for the work of nurses have made this award a personal one for the nurse and hospital, as well as a national recognition. Nurses can be nominated by their peers, supervisors, and family members of a patient.

## why

Why are some environments healthier than others? What factors have you observed in clinical settings that have led you to say, “This would be a good place to work,” or “This is not a place I would like to work”?

In class discussions, ask for specific instances the student has witnessed and link back to one of the six standards, as in “Good example of authentic leadership in that nurse manager’s actions,” or “sounds like the unit’s nurses do not have a good way to communicate if this bullying is happening.”

This chapter is ripe for discussion opportunities. We have listed a few conversation starters here.

- 100,000 hours in a full career: Can you find a way to visually display this remarkable number? Is it overwhelming for students to think about? (For you?)
- Discussion of the nurse–physician relationship: What have students observed in their clinicals or in other settings?
- Discussion of priorities in choosing a first job.
- Meaningful recognition discussion: What kinds of recognition have your students observed? What kinds of recognition are most valuable to them? What do different types of recognition tell us about the nursing profession?
- Anxieties about first jobs.
- Discussion of HWE standards in the clinical environments where students have worked.

## do

### Activity 17-1: Identifying Priorities for Your First Job

Reflect on the priorities you might consider when choosing your first job in nursing. Rank the following criteria on level of importance from 1 to 7, where 1 has the highest importance to you and 7 has the lowest, at least in the early stages of your career. Use the table to rank these items, and briefly describe your reasoning or considerations for each ranking. We have included additional rows for you to add other priorities, if needed.

We encourage you to put yourself, as the instructor, in the students’ shoes. How did you choose your first position? Was it a difficult choice? What factors did you consider? Continuous nursing shortages have made many openings available across the US. Is this making decisions easier or harder for your students?

Priority	Rank (1–7)	Reasons for Ranking/Factors to Consider
Geographic location		
Specialty		
Reputation of organization		
Proximity to family and friends		
Availability or quality of a nurse residency program		
Type of hospital: teaching vs. community or private		
"Feel"/support of the work environment		
Other priority		
Other priority		

## Activity 17-2: Rocking the Interview

One strategy to land that first exciting position in your top hospital and unit is to shine in the interview. Following are several questions to consider. As you read through the list, consider what to add, and perhaps put a star next to the ones that underscore your most important values and priorities. We have used the HWE Standards to frame these as well as Jennifer Hargreaves's and Christine Pabico's 2020 article, "How to Choose Your First Nursing Job Wisely." They acknowledge that nurse leaders will carefully interview you to make sure you are the right fit. You should be doing the same interviewing: Is this hospital the right fit for you? Their suggestions come from the American Nurses Credentialing Center Pathway to Excellence Interview Tool (Hargreaves & Pabico, 2020).

### Interview Questions to Ask

1. Does your organization use the AACN Standards for an HWE? (Bring a copy to the interview.)
2. Is there Magnet® designation? Beacon units?
3. How long is the nurse residency program? What are the components?
4. Describe the orientation program. Is there a potential to increase it if needed?
5. What are the nurse turnover/retention and nurse vacancy rates for the past two years?
6. What do nurses state as their reason for leaving?
7. Are there programs for nursing staff development, such as Crucial Conversations, patient safety, and clinical topics? Are these programs interprofessional, including physicians and other disciplines?
8. Describe the shared governance program and the committees where staff nurses are engaged.
9. What happens when there is conflict or disrespect? Are there policies in place based upon the ANA recommendations?



10. How visible is the nurse manager on the unit? Do they wear scrubs, at least some of the time?
11. What are the biggest challenges nurses face each day? How is the nurse staffing determined? Has there been turnover in the nursing leadership recently?
12. Describe the clinical ladder. Are there awards for nurses? Is the hospital signed on to provide the Daisy Award to nurses?
13. What are the hospital's most notable successes?
14. Describe the programs for nurse well-being.

