

# ENA Topic Brief

## Key Information

Nurses who practice healthy behaviors are more likely to promote healthy behaviors with patients.<sup>1</sup>

Increasing public knowledge of the connection between adequate sleep and improved health, productivity, wellness, overall quality of life, safe driving, and workplace safety is a Healthy People 2020 goal.<sup>2</sup>

Data suggest that nurses with perceived low-fitness levels and obesity are more likely to be injured in workplace accidents.<sup>3</sup>

The scope and standards of nursing practice are to promote a “safe and healthy workplace.”<sup>4</sup>

The position of the Emergency Nurses Association is that emergency nurses be actively engaged in health and wellness in their own lives.<sup>5</sup>

ENA recommends that emergency nurses remain current with their personal vaccinations in accordance with the Centers for Disease Control and Prevention (CDC) immunization schedules.<sup>6</sup>

Job stress accounts for an estimated 50% of overall employee absenteeism and 40% of employee turnover, and costs the US economy an average of \$250 to \$300 billion annually.<sup>7</sup>

Emergency nurses can take steps to advocate for wellness initiatives in their workplaces.

## The Well Nurse

### Purpose

The purpose of this topic brief is to encourage nurses to assess and prioritize their own health and well-being and to educate them in how to become a *well nurse*. Why wellness? It is generally accepted that achieving health and wellness can have a positive life impact. A nurse who seeks out health and holistic wellness may have a more positive attitude and increased productivity. As a diverse professional community, nurses can integrate unique approaches to positive health and well-being into their personal lives and work environments. By emphasizing their individual commitments to health and well-being, they can improve their collective wellness. In this way, nurses become role models and boost their professional status.<sup>1</sup>

### Overview

Nurses are responsible for maintaining the integrity of their profession and for providing safe and optimal patient care.<sup>4</sup> But just like their patients, it may often be difficult for nurses to find the time and motivation to take care of themselves. The American Nurses Association Code of Ethics states that nurses are responsible for promoting and maintaining the health and safety of themselves and others, with a commitment to self-care.<sup>4</sup> The code thus recognizes that nurses need to keep themselves in a state of health and wellness to enable them to deliver safe practice and safe care at all times.

As members of the most trusted profession,<sup>8</sup> nurses are expected to provide, promote, and advocate for honest, evidence-based guidance on matters of health and well-being. This necessary commitment to self-care exemplifies the principle that it may be difficult for nurses to provide optimal care for others without taking care of themselves. This idea is expressed in the safety message heard on airplanes before take-off: “please put your oxygen mask on first before assisting others.”

Wellness is a holistic concept. ENA supports the World Health Organization’s definition of wellness that includes physical, social, spiritual, psychological, economic, relational, and community well-being along with healthy work environments.<sup>9</sup>

The key personal wellness concepts in this topic brief provide an overview of priority areas where nurses can optimize their self-care.

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## *Background*

Health and wellness, including health behaviors, have a profound impact both on individuals and the population. Presently, more than one-third of Americans are obese,<sup>10</sup> costing the US \$147 billion in healthcare in 2008.<sup>11</sup> Obesity contributes to the development of high blood pressure and high cholesterol, as well as an increased risk of cancer, heart disease, dementia, kidney and liver disease, and arthritis.<sup>12</sup> Diabetes is also increasing, consuming more than one in five U.S. healthcare dollars, with healthcare costs for affected individuals approximately 2.3 times higher than for those without the disease.<sup>13</sup>

Nurses play an integral role in health and wellness for themselves, their patients, and the population at large. Although health behavior education is a routine part of patient education, many of the 2.6 million nurses in the US<sup>14</sup> battle with their own health and wellness issues.<sup>15,16</sup> Increased awareness of health and wellness behaviors can impact an individual nurse's quality of life as well as that of the patients; studies have shown that nurses pursuing aspects of a healthy lifestyle, such as through physical activity, are more likely to promote those things in their interactions with patients.<sup>1,17</sup>

Americans have cited nursing as the most trusted profession,<sup>14</sup> which amplifies the importance of nurses leading by example. Unfortunately, as a 2011 study showed, nurses are not always good role models for a healthy lifestyle.<sup>1</sup> As with any profession, it is difficult to balance career, family, and wellness roles. While achieving this balance presents a challenge for many nurses, striving to integrate realistic health and wellness goals can be the key to sustained holistic wellness.

