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REVIEW

Professional self-care: keys to health for nurses

Autocuidado profesional: claves para la salud del personal de enfermería

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ABSTRACT

Introduction: The article analyzed the paradox faced by intensive care nurses, who dedicate their daily work to the care of patients while manifesting a lack of self-care. This situation was attributed to factors such as double working hours, rotating shifts, accumulated stress and job insecurity. The relevance of self-care as an essential, but often neglected, need within the professional context was emphasized.

Development: The study addressed the levels of physical, psychological and social self-care from theoretical perspectives such as those of WHO and Orem, highlighting the importance of holistic wellbeing for professional performance. However, labor and social conditions in countries such as Argentina hindered its effective application. In addition, the influence of the COVID-19 pandemic was analyzed, which increased the work and emotional burden, and the absence of adequate support from the State and institutions. The additional problems faced by women in the profession due to traditional social and cultural roles that increased stress and overload were also highlighted.

Conclusions: It was concluded that self-care is fundamental for the health of nursing professionals and for the quality of care provided to patients. It is urgent to promote policies that favor the integral wellbeing of the staff, as well as to foster a culture of self-care. Ensuring a healthy work environment will benefit both nurses and the health system in general.

Keywords: Self-care; nursing; occupational health; gender; occupational stress.

RESUMEN

Introducción: El artículo analizó la paradoja que enfrenta el personal de enfermería en terapia intensiva, al dedicar su labor diaria al cuidado de los pacientes mientras manifiesta una falta de autocuidado. Esta situación fue atribuida a factores como la doble jornada laboral, los turnos rotativos, el estrés acumulado y la precarización laboral. Se enfatizó la relevancia del autocuidado como una necesidad esencial, pero a menudo desatendida, dentro del contexto profesional.

Desarrollo: El estudio abordó los niveles de autocuidado físico, psíquico y social desde perspectivas teóricas como las de la OMS y Orem, destacando la importancia del bienestar integral para el desempeño profesional. Sin embargo, las condiciones laborales y sociales en países como Argentina dificultaron su aplicación efectiva. Además, se analizó la influencia de la pandemia de COVID-19, que incrementó la carga laboral y emocional, y la ausencia de apoyo adecuado por parte del Estado e instituciones. Asimismo, se destacó la problemática adicional enfrentada por las mujeres en la profesión debido a los roles sociales y culturales tradicionales que aumentaron el estrés y la sobrecarga.

Conclusiones: Se concluyó que el autocuidado es fundamental para la salud de los profesionales de enfermería y para la calidad del cuidado brindado a los pacientes. Es urgente promover políticas que favorezcan el bienestar integral del personal, así como fomentar una cultura de autocuidado. Garantizar un entorno laboral saludable beneficiará tanto a los enfermeros como al sistema de salud en general.

Palabras clave: Autocuidado; enfermería; salud ocupacional; género; estrés laboral.

INTRODUCTION

Nursing occupies the role of caregiver, i.e., its daily action is focused on patient care. However, paradoxically, it is observed that such personnel manifests certain behaviors that evidence a lack of self-care. These behaviors, it is conjectured, may be due to several variables or conditioning factors:

In the first place, we can mention the low salary retribution perceived.

The second conditioning factor is the double working day, which can be 6 or 8 hours in the same institution or other institutions, adding the inconvenience of the transfer and travel time.

All this is to achieve a salary that allows a desirable standard of living.

In addition to the above, we must not forget that nursing work is mostly organized in already imposed rotating shifts. This results in physical and emotional overload, which manifests in discomfort and hinders the insertion of conventional social routines.

Finally, as caregivers, nurses are affected by the emotions, ideologies, and values that come from situations shared by patients and their environment, which leads us to empathize with them. This impacts the psychic and emotional health of the nurse himself/herself.

DEVELOPMENT

This research aimed to evaluate the level of self-care among intensive care nurses at the Nodal Hospital in Venado Tuerto. For this purpose, we focused on the chosen population and defined three main levels to consider the variables: physical, psychological, and social self-care. In this way, we addressed the concept of self-care proposed by the WHO and then went on to self-care in critical care nursing. From this, we saw that self-care is theorized and educated about in the profession, but referring to the subjects of care, leaving aside the importance of this for ourselves. Therefore, we also consider the concept of health determinants, the impact on lifestyle in particular, highlighting issues such as rest, stress, working conditions, the role of the guilds, and the experience of the pandemic. Last is analyzing the relationship between the nursing profession and the female gender.