## reflect & journal

- Choosing your first nursing job probably feels stressful, but we hope this chapter has helped you feel a little less so. What are your concerns, fears, and worries about your first job? What elements of your first work environment might alleviate some of those concerns? (Note: Honest sharing from instructor to student to allay fears or mitigate them through an open dialogue is helpful. Perhaps say, “Just like me, you will have choices that reflect your values and ideals.”)
- This might be a good time to encourage you to reflect on all the accomplishments you have already achieved, all the challenges you have met with grace and energy, and the many skills you have mastered. Set a timer for 10 minutes, and make a list of all you are proud of about yourself. Write quickly, and do not think too much. Just write.
- The importance of “meaningful recognition” came to the fore during the COVID-19 pandemic. Citizens applauded healthcare workers during shift changes. We left our Christmas lights up through the winter to acknowledge their service. Many were celebrated as “heroes.” Yet in many hospitals, nurses felt the sting of “*unmeaningful* recognition,” such as free pizzas, buttons, or t-shirts. We often heard nurses say something like, “Don’t tell me I’m a hero. Just wear your damn mask.” What really *is* meaningful recognition? Does it depend on the circumstances? On the individual nurse? What meaningful recognition have you received or would you like to receive?

## reference

Hargreaves, J., & Pabico, C. (2020). How to choose your first nursing job wisely. *American Nurse Journal*, 15(5), 30–31.

# 18

## **Self-Care for Humanitarian Aid Workers**

## what

- Read Chapter 18.
- What are the global and humanitarian crises that give rise to the need to deploy healthcare workers?

Crises such as natural disasters (including floods, earthquakes, tsunamis, and volcanic eruptions), war, and the "Global War on Terror" are some examples that require help from international healthcare workers.

In addition to refugees, *internally displaced people* are those who are forced to settle in a different, unfamiliar part of their own country or in a camp within their own country. *Asylum seekers* must also flee their country, but because of the situation they will never be able to return. They must seek a new permanent home in another country (Human Rights Watch, 2001). As you can imagine, none of these people, while in flight from their homes, have adequate access to healthcare.

- What are the basic skills needed for nursing work in humanitarian settings?

- At least two years of nursing experience
- Language skills
- Cultural humility
- Flexibility

- What are the five forms of self-care the author and his colleagues used to care for themselves while helping Ebola victims?

1. Camaraderie
2. Music
3. Humor
4. Storytelling
5. Writing

## why

Why is self-care even more important for humanitarian aid workers than traditional healthcare workers? What additional stressors do they face?

- Cumbersome, hot, and unforgiving personal protective equipment (PPE)
- Exposure to highly contagious diseases and high mortality rates among healthcare workers
- Shortages of equipment and inadequate technology
- Supply chain challenges ("cold chain")

do

### Activity 18-1: Fictional and Nonfictional Healthcare Workers

Read, or reread, a book about healthcare workers in challenging circumstances. We offer a few wonderful choices to get you started. As you read, consider how self-care factors into the subject's work, if at all.

*The Plague*, by Albert Camus

*Cutting for Stone*, by Abraham Verghese

*The Shift*, by Theresa Brown

*Being Mortal*, by Atul Gawande

*Mountains Beyond Mountains*, by Tracey Kidder

### Activity 18-2: Interview Humanitarian or Pandemic Workers

Interview a student, a nurse peer, or a nursing professor who has worked in a humanitarian setting or during the AIDS epidemic of the 1980s and 1990s. You may also want to interview a nurse who worked during the COVID-19 pandemic. Ask them how to describe the work they did and what motivated them to care for their patients. What challenges did they face? How did they take care of themselves? How did they balance their work with the concerns of their families and loved ones?

### Activity 18-3: Blogging

We have encouraged you to reflect on your experiences with journal writing, but have you considered sharing your thoughts with others? Many humanitarian workers write online blogs so they can share their experience with others and feel heard, with the hope of creating change. Sharing personal narratives can be an opportunity for others, not only humanitarian nurses, to have their voices heard. Consider starting now. As a nursing student or early career nurse, what experiences would be of interest to others? What universal lessons and wisdom are you gaining that you could share with others? Determine your audience and your unique perspective, and write a blog post. You might also consider writing an editorial; your school of nursing probably has a communications director who would be willing to help you find a publication “home” for it.