An additional challenge for many nurses is shift work, which makes it difficult to carve out time for protective and restorative health and wellness behaviors. When working 12-hour shifts in a stressful environment, nurses may wish to stay healthy<sup>18</sup> but, as with many of their patients and other working adults, they struggle to eat a healthy diet<sup>18</sup> and find the time and motivation to exercise.<sup>15</sup>

Healthy habits can be developed, however. These have the greatest chance of long-term sustainability if they are integrated into a daily routine and are supported by increased knowledge and belief in the likely benefits.<sup>19</sup> It has also been shown that nurses who believe in the benefits of a personal exercise program are more apt to encourage their patients to exercise, providing inspiration by sharing the challenges they have had to overcome.<sup>1</sup>

## *Physical Activity*

Engaging in physical activity can reduce the risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and some cancers, including breast, colorectal, lung and endometrial.<sup>20</sup> The evidence-based recommendations for physical activity and diet are designed to maintain and improve health, with loss of excess weight as one of the benefits.<sup>20</sup> Improving muscle strength, posture, agility, and balance through regular physical activity is imperative for personal health<sup>21</sup> and patient care activities;<sup>3</sup> for arthritis sufferers, moderate intensity, low impact exercise helps maintain bone density, reduces pain, and improves function, mood, and quality of life;<sup>22</sup> and, while being overweight, particularly around the abdomen, can contribute to lower back pain,<sup>23</sup> exercise and weight loss are the recommended treatment.<sup>23,24</sup>

Exercise is well known to increase longevity<sup>20</sup> and is recommended to maintain physical activity behaviors that are consistent with current CDC guidelines.<sup>20</sup> There are many smartphone applications, books, tools, and other resources to make the recommended levels of physical activity both attainable and fun. The CDC Division of Nutrition, Physical Activity and Obesity website (see Tools section) has many tips and pointers for engaging in physical activity.

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## *Nutrition and Healthy Eating Habits*

Only 1 in 10 U.S. adults consumes the recommended daily amount of vegetables as outlined in the Dietary Guidelines for Americans.<sup>25</sup> Healthy eating habits include eating the right proportions of fruit, vegetables, whole grains, and lean protein, while remaining hydrated,<sup>26</sup> being mindful of portion sizes, and choosing nutritionally-rich, minimally processed meals and snacks.<sup>26-28</sup> Along with much of the public, nurses do not always follow nutritional guidelines for fruit and vegetable intake,<sup>15</sup> although healthful eating is possible both at home and while at work. In addition to a healthy diet, taking meal breaks helps to sustain the cognitive powers and physical endurance required of the emergency nurse. ENA therefore maintains that it is the role of leadership to ensure that nurses have protected meal times to allow them to follow dietary guidelines, acquire healthy eating habits, and maintain stamina and a healthy physical and mental state.<sup>29</sup>

By following the nutritional guidelines, such as those outlined in [choosemyplate.gov](http://choosemyplate.gov) (see Tools section to follow) and encouraging their colleagues, families, and patients to do the same, emergency nurses will be helping to address the enormous societal burden imposed by one of the major consequences of a poor diet: obesity. Aside from the direct medical costs of obesity-related illness, data gathered from the National Health and Nutrition Examination Survey (NHANES)<sup>30</sup> reveal that an additional 1.1 to 1.7 days are taken off per year for health-related problems by obese workers compared with their non-obese counterparts.<sup>31</sup> The cost of this varies by state, but totals \$8.65 billion per year in the US.<sup>31</sup>