We begin by defining, in the first place, what we mean by self-care at a general level. According to WHO (2022):

Self-care is defined as the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health professional. The scope of self-care in this definition includes health promotion, disease prevention, and control, self-medication, care of dependent persons, seeking primary, specialized, or hospital care when necessary, and rehabilitation, including palliative care. (P. Xiii).

This conceptualization is based on the notion of health (WHO, 2022) as a state of complete physical, mental, and social well-being, and not only as the absence of disease; people are considered holistically and integrally. For this self-care to be achieved, there must be a favorable and safe environment; however, let us remember that biological, environmental, economic, social, and cultural factors

influence the health and disease process. In this case, nursing professionals, when developing this discipline, are crossed due to the complexity and importance that each professional fulfills in their functions, updating their knowledge and improving their quality of training, often with little economic resources, with over workload, to afford them, offering autonomous care to each patient; then:

"the self-care of the critical services nurse is a concept that is approached from different perspectives, but in all cases, it refers to the nurse's ability and responsibility to take care of her health, both physical and psychological, maintaining and preserving the emotional balance and, therefore, her mental health. It is only possible to properly care for the other if the nurse who cares feels properly cared for and knows how to care" (Guzmán Moreno, Sisy Cecilia, 2021, p.18 and 19).

From the above, it follows that it is essential, on the one hand, to care for the institution in which we work and, on the other hand, to self-care. The paradox is that even knowing the responsibility of caring in critical service and the importance of our self-care is not always enough for us to put it into practice. Another of the notions on which we can rely when defining self-care is the one provided by the theorist Orem (2020):

(...) defined self-care as the ability of a person to perform all actions indispensable for living; it regulates the agents that impair their development and functioning. The definition of the term includes the concept of self as the integrity of the individual in all its dimensions and the concept of care as the actions that the person performs to preserve life. (p.7).

Similarly, it is necessary to take into account that, although Dorothea Orem theorized about self-care and self-care deficits, they were oriented to the individual in general, emphasizing basic care, health promotion, and education on the part of nursing professionals to improve the quality of life of each of the subjects of care, which seems not to be applicable the same self-care for each nurse. By not taking this knowledge as their own and not applying it in the discipline, it has repercussions on their work and person at a physical, psychic, and social level; in turn, this affects and interferes with the encounter, the development, and the bond that is generated between nurse-subject of care.

On the other hand, it is necessary to consider, when talking about self-care, the so-called determinants of health. The process of health and disease is influenced by the determinants of health that are related to various aspects such as biological, which refers to the genetic and hereditary load; environmental, which includes the place and its social, economic, and cultural environment; lifestyle, which will depend on the decisions that can also be influenced by the environment, health system, which will depend on the resources and accessibility to be able to obtain good coverage and medical care.

Lalonde, in 1974, created a health model that is still in force and is well-defined in the Ottawa Charter. When developing this discipline, nursing professionals are crossed by each one due to the conditions and complexity of each subject, not to mention the importance of the intensive care service in fulfilling each function inside and outside the institution.

In this sense, Orem (2020) mentions those conditioning factors when discussing self-care. The variables considered within this concept are age, sex, developmental status, health status, sociocultural orientation, health care system factors, family system factors, life pattern, environmental factors, availability and adequacy of resources, etc.

In addition to these conceptualizations, the WHO:

(...) defined lifestyle as how people live related to living conditions and behavior patterns preceded by sociocultural agents and the individual's characteristics, such as personal beliefs, religion, culture, and values. Lifestyle is the sum of individual or group behaviors to meet their needs and achieve biological, psychological, and social well-being. From the moment we decide the time to get up, the hygiene habits, the schedule of meals, the type of food, the practice of exercise, our attitude to various situations of life, the schedule of rest, stress management, we are strengthening a certain lifestyle (Vilca Herrada, 2020, p.7).

The lifestyle of the intensive care nurse depends on rotating work schedules, which are modified monthly, considering that in many cases, he/she works a double working day, which makes it more difficult to find flexible schedules or according to his/her availability in order to carry out a routine that allows him/her to perform medical controls, continuity of treatment, if he/she receives it, as well as a good organization with food. Eating food is often believed to be the same as nourishment, but the truth is that the quality and not the quantity consumed is more important. In addition, they interfere with their ability to perform physical activity or engage in satisfactory recreational activity. These actions are beneficial to avoid risk

factors such as overweight, stress, and alterations in rest, among others. Something important to point out is that, after the COVID-19 pandemic, all activity is conditioned to be performed in fixed and limited shifts, leaving little alternative of choice. At present, this modality of rotating shifts continues to exist due to the need for care and attention required by the intensive care unit, as in the rest of the services, which has a great impact when it comes to requiring a self-care routine.