Depending on the interest among your students, you could do a deeper dive into blogging. This could also be a project for individual students or groups of students during the course.

- Use resources online or in books about blogging guidelines and tips.
- Invite your communications director to speak to your class about editorial writing (or blogging if they are experienced in that).
- Brainstorm with the class their unique points of view and the audiences they could reach. The COVID-19 pandemic has certainly been a time when nursing voices were valuable; unfortunately, few frontline nurses had time to blog. Refer to *Isolation Mask* in Chapter 10 as an example of a nursing voice in the time of COVID. If you have students who would prefer to create poetry, artwork, photography, or music, that would be a powerful way to share the nursing student experience.

## reflect & journal

- This chapter reminds us that self-care must be fluid and flexible, not only in humanitarian settings but also in more traditional healthcare environments. When have you been successful in staying flexible during difficult situations? How did that flexibility benefit your well-being?
- Humor has been an important aspect of self-care for this author and others in humanitarian settings. But humor can be dark, and it can diminish those around us. This is especially fraught in healthcare settings. Have you experienced a time when you or others were using humor at other people's expense?

## reference

Human Rights Watch. (2001). Refugees, asylum seekers, and internally displaced persons. *Human Rights Watch World Report, 2001*. Retrieved from <http://www.hrw.org/wr2k1/>

**19**

**Sowing Seeds of Resilience:  
Compassionate Care  
Ambassadors**

## what

- Read Chapter 19.

This chapter provides a succinct road map for change advocacy within a healthcare setting, in addition to offering ideas about communal self-care. The road map's needs assessment and advocacy are important skills for all nurses and their well-being.

- What is a Compassionate Care Ambassador?

A Compassionate Care Ambassador is a clinician who is a champion of resilience and whole-person care. Compassionate Care Ambassadors catalyze or implement changes or interventions in their respective clinical areas to positively influence the well-being and morale of their colleagues as well as patient care (Compassionate Care Initiative [CCI], 2019). They serve as role models within their healthcare workplace by promoting activities and educational opportunities that support clinician wellness, compassion, stress management, and interprofessional collaboration, thereby contributing to healthy work environments (Harmon et al., 2018). Ultimately, that is the charge of the Compassionate Care Ambassadors—to help build a healthy clinical community by fostering a work culture and environment that support and prioritize self-care, resilience, and collaboration.

- The Compassionate Care Ambassador program is just one example of nurses advocating to help other nurses. What are the steps the authors undertook to successfully launch their program?

1. Conducted a needs assessment
2. Gained support from leadership
3. Developed success metrics
4. Identified individuals who shared similar motivations
5. Identified potential Ambassadors
6. Defined the purpose of the Ambassador program
7. Addressed recruitment and sustainability needs

## why

Why is it so important for Ambassadors themselves to “walk the walk” of self-care and resilience?

You know the common airline expression, "Place the oxygen mask on yourself before helping others." Within the nursing profession, this phrase refers to cultivating well-being and self-care practices to adequately provide high-quality care, presence, and kindness to patients (Bakhamis et al., 2019). In a similar manner, Compassionate Care Ambassadors must strive to "talk the talk" and "walk the walk" in practicing self-care and resilience while encouraging others to do so. As a leader in the clinical community disseminating information about self-care and resilience, it is crucial to allocate time for personal self-care, resilience, and reflection often.

We encourage you to try the grounding practice with your class, using the script provided in the text.

**do**

### **Activity 19-1: Conduct a Needs Assessment**

The foundation of the Compassionate Care Ambassador program described in this chapter was a needs assessment. Hospitals are not the only setting where people need well-being interventions. Schools of nursing are stressful, too. Conduct a needs assessment in your school. Use a focus group, survey, or discussion anywhere nursing students are gathered to identify students' priorities, challenges, and any unmet needs in your school. A word of caution: When we ask people what they need and then don't provide it, that lack of response can be frustrating. We encourage you to tell students that you are conducting this needs assessment as a class exercise so that expectations are clear. (Note, however, if you identify a need and would like to advocate for change, we will not argue with you on that! In fact, refer to Activity 19-2.)