## *Sleep*

A good night's sleep is important for overall well-being,<sup>2,32</sup> with a minimum of seven to eight hours per night recommended for adults.<sup>32</sup> Achieving this helps fight infection, boosts cognitive performance, and reduces unsafe behaviors.<sup>2</sup>

Sleep deprivation is associated with reduced attention and alertness, and memory impairment,<sup>33</sup> and has been linked with motor vehicle crashes and many occupational errors.<sup>2,32</sup> Nurses have reported increased decision regret and work-related errors when tired or fatigued.<sup>34-36</sup> Inadequate sleep has long been subjectively related to irritability, emotional volatility, and depression.<sup>33</sup> Nurses who report decreased sleep also experience increased depression,<sup>37</sup> and sleepiness and depression correlate with medication administration errors.<sup>37</sup> Attempts to hasten falling asleep by combining sedatives, such as alcohol, with sleeping pills or benzodiazepines, can have dangerous and even lethal consequences.<sup>38</sup>

Aside from depression, injury risk, and fatigue, health problems associated with sleep disorders or chronic inadequate sleep include high blood pressure, diabetes, obesity, heart disease, and overall mortality.<sup>2</sup> Stimulants such as caffeine, nicotine, or decongestants, and large meals and even exercise before bedtime make falling and staying asleep difficult, as does the light from electronic devices or other sources, and noise in the room.<sup>39</sup> Travel, use of alcohol, and increased stress may also affect sleeping patterns.<sup>40</sup>

Nurses who have trouble going to sleep may consider hot baths, drinking a caffeine-free hot beverage, using a calming essential oil such as lavender or chamomile on pillows or bed linens, using a lotion with lavender/chamomile, getting on a sleep schedule, and minimizing noises and lights from television, cell phones, computers, and other electronic devices.<sup>41,42</sup> Cooler temperatures are also known to enhance sleep.<sup>41</sup> Naps can be restorative, however napping close to a bedtime can impede sleep.<sup>39,41</sup> Just as most people allow a specific amount of time in the morning for the routine of getting ready for work, sleep hygiene experts recommend that allowing time for a bedtime routine will increase the ability to obtain restful sleep.<sup>41,42</sup>

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## ***Fatigue***

Fatigue is defined as an exhaustive state that results from lack of sleep, working long hours, particularly shifts of over twelve hours, and stressful situations.<sup>7,43</sup> Healthcare worker fatigue has been associated with reported adverse events, such as medication, procedure and charting errors.<sup>43</sup> The negative and sometimes fatal impact of healthcare worker fatigue on patient safety reached a level that prompted The Joint Commission to issue a Sentinel Event Alert.<sup>44</sup> Causes of fatigue may include sleep apnea, insomnia, caffeine use, and poor exercise habits.<sup>44</sup>

Prevention of fatigue and fatigue-related errors in the workplace involves frequent movement, strategic caffeine consumption, taking short naps and breaks, independent second nurse double checks for critical decisions and complex patient care, and use of bright lights. Regular exercise and allowing adequate time to sleep the recommended minimum of 7 to 8 hours between shifts also help to prevent fatigue.<sup>44,45</sup>

## ***Immunizations***

Self-care includes regularly scheduled wellness exams and maintenance of updated adult vaccinations. This is a key component of preventative healthcare. Unvaccinated healthcare workers place themselves and their patients, families, and friends at risk of contracting preventable communicable diseases.<sup>46</sup> These diseases, such as influenza, measles, and diphtheria, can have a severe or lethal impact on individuals and communities.<sup>46</sup> Healthcare professionals can prevent spread of these diseases by becoming and remaining vaccinated in accordance with current CDC guidelines.<sup>46</sup> It is the emergency nurse's core responsibility to help provide a safe environment for their patients and colleagues.<sup>46,47</sup> The CDC Recommended Vaccines for Healthcare Workers website, listed in the Tools section of this document, provides information and talking points crucial to the conversation on healthcare worker vaccination.