About the above, rest and sleep are routines that allow us to maintain an optimal state of health and, in the same sense, a good work performance.

Rest and sleep are essential for health. When a sleep disturbance develops, it has been proven that the person's ability to concentrate decreases and irritability increases. It is known from several studies that sleep allows the central nervous system to reestablish the balance between its neuronal centers. Sleeplessness is related to progressive disorder of the mind, in addition to abnormal nervous system behavior and decreased speed of thought. Rest is the State of diminished mental and physical activity that allows the subject to feel rejuvenated, calm, and prepared to perform daily activities (...).

Fordham defines sleep as a state of reduced responsiveness of the person to external stimuli; there may be cyclical changes in the level of consciousness. Another important term is stress management. According to the World Health Organization, stress is the physiological reaction that prepares the organism to respond to an event. Stress is a state of alarm, a necessary response for survival; when stress occurs in excess, it produces an overload of tension that focuses on the body and causes the onset of diseases (Vilca Herrada, 2020, p.10 and 11).

All this can be reflected if we consider how self-care is defined psychologically. Self-care is associated with autonomy, independence, and personal responsibility (Pontífice & Silver, 2015). In this sense, psychological self-care could be defined as developing skills for managing emotions that actively and consciously allow first-person care while intervening to promote personal and collective well-being (Cantera, 2014). Thus, by detecting emotions and reacting based on them, we seek to promote human development since it goes beyond the biological, being part of the subjectivity of each individual, being the result of an individual assessment of one's own care.

From the above, it is easy to understand nursing as a stressful profession. As mentioned above, the impact is not only at the individual level but also on work performance. Guzmán and Vázquez (2021) say in this regard:

Nursing is considered a stressful occupation. Stress impacts the health and satisfaction level of the nursing staff, ultimately impacting the quality of patient care. Night-shift nurses have increased rapidly worldwide in recent decades and have reported a perception of more intense stressful conditions and a lower quality of life than their daytime peers. (p.2)

Another problem that contributes to the lack of self-care results from the situation in Argentina and throughout Latin America due to the lack of unionization or organizations that represent us in the struggle for better salaries since we are members of unions that represent all health employees (State or private) resulting in precarious contracts, long payment terms, and lack of enforcement of Law No. 27712, which recognizes us as professionals. This results in moonlighting with little rest and physical exhaustion, which is often necessary to cover basic needs even though it is an action taken consciously. This overload generates in the professional a state of alarm that can cause exhaustion at the emotional level, such as depression, anguish, and irritability; at the behavioral level, it causes apathy, absenteeism, decreased quality of care, and psychosomatic manifestations, such as headaches and insomnia, among others.

Returning to unionization, it was notoriously absent during the period in which the social conditions derived from the COVID-19 pandemic were maintained since, during that period, no bargaining agreements were opened, and the presence of union activity with actions focused on the defense of the health worker was non-existent. At the same time, practices were carried out which, although they were related to the daily work of the specialty, placed the health personnel in a situation never seen before in modern times, with the responsibility of not infecting and not getting infected falling on them, the only gratification being the occasional expressions of gratitude from the community, which encouraged the daily effort, something fundamental to face such a scenario. Officially, the National State and the Provincial State, using an official bulletin of the Argentine Republic, announced the figure of essential personnel to the health professionals using the sanction of National Decree N° 332/2021, benefiting them with a stimulus bonus, adjustable in a negative way to different situations, such as absenteeism in case of affectation by the COVID-19 virus. That is to say that the State wanted to be present using an incentive in the situation that occurred. However, this incentive was not correctly implemented since the personnel

affected by this atypical situation did not fully enjoy this benefit. However, despite this supposed incentive, it was the absence of concrete actions by the State, which were manifested, among others, in the possibility of having health professionals since they were not hired, in the absence of building structures according to the pandemic situation, in the non-existent containment for the health personnel before the situations of extreme stress, derived from the previous ones. Such has been the absence of the State that, at the end of the pandemic State, the health personnel is again relegated, being observed, for example, in what happened in the Venado Tuerto Hospital, where part of the personnel had a delay in the payment of their salary of 5 (five) months.

Continuing with moonlighting and the consequences it entails, we must take into account the impact of the profession on women. Since ancient times, the role of caregiver has always been assigned to women. It has always been linked to human practices about health, having also the responsibility of fulfilling other roles.