### **Activity 19-2: Advocate for Change**

In your needs assessment (Activity 19-1), you identified changes that might significantly benefit the students at your school. These could range from extended hours for the coffee kiosk to a change in the grading system. Choose one change, probably something considered low-hanging fruit: a change that is simple and quick to implement, requiring few resources but potentially having a significant impact. How can you generate support for this change among school leadership? What outcomes would be linked to your proposed change? Be sure to frame the outcomes so that they reflect the goals of these leaders. (Longer coffee cart hours will increase students' ability to stay on campus longer, increasing study time and improving test scores. They also will foster increased socialization among students and faculty.) Is there any evidence in the research literature suggesting that these outcomes will be likely? Learn as much as you can about the costs and benefits of your proposed change. Write a one-page memo, and share it with the appropriate school leader. Schedule an appointment to discuss the change. Good luck!



### Activity 19-3: Effective Change Agents

Think of someone you admire who has successfully fought for change. This person can be in health-care, social justice, politics, or elsewhere. What qualities make this person an effective change agent? What skills do they have, and how do they use them effectively? What resources did they leverage to help them enable change?

## reflect & journal

- We talk about advocating for change quite a bit in the textbook. This is, in part, because no work environment is perfect for all its patients or all its staff. There are many times when you will see the need for change, and each time, you must decide how you will respond. In some instances, fighting for change will be the best path. At other times, it might be best to leave that clinical setting for a place where the grass is truly greener. But as we said, no workplace is perfect. Learning to advocate for change, for yourself and others, will become an important skill.
- Think of a time you have successfully advocated for change, big or small.
- As you look around your school, your clinical site, and your community, what changes would you like to see? How can you play a role in addressing these changes?

## references

- Bakhamis, L., Paul, D. P., Smith, H., & Coustasse, A. (2019). Still an epidemic: The burnout syndrome in hospital registered nurses. *Health Care Manager*, 38(1), 3–10. <https://doi.org/10.1097/HCM.0000000000000243>
- Compassionate Care Initiative [CCI] (2019, December 11). Compassionate care initiative ambassadors. <https://cci.nursing.virginia.edu/team/ambassadors/>
- Harmon, R. B., DeGennaro, R., Norling, M., Kennedy, C., & Fontaine, D. (2018). Implementing healthy work environment standards in an academic workplace: An update. *Journal of Professional Nursing*, 34(1), 20–24. <https://doi.org/10.1016/j.profnurs.2017.06.001>

# **section V**

## **The Heart of a Nurse**

# 20

## **Mattering: Creating a Rich Work Life**

## what

- Read Chapter 20.

This chapter focuses on mattering, a concept that most students will not have considered before. You can help them take the material a step further by inviting them to consider how they will foster their own sense of mattering. Encourage them to be creative, but some ideas include writing a personal mantra; making a scrapbook or memory book of times they have made a difference; or asking a supervisor or patient, "I would like to be helpful to you. What would you like me to do?"

- Mattering is a fascinating concept and one you probably haven't studied before. What are the four domains of interpersonal mattering?

1. *Awareness* represents the simple idea that others are cognizant of your presence and would miss you if you were not there.
2. *Importance* to others is their genuine expressed care and concern.
3. *Reliance* suggests that others depend on you or that your actions affect the lives of those around you.
4. *Ego-extension* represents the notion that others feel a sense of pride in your successes or disappointment in your failures, as though your performance reflected not only on yourself, but on them.

- Explain the differences between interpersonal mattering and societal mattering.

Interpersonal mattering entails the domains just mentioned: awareness, importance, reliance, and ego-extension in relation to others; much of this chapter focuses on mattering to peers, colleagues, and supervisors. *Societal mattering* represents one's sense of the value of their work as it contributes to society or meets a societal need.

- In the study conducted by the author, what were the opportunities for nurses to feel like they mattered at work?

- Experiences with patients
- Professional expertise
- Relationships with colleagues
- Recognition
- Making a difference

## why

- Why is mattering an important concept in the context of nursing education and training? Think not only of “traditional” nursing students, but students who tend to be marginalized.