## ***Presenteeism versus Knowing "When to Stay at Home"***

The Emergency Nurses Association's position is that healthcare professionals work in an environment where they are free from physical harm.<sup>29</sup> Nurses are ethically accountable for their individual nursing practice, including the promotion of health and provision of optimal patient care.<sup>4</sup> Presenteeism is the decreased on-the-job productivity resulting from working while impaired by health problems. Nurses who work while sick risk physical harm to their patients and colleagues through cognitive and physical impairment and possibly by spreading a communicable disease.<sup>48</sup> Registered nurses have high rates of presenteeism when they have colds or lower back pain.<sup>48,49</sup> Presenteeism is significantly associated with increased rates of medication errors, nurse self-reports of providing lower-quality of patient, and increased numbers of patient falls.<sup>48</sup> It has also been associated with increased mortality among congestive heart failure patients.<sup>50</sup>

Combatting presenteeism requires education on the risks to patients and coworkers arising from working while sick or in pain. Hospital systems that discourage absenteeism or use of sick days may contribute to rates of presenteeism.<sup>48</sup>

## ***Compassion Fatigue, Secondary Traumatic Stress, and Compassion Satisfaction***

Compassion fatigue results from caring for those who are suffering, who are facing a traumatic physical or emotional situation, who have experienced a tragedy, or who are dying.<sup>51</sup> Symptoms of compassion fatigue that directly impact patients and colleagues include lack of empathy towards patients, lack of satisfaction and joy derived from work, and high rates of absenteeism.<sup>52</sup> Other symptoms include anxiety, memory difficulties, poor judgement, mood swings, depression, gastrointestinal complaints, headaches, cardiac symptoms, and difficulties obtaining adequate sleep.<sup>53-55</sup>

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Secondary traumatic stress (STS) describes a subset of compassion fatigue symptoms that is similar to those of post-traumatic stress disorder and includes irritability, decreased concentration, negative emotions, intrusive and recurring disturbing thoughts, difficulties sleeping, feelings of exhaustion and fatigue, sadness, anger, depression, and detachment from personal relationships and life joys.<sup>56</sup> Nurses reporting STS exhibit higher rates of alcohol use to relieve stress and more frequently consider a career change than nurses not reporting STS.<sup>57</sup> Both compassion fatigue and secondary traumatic stress have been correlated with increased risk of job burnout.<sup>56</sup>

Techniques to prevent or mitigate STS include being aware of potential personal triggers and building resilience and healthy coping strategies.<sup>56</sup> Having a hobby as well as strong, positive relationships with coworkers both have protective effects against compassion fatigue.<sup>56</sup> If a nurse feels overwhelmed, experiences symptoms of compassion fatigue or STS, consultation with a mental health professional may be necessary. There is also a responsibility to encourage any coworker apparently experiencing those problems to seek professional help.

Practicing nursing with compassion engenders feelings of fulfillment — described as compassion satisfaction — that act as a protective factor against burnout, with the two having an inverse relationship.<sup>52</sup> Self-care, stated as a responsibility of the nurse by the American Nurses Association, correlates with increased compassion satisfaction and decreased compassion fatigue among hospice nurses.<sup>58</sup> A focus on maintaining health and high levels of compassion satisfaction is a practical and powerful method for nurses to combat compassion fatigue and STS.<sup>56</sup> The ENA Compassion Satisfaction Self-Care Checklist, created by the 2014 ENA Emergency Nurses Wellness Committee, contains some fun suggestions for self-care (see Appendix A).

## ***Stress Reduction***

Facility in stress reduction or redirection is something nurses can develop and share with coworkers. Stress is inevitable, especially when working in the emergency setting, and it is important to develop methods to decrease its negative effects, thereby making life more enjoyable for the nurse and his/her colleagues, family, and friends.<sup>59</sup> Humor is one method of stress management that can be employed. An example of this is transferring the concept of comedy carts, - typically created for patient use<sup>60</sup> - by making them available to nurses on breaks. Also, relaxation stations can be placed in break rooms, or a relaxation room can be provided in the hospital. Organizations can focus on creating environments that: 1) promote individual and team values, strong communication of expectations, and realistic workloads; 2) support work schedules that accommodate the demands everyday life places on employees while still achieving patient-care goals; and 3) create a culture that allows and encourages staff to participate in the decision-making process using their skills and knowledge.<sup>7</sup>