Since 1860, when Florence Nightingale changed nursing from a domestic activity to a level profession, today, the function of nurses in health institutions obeys the stereotype of the female gender. They are "wives, mothers, and domestic servants" simultaneously. "Wife" of the physician as an assistant, 'mother' of the patients in their healing and care, and 'domestic servant' of the health institutions (Gallardo, S.; Muñoz, B. and Benítez, G. 2017, n/p).

It is known that, over time, the enrollment of nursing students has been, and continues to be, predominantly female. As expressed by (Bolzan)

At different times in history, women had the exclusivity to study nursing due to cultural and political factors. It was assumed that women possessed the "natural gift" of caring, and therefore, their labor insertion should be linked to available tasks. (p.45).

Considered an extension of the "natural role" for which she was prepared (motherhood and childcare), Nursing functioned as a shortcut between the tasks traditionally assigned to women and the world of work. This association underlies one of the profession's most long-held (and naturalized) social representations. (p.47)

Being a predominantly female gender discipline, this stress and exhaustion is multiplied by wanting to fulfill as a professional, mother and wife, assuming greater responsibility and weight, which is evident in the levels already mentioned, aiming to fulfill each role that culturally and socially we take and are attributed to us. However, it is necessary to remember that in addition to providing care, the professional is responsible for dispensing it to himself.

As Vargas (2018) mentions in his conclusion:

(...) in the nursing context, the dynamics of the work-family relationship is one of conflict. The work context exposes female workers to occupational hazards that affect their health during the workday and, in addition, negatively affect their family environment. However, nurses accept and try to adapt to these working conditions due to their vocation to care for others. This implies being unable to take care of themselves and sacrificing the care of their significant others in their attempt to balance work and non-work life.

(...) even when the vocation to care for others continues to be essential to work in the nursing field, the union, the area of Occupational Safety and Health, the academy, and the private and public sectors must implement alternatives in the work context so that these workers can exercise their vocation, without this implying a deterioration of their quality of life and that of their families. (p.5).

This mention of social self-care implies an anthropological definition as social beings; that is to say, only in society, from the link with others and identifying ourselves with them, do we define ourselves as human beings, and only in this way will we reach what many thinkers suppose to be the purpose to which we all tend: happiness. We reach this goal by trying to find a balance between individual and family life, developing ourselves as individuals and professionals, satisfying our needs in the family environment, but cultivating values, forging a character that allows us to live in an equitable, just, and dignified society, where the treatment and consideration for others is a priority.

Finally, Nursing has always been and is a decision that conditions life, but that is taken freely and voluntarily: choosing this profession always gives satisfaction and implies a strong deontological imprint: caring for others with knowledge and responsibility. Florence Nightingale says

If every woman, at some time in her life, has to be a nurse, that is to say, to be in charge of someone's health, how immense and valuable would be the fruit of her united experiences if every woman thought well how to care for others (...) (p.2).

CONCLUSIONS

Self-care is essential in nursing practice, particularly in intensive care, where professionals face physical, psychological, and social challenges that impact their performance and overall well-being. From the analysis, a paradox is evident: while nurses devote their efforts to caring for others, they often neglect their care. This occurs due to double working hours, rotating shifts, emotional overload, and job insecurity.

The concepts of self-care defined by WHO and Orem underline the importance of maintaining physical, mental, and social balance but show a gap between what is theorized and what is applied in practice. Working and social conditions often prevent nursing professionals from implementing effective self-care routines. Lack of adequate rest, poor nutrition, lack of recreational activities, and accumulated stress hurt staff's physical and emotional health.

Likewise, the labor context of nurses, especially in Latin America, is aggravated by insufficient union representation and precarious working conditions. The COVID-19 pandemic highlighted these problems by exposing professionals to extreme situations without the necessary support from the State and institutions. This impacted not only their physical and emotional health but also their professional performance and the quality of care provided.

Moreover, the predominantly female profession adds a level of stress and exhaustion derived from the social and cultural roles traditionally attributed to women. This scenario highlights the urgent need to promote a culture of self-care that transcends individual boundaries and is supported by institutional and social policies that recognize and value the importance of the integral well-being of nurses.

Finally, nursing professionals must assume self-care as a responsibility inherent to their practice, understanding that only by taking care of themselves will they be able to provide quality care to others. Institutions and society also have a fundamental role in guaranteeing a work and social environment that allows nurses to develop their vocation without compromising their quality of life. The implementation of concrete measures in favor of self-care will not only benefit nurses but will also have a positive impact on patients and the healthcare system as a whole.

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The authors declare that there is no conflict of interest.

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