Our perceptions of mattering as a person and a student are molded by our senses of fit and belonging in those environments. Flett (2018) states that “going to school is a very different experience for the student who feels like he or she matters compared to the student who feels uncared for and invisible” (p. 225). It is crucial for us to reflect on this sentiment because the psychological environment of the school has a tremendous impact on student learning. Schlossberg (1989) first approached this topic when considering adults who were returning to school. She was concerned that students, especially those who do not fit the norm, who are not made to feel like they belong, quickly become marginalized. Her work has inspired educators to consider how best to promote connections for and among students.

- How does a sense of mattering factor into a nurse’s sense of well-being and resilience?

Researchers in the social sciences have linked mattering to a number of essential elements of well-being, such as self-efficacy, personal growth, relatedness, social belonging, and life satisfaction (Flett, 2018; Prilleltensky, 2014; Prilleltensky & Prilleltensky, 2021; Reece et al., 2019). When you feel like you matter, you lead a richer and more connected life.

## do

### Activity 20-1: When Do I Matter?

Take a moment to think about your experience as a nursing student. Who or what has made you feel like you matter? When have you felt seen or heard? How have you, or could you have, added value? Write or tell the story of a time when you felt like you mattered.

This can be a powerful classroom activity, using paired interviews. Have students pair off and interview each other about times that they felt as though they mattered to others. Process, or debrief, these interviews as a class, asking interviewees to share stories they heard that touched them. Generate a list of mattering themes. What do the themes have in common?

### Activity 20-2: Mattering and Patient Care

Clinicals also provide an opportunity to spend a few extra minutes with a patient. What can you learn about that patient as a person? Perhaps they could share with you what their experience has been with the illness or issue that brought them to the hospital or clinic. How is this experience

affecting their life? What do they value most about the care their nurses provide? What advice would they have for you as a future nurse? Asking questions and taking the time to listen to the answers provide a valuable service to anyone but is particularly important if a person is alone, confused, scared, or uncomfortable. You have the potential to make that person feel seen and heard and to show them that they matter. You can add value by helping that individual feel valued. You may also learn something that has been overlooked or not considered by the team caring for that person and can serve everyone involved by bringing that something to light.

### Activity 20-3: Do Students Matter?

Clinical instructors and preceptors choose to work with student nurses because they are invested in your education. In addition to learning about physical assessment, medications, and the art of caring for another person, take a moment to learn something about your preceptor. Why did they choose nursing? What do they enjoy most about working with students? What is the most important thing they do in a day's work? Can your preceptor tell you about a time when they felt like they mattered? The answers to these questions will provide you with valuable insight into the profession of nursing and may provide a much-needed boost for your preceptor. We hope you will find that students play an important role in preceptors' sense of mattering.

Students can interview nursing school faculty, not just clinical preceptors. Students may learn that showing up to class and engaging in discussions and assignments can foster their professor's sense of mattering and well-being. And this will potentially foster their own sense of mattering—they matter to their professors!

## reflect & journal

- The chapter ends by pointing out that there will be times you won't receive the feedback or recognition reminding you that you matter. What will you do to foster your own sense of mattering?
- How can you help others feel as if they matter? This can include fellow students, patients, and colleagues.

## references

- Flett, G. L. (2018). *The psychology of mattering: Understanding the human need to be significant*. Academic Press/Elsevier.
- Prilleltensky, I. (2014). Meaning-making, mattering and thriving in community psychology: From co-optation to amelioration and transformation. *Psychosocial Intervention*, 23, 151–154. <https://doi.org/10.1016/j.psi.2014.07.008>
- Prilleltensky, I., & Prilleltensky, O. (2021). *How people matter: Why it affects health, happiness, love, work, and society*. Cambridge University Press.
- Reece, A., Yaden, D., Kellerman, G., Robichaux, A., Goldstein, R., Schwartz, B., Seligman, M., & Baumeister, R. (2019). Mattering is an indicator of organizational health and employee success. *Journal of Positive Psychology*, 1–21. <https://doi.org/10.1080/17439760.2019.1689416>
- Schlossberg, N. K. (1989). Marginality and mattering: Key issues in building community. *New Directions for Student Services*, 48, 5–15. <https://doi.org/10.1002/ss.37119894803>

# 21

## **Integrating a Life That Works With a Life That Counts**

## what

- Read Chapter 21.
- Describe David Whyte’s “three marriages” metaphor.