Nurses can increase their awareness of methods for reducing stress both in and out of work. Strengthening those traits that lead to increased resilience can buffer emergency nurses from negative stressors at work.<sup>59</sup> Stress-relieving actions at home include regular exercise, healthy sleep habits, a supportive social network, hobbies, and positive self-talk.<sup>61</sup>

## ***Wellness Initiatives***

Health risks strongly correlate with productivity loss and are associated with absenteeism.<sup>62</sup> In contrast, wellness programs show a positive return on investment in the form of lower healthcare costs, greater productivity, and higher morale.<sup>63</sup> The average medical cost per employee drops by \$3.27 for every dollar spent on employee wellness programs.<sup>64</sup> When health risks are reduced through wellness programs, positive changes in work productivity have been reported.<sup>65</sup> A significant increase in self-assessed work performance occurs when employees participate in workplace wellness activities.<sup>66</sup>

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Most healthcare organizations report having a wellness initiative in place with wide variability in the specific types provided.<sup>67</sup> For example, the CDC StairWELL to Better Health initiative can easily be applied to the hospital setting (See Tools section). Nurses may familiarize themselves with the wellness initiatives at their facilities by reaching out to ED leadership, occupational health and human resources. Nurses may become involved in an existing wellness committee at their facility or be proactive in forming one if none exists. Seeking support for starting wellness initiatives for wellness committees may be facilitated through department leadership, occupational health or human resources. The CDC National Healthy Worksite Program website (see Tools section below) has further information on workplace wellness committees.

## *Tools*

[ANA Healthy Nurse](#): The American Nurses Association is taking great strides to improve the health and well-being of nurses. ANA, in collaboration with Pfizer, Inc, is providing a free comprehensive health-risk appraisal with feedback health, safety and wellness for the nurses who participate in this survey.

[Healthfinder.gov](#): Under the Affordable Care Act, insurance companies must cover the cost of obesity screening and counseling. This website provides some example questions for patients to use in proactively engaging their healthcare providers in conversations on health and weight loss, healthy eating habits, and physical activity.

[Choosemyplate.gov](#) replaces the old “food pyramid” with an interactive tool that includes an icon of healthy plate portions, nutritional education for a variety of groups and interests, a physical activity tracker, and much more.

[CDC StairWELL to Better Health](#) is a workplace initiative to encourage employees’ use of the stairs by making the stairwells more attractive.

[CDC Recommended Vaccines for Healthcare Workers](#) has information on which vaccines are recommended by the CDC for Healthcare Workers, in addition to many tools to help individual nurses, nurse educators, and administrators encourage vaccination for all hospital staff and volunteers.

[ENA EDWIP Toolkit](#) is designed to aid in the development and implementation of a comprehensive plan that addresses preventing and managing workplace injuries in the emergency setting.

[CDC Division of Nutrition, Physical Activity and Obesity](#): This webpage provides some basic exercise guidelines, specific exercise suggestions, tips, and pointers for adults looking to meet their daily recommended exercise levels and making it part of their routine.

[ENA Nurse Fatigue White Paper](#) provides a thorough research background on the impact of fatigue on patient safety, the nursing profession, and the individual nurse.

[CDC National Healthy Worksite Program](#) is a CDC webpage containing information about workplace wellness committees and tools for forming them.

[ENA Compassion Satisfaction Self-Care Checklist](#) suggests activities and ideas for self-care. (see Appendix A)

## *The Future*

It is every nurse’s duty to promote healthier futures for patients by educating them about healthier lifestyles.<sup>4</sup> Integral to this is education by example, with each individual nurse following health guidelines and supporting the attempts of colleagues to do the same. Nursing is a professional community with more than 2.6 million members in the US<sup>14</sup> who collectively can powerfully advocate for wellness among current and future members of the profession. Wellness initiatives and an emphasis on self-care need to be integrated into nursing school curricula, nursing orientations, and ongoing initiatives in the work environment. To help facilitate these initiatives, nurses can engage in research on the

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benefits of wellness in nursing with focus on specialized areas such as the emergency setting, to measure the improvements in health and build the business case for making every nurse a well nurse.