A marriage is an intimate close relationship. Many choose a partner to become a spouse or have a long-term committed relationship. This is the first marriage that is typical and understandable. The second marriage is the close relationship most individuals have with their work, often involving a culmination of education and training for a rewarding career. The expression “he or she is married to their work” may arise from this notion. The third marriage involves delving deeply into the self and your wants, ideals, and values in life. Together the three marriages represent the full spectrum of the life of a nurse.

- List three ways to foster authenticity in your personal and work relationships.

Bring your true self to work through meaningful conversations and dialogue about the *real* you. Your hobbies, activities outside of work, studies pursued, and family might all be shared in an open way that is true to yourself but does not violate your level of privacy. Connection and belonging can be achieved in the workplace more readily.

- The chapter offers seven specific strategies for creating and maintaining an integrated life. What are they?

1. Know yourself.
2. Seek support. Join your professional specialty organization as one example.
3. Offer support to others.
4. Offer gratitude to yourself and others.
5. Use kindness as your default response.
6. Develop a spiritual discipline, not in a strict religious sense but in a habit of reflection and deep meaning.
7. Cultivate a healthy work environment.



## why

Why does the author prefer the term “work-life integration” over “work-life balance”?

Work-life balance can seem an impossibility with the hectic lives of work, home, and sometimes graduate school. Life does not sort into neat boxes, and the concept of integration is a growing one. Work-life integration can lead to synergy among the many roles and a more authentic self. When our lives and roles do not compete with each other, flourishing can occur, as Salzberg (2014) refers to in *Real Happiness at Work*.

## do

### Activity 21-1: Pebble in Your Shoe

The author talks about the Joy in Work project that revealed weekend and evening emails were a “pebble in the shoe” of her faculty. To increase joy in the workplace, the school simply stopped weekend and evening emails, as well as the expectation that these off-hours emails must be answered.

Consider a simple change you could make that could greatly improve your happiness and joy. Make that change, and see what happens when you no longer have that pebble in your shoe.

### Activity 21-2: Eavesdropping

The first step in creating an integrated life is “knowing yourself” so that you will be free and able to reveal yourself to others. Give yourself time and space (at least 30 minutes) to imagine that it’s your nursing school graduation celebration. All the most important people in your life are in attendance—family, friends, teachers, colleagues, patients, and more. You notice a group of them talking animatedly, smiling, and nodding. They are talking about how much they love and care about you and why. They share why they admire you, what they value most about you, and how you have had an impact on their lives. You overhear the entire conversation. What do they say?

## reflect & journal

- In class, on the job, and at home, do you feel like you can fully be your authentic self? Are you living, studying, or working in a place where you find yourself coding your language or changing your actions to fit certain expectations? What keeps you from being authentic at times? Think about those expectations and their source. Now consider ways you can take steps to either share yourself more fully in these spaces or find spaces that are more supportive of your true self.

- Write a reflection on why you chose to become a nurse. Was it even a choice for you? We're guessing you've probably been asked this question a few times in nursing school, so this time, when you reflect on the "why" about your career choice, write about it in a way that gives you a sense of strength. What did you experience in your life that made you move in the direction of nursing? How did that experience make you better, stronger, and more knowledgeable about the world you live in? As you write, hang onto this journal entry and go back to it when times are tough in nursing school or your career. You can "bounce back" and remember where you came from, and use that as a source of strength and resilience.

## reference

Salzberg, S. (2014). *Real happiness at work: Meditations for accomplishment, achievement, and peace*. Workman Publishing.

# 22

## **Providing Compassionate Care and Addressing Unmet Social Needs Can Reduce Your Burnout**

## what

- Read Chapter 22.
- There are two kinds of compassionate care described in this chapter. What do we mean when we talk about “compassionate care”?

The first is what we typically think of when we consider compassionate care: *Compassionate care* means “sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it” (Gilbert & Choden, 2013). The second is the compassionate care required to address patients’ unmet social needs.

- Only 20% of patients’ health outcomes are determined by the medical care they receive (University of Wisconsin Population Health Institute, 2014). List at least six nonmedical factors that affect a patient’s health.

- Access to jobs that pay a living wage, safe housing, reliable transportation, walkable neighborhoods, good schools, fresh food, and adequate green spaces (Braveman & Gottlieb, 2014).
- Good ventilation in their home or apartment
- Safety in exercising outside
- Stair-climbing, if falls are a risk

In class, encourage students to generate a list of nonmedical determinants of health.

## why

What are the benefits of compassionate care? Why is compassionate care such an important component of self-care?

The author writes, “But as St. Francis so aptly notes, ‘It is in giving that we receive.’ The more that you understand about patients and their families and the context in which they live, the more you will be able to care for them, and the more satisfied you will feel. My hope is that you will provide exceptional clinical and compassionate care, including addressing the unmet needs of patients and their families.”

## do

### Activity 22-1: Addressing Unmet Social Needs

Much has been written about social determinants of health, or the social factors that have a significant impact on patients’ health. These include socioeconomic status, education, neighborhoods, em-

ployment, social support, and access to healthcare (Artiga & Hinton, 2018). This chapter describes some of the ways that nurses try to address these needs with food pantries as well as partnerships with social service agencies to connect patients with vital social services. How do your local hospitals identify and address these unmet social needs? How prevalent are these issues in your community? A lot of this information will be available through your local department of health and in agencies that address specific needs, such as mental health, substance use disorders, and maternal health.

## Activity 22-2: Find Your Voice

In the final sidebar, Elizabeth Métraux advises: “You’ve found your calling, now find your voice—and your people.” In this activity, we ask you to inventory your talents and skills that can become your voice as you advocate for your patients. Are you a good speaker? A compelling writer? A natural leader or persuader? When have you used these talents to effect change?

## Activity 22-3: Find Your People

Next, find your people. Research advocacy groups at your institution and in your community. What issue are you especially passionate about? What are the national and international organizations that work to address this issue? Finally, learn about the advocacy work done by professional nursing and healthcare groups, such as the American Nurses Association or Partners in Health. Is there an organization that you would like to become a part of?

## reflect & journal

- The chapter author shares her personal story of when her husband was in a fatal accident. What behaviors did his nurses, Abby and Kathy, exhibit that made such an impact on her? What impact did Abby and Kathy’s compassionate care have on their own well-being?
- Métraux says it is “impossible to separate the well-being of providers from the pain endured by patients.” How does it feel to know that your own well-being is woven into the well-being of those around you, especially those who may be suffering deeply? What implications does this have for you?

## references

- Artiga, S., & Hinton, E. (2018, May). Beyond health care: The role of social determinants in promoting health and health equity (Issue Brief). Henry J. Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- Braveman, P., & Gottlieb, L. (2014). *The social determinants of health: It's time to consider the causes of the causes*. Public health reports, 129(1\_suppl2), 19–31. <https://doi.org/10.1177/00333549141291S206>
- Gilbert, P., & Choden, K. (2013). *Mindful compassion: Using the power of mindfulness and compassion to transform our lives*. Constable-Robinson.
- University of Wisconsin Population Health Institute. (2014). *County health rankings key findings*. Robert Wood Johnson Foundation. <https://www.countyhealthrankings.org/sites/default/files/2014%20County%20Health%20Rankings%20Key%20Findings.pdf>

**23**

**Showing Up With Grit and  
Grace: How to Lead Under  
Pressure as a Nurse  
Clinician and Leader**

## what

- Read Chapter 23.
- How would you define *grit*? (You may also want to refer to Chapter 2.) How does Manny exhibit grit in this chapter? Provide two examples of grit that you have practiced or witnessed as a nursing student.