## Conclusion

Wellness can be integrated into emergency nursing practice.<sup>4,5</sup> Nurses and organizations are equally capable of meeting the ANA self-care standards that lead to a well nurse. While fatigue, sleep deprivation, and presenteeism can lead to patient fatalities and loss of nurses to the profession, by boosting resilience, by practicing self-empowerment to become well nurses, and by encouraging colleagues to do the same, there is the potential to heal, preserve compassion satisfaction, protect patients, and thrive professionally.

### Definitions of Terms

**Compassion Satisfaction:** The ability to feel satisfaction, purpose, happiness, and gratification from caring for others.

**Decision Regret:** A negative cognitive emotion, described as guilt or regret, that can occur after a person making a decision perceives that their decision resulted in negative harm to another person while also perceiving that it would have resulted in more favorable outcomes if they had made a different decision.<sup>34</sup>

**Health:** ENA supports the WHO definition of health to mean “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>68</sup>

**Presenteeism:** Decreased on-the-job productivity resulting from working while impaired by health problems.

**Secondary Traumatic Stress:** The emotional residual of working with people who are suffering or traumatized.

**Well Nurse:** A registered nurse who is rested, functions safely, and exercises compassionate patient care as the result of a commitment to self-care and the practice of wellness.

**Wellness:** The purposeful holistic approach to achieving a sense of fulfillment and quality of life through balancing and optimizing one’s physical, psychological, social, spiritual, and economic health as well as maintaining positive relationships and meeting role expectations with family, friends, community, and in the workplace.<sup>9</sup>

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## References

1. Esposito, E. M., & Fitzpatrick, J. J. (2011). Registered nurses' beliefs of the benefits of exercise, their exercise behaviour and their patient teaching regarding exercise. *International Journal of Nursing Practice, 17*(4), 351–356. doi:10.1111/j.1440-172X.2011.01951.x
2. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2015). *Healthy people 2020: Sleep health*. Retrieved from the HealthyPeople.gov website: <http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health>
3. Perhats, C., Keough, V., Fogarty, J., Hughes, N. L., Kappelman, C. J., Scott, M., & Moretz, J. (2012). Non-violence-related workplace injuries among emergency nurses in the United States: Implications for improving safe practice, safe care. *Journal of Emergency Nursing, 38*(6), 541–548. doi:10.1016/j.jen.2011.06.005
4. American Nurses Association. (2015). *Nursing: Scope and standards of practice* (3<sup>rd</sup> ed.). Silver Spring, MD: Author
5. Emergency Nurses Association. (2014). *Position statement: Prevention, wellness and disease management*. Retrieved from <https://www.ena.org/SiteCollectionDocuments/Position%20Statements/PreventionWellnessDisease.pdf>
6. Emergency Nurses Association. (2015). *Position statement: Immunizations*. Retrieved from: <https://www.ena.org/SiteCollectionDocuments/Position%20Statements/Immunizations.pdf>
7. Roberts, R., Grubb, P. L., & Grosch, J. W. (2012). *Alleviating job stress in nurses*. Retrieved from the Medscape website: <http://www.medscape.com/viewarticle/765974>
8. Riffkin, R. (2014). *Americans rate nurses highest on honesty, ethical standards*. Retrieved from the Gallup website: <http://www.gallup.com/poll/180260/americans-rate-nurses-highest-honesty-ethical-standards.aspx>
9. Smith, B. J., Cho Tang, K., & Nutbeam, D. (2006). WHO health promotion glossary: New terms. *Health Promotion International, 21*(4), 340–345. doi:10.1093/heapro/dal033
10. Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011–2012. *Journal of the American Medical Association, 311*(8): 806–814. doi:10.1001/jama.2014.732
11. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. (2015.) *Adult obesity facts*. Retrieved from <http://www.cdc.gov/obesity/data/adult.html>
12. The State of Obesity. (2015). *Fast facts: Obesity and health*. Retrieved from <http://stateofobesity.org/facts-on-obesity-and-health/>
13. Yang, W., Dall, T. M., Halder, P., Gallo, P., Kowal, S. L., & Hogan, P. F. (2013). Economic costs of diabetes in the U.S. in 2012. *Diabetes Care, 36*(4), 1033–1046. doi:10.2337/dc12-2625
14. U.S. Department of Labor, Bureau of Labor Statistics. (2015). *Occupational employment and wages, May 2014: 29-1141 registered nurses*. Retrieved from [http://www.bls.gov/oes/current/oes291141.htm#\(1\)](http://www.bls.gov/oes/current/oes291141.htm#(1))
15. Malik, S., Blake, H., & Batt, M. (2011). How healthy are our nurses? New and registered nurses compared. *British Journal of Nursing, 20*(8); 489–496.
16. Bakhshi, S., Sun, F., Murrells, T., & While, A. (2015). Nurses' health behaviors and physical activity-related health-promotion practices. *British Journal of Community Nursing, 20*(6); 289–296.
17. Fie, S., Norman, I. J., & While, A. E. (2011). The relationship between physicians' and nurses' personal and physical activity habits and their health-promotion practice: A systematic review. *Health Education Journal, 72*(1), 102–119. doi:10.1177/0017896911430763
18. Han, K., Trinkoff, A. M., Storr, C. L., & Geiger-Brown, J. (2011). Job stress and work schedules in relation to nurse obesity. *Journal of Nursing Administration, 41*(11), 488–495. doi:10.1097/NNA.0b013e3182346fff

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19. Ryan, P. (2009). Integrated theory of health behavior change: Background and intervention development. *Clinical Nurse Specialist*, 23(3), 161–170. doi:10.1097/NUR.0b013e3181a42373
20. Centers for Disease Control and Prevention. (2015). *Physical activity and health: The benefits of physical activity*. Retrieved from <http://www.cdc.gov/physicalactivity/basics/pa-health/>
21. National Osteoporosis Foundation. (2010). *Clinician's guide to prevention and treatment of osteoporosis*. Washington, D.C.: Author. Retrieved from <http://nof.org/files/nof/public/content/file/344/upload/159.pdf>
22. Centers for Disease Control and Prevention (CDC). (2015). *Physical activity and arthritis overview*. Retrieved from [http://www.cdc.gov/arthritis/pa\\_overview.htm](http://www.cdc.gov/arthritis/pa_overview.htm)
23. Shiri, R., Solovieva, S., Husgafvel-Pursiainen, K., Telama, R., Yang, X., Viikari, J., Raitakari, O. T., & Viikari-Juntura, E. (2013). The role of obesity and physical activity in non-specific and radiating low back pain: The Young Finns study. *Seminars in Arthritis and Rheumatism*, 42(6), 640–650. doi:10.1016/j.semarthrit.2012.09.002
24. Patel, A. T., & Ogle, A. A. (2000). Diagnosis and management of acute low back pain. *American Family Physician*, 15(6); 1779–1786.
25. Moore, L. V., & Thompson, F. E. (2015). Adults meeting fruit and vegetable intake recommendations – United States, 2013. *Morbidity and Mortality Weekly Report*, 64(26), 709–713.
26. U.S. Department of Agriculture (USDA). (n.d.). *ChooseMyPlate.gov*. Retrieved from <http://www.choosemyplate.gov/>
27. Centers for Disease Control and Prevention. (2015). *Wisewoman*. Retrieved from <http://www.cdc.gov/wisewoman/>
28. American Diabetes Association Website. (n.d.). Retrieved from <http://diabetes.org/>
29. Emergency Nurses Association. (2013). *Position statement: Healthy work environment*. Retrieved from <https://www.ena.org/SiteCollectionDocuments/Position%20Statements/HEALTHYWORKENVIRONMENT.pdf>
30. Centers for Disease Control and Prevention (CDC). (2015). *National health and nutrition examination survey*. Retrieved from <http://www.cdc.gov/nchs/nhanes.htm>
31. Andreyeva, T., Luedicke, J., & Wang, Y. C. (2014). State-level estimates of obesity-attributable costs of absenteeism. *Journal of Occupational and Environmental Medicine*, 56(11), 1120–1127. doi:10.1097/JOM.0000000000000298
32. Centers for Disease Control and Prevention (CDC). (2015). *Insufficient sleep is a public health problem*. Retrieved from <http://www.cdc.gov/features/dssleep/index.html#References>
33. Goldstein, A. N., & Walker, M. P. (2014). The role of sleep in emotional brain function. *Annual Review of Clinical Psychology*, 10, 679–708. doi:10.1146/annurev-clinpsy-032813-153716
34. Arslanian-Engoren, C., & Scott, L. D. (2014). Clinical decision regret among critical care nurses: A qualitative analysis. *Heart & Lung: The Journal of Acute and Critical Care*, 43(5), 416–419. doi:10.1016/j.hrtlng.2014.02.006
35. Dorrian, J., Tolley, C., Lamond, N., van den Heuvel, C., Pincombe, J., Rogers, A. E., & Drew, D. (2008). Sleep and errors in a group of Australian hospital nurses at work and during the commute. *Applied Ergonomics*, 39(5), 605–613. doi:10.1016/j.apergo.2008.01.012
36. Scott, L. D., Arslanian-Engoren, C., & Engoren, M. C. (2014). Association of sleep and fatigue with decision regret among critical care nurses. *American Journal of Critical Care*, 23(1), 13–23. doi:10.4037/ajcc2014191
37. Saleh, A. M., Awadalla, N. J., El-masri, Y. M., & Sleem, W. F. (2014). Impacts of nurses' circadian rhythm sleep disorders, fatigue, and depression on medication administration errors. *Egyptian Journal of Chest Diseases and Tuberculosis*, 63(1), 145–153. doi:10.1016/j.ejcdt.2013.10.001
38. Skidmore-Roth, L. (2016). *Mosby's 2016 nursing drug reference* (29th ed.). St. Louis, MO: Mosby Elsevier.
39. National Sleep Foundation. (n.d.) *Healthy sleep tips*. Retrieved from <http://sleepfoundation.org/sleep-tools-tips/healthy-sleep-tips>