*Grit* can be defined as working passionately and persistently over time toward a goal, or it can be just showing up every day at work determined to do a good job. Manny showed grit by refusing to back down and leave an unhealthy work environment and devising a better way to allow all nurses to get a break. Student examples might be courageously standing up for a colleague or insisting on more staffing in an unsafe situation.

- How would you define *grace*? How does Manny exhibit grace? List two examples of grace that you have practiced or witnessed as a nursing student.

*Grace* is thought of as having aspects of kindness, generosity, and compassion for self and others. A sense of calmness under pressure is demonstrated. Manny showed grace when he took on an awareness of the needs of his fellow nurses, not obsessed with just his own needs and wants. But first he had to acknowledge he was not in a "resilient zone" and was depleted. He addressed this through healthy eating, sleep, and walking to work for some sunlight. Student comments on seeing grace in others could include their own actions for self-care and what they witnessed team members doing on the unit.

- What does the author mean by the term *leading mindfully*?

*Leading mindfully* refers to the model Hunter and Powell developed to show how a focus on your internal thoughts and the practice of mindfulness can result in observable actions that are more skillful in the real world to accomplish the work in healthcare. In this way, wise decisions and a calm sense of supporting others happen with intention.

## why

Why are grit and grace such important foundations for effective leaders? Please keep in mind that *everyone* is a leader, not just those at the top of the organizational charts.

Grit and grace are foundational concepts for leading yourself so you can focus on guiding others in the hard work of patient care. Think of the inner and outer work model. Both are needed. Mindfulness practices and focus with intention can help.

As a course instructor, you are aware of your power to determine the effectiveness of your teaching and the “feel” of the classroom. How you show up each day matters. If you are a parent, you know the influence you have on your family’s day-to-day well-being simply by how you show up. Encourage your students to recognize the power they have to affect their patients’ and colleagues’ well-being simply by showing up with grit and grace.

Ask students if they have anyone in their lives who are “peace people.” When one of our peace people is in the room, whether it be a friend or colleague, we know that everything is going to be all right. There is something powerful in their presence that can consistently alter situations for the better. Encourage your students to be like Mr. Rogers. Look for your peace people. What is it about them that makes you feel at peace?

**do**

### **Activity 23-1: Resilience Map**

Do the same exercise that Manny did, mapping his resilience on a typical day. As you recall, he woke up tired and sluggish, went through stages of hyperarousal during work, crashed and felt irritated and exhausted toward the end of his shift, and came home with no energy left at all. Map your resilience using the example in Figure 23.4. Narrate your map. What do you notice? Are there small changes you can try with the goal of maximizing your time spent in the resilient zone?

### **Activity 23-2: Wrappers on the Cart**

We love that Manny’s story epitomizes what so many authors have shared in the textbook, including both the art of reframing and the power of perspective. Manny discovered that he had the capacity to *choose* how he perceived those wrappers on the carts each morning. The circumstance—wrappers on the carts—was always the same, but Manny’s thoughts about them changed. Initially he was annoyed and irritated by them. They made him feel unappreciated and put upon. When he changed his thoughts to see the wrappers as reminders that his colleagues, too, were busy and overworked, his thoughts about the wrappers—and his colleagues—changed. He felt compassion toward his coworkers, and one result of this change was Manny’s own well-being.

Do you have a pet peeve? What regularly annoys you? Reframe your personal “wrappers on the cart” and see what happens. You have the power to choose.

### **Activity 23-3: Arrive-Breathe-Connect**

Follow the instructions for the Arrive-Breathe-Connect exercise in Chapter 23. For the next week, practice this exercise at least once a day. Which is easier for you to connect to: grit or grace?



## reflect & journal

The chapter author writes that “while you perform, you are also leading, because others are consciously and unconsciously picking up on your cues. Whether or not you and others are aware of it, how you show up in the moment leads others through the power of *your* example.” We don’t always realize how much power we have in any given situation. We have the ability to turn everything around simply by our presence, demeanor, and grace. In the coming week, pay attention to your own power to influence those around you, hopefully in a positive way!