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40. American Psychological Association. (2015). *Why sleep is important and what happens when you don't get enough*. Retrieved from <http://www.apa.org/topics/sleep/why.aspx>
41. U.S. Department of Health and Human Services, National Heart Lung and Blood Institute. (2011). *Your guide to healthy sleep* (NIH publication no. 11-5271). Retrieved from [http://www.nhlbi.nih.gov/files/docs/public/sleep/healthy\\_sleep.pdf](http://www.nhlbi.nih.gov/files/docs/public/sleep/healthy_sleep.pdf)
42. National Sleep Foundation. (n.d.). *Smell*. Retrieved from <http://sleepfoundation.org/bedroom/smell.php>
43. Dorrian, J., Tolley, C., Lamond, N., van den Heuvel, C., Pincombe, J., Rogers, A. E., & Drew, D. (2008). Sleep errors in a group of Australian hospital nurses at work and during the commute. *Applied Ergonomics*, 39(5), 605–613. doi:10.1016/j.apergo.2008.01.012
44. The Joint Commission. (2011). *Sentinel event alert issue 48: Health care worker fatigue and patient safety*. Retrieved from [http://www.jointcommission.org/sea\\_issue\\_48/](http://www.jointcommission.org/sea_issue_48/)
45. Rogers, A. E. (2008). The effects of fatigue and sleepiness on nurse performance and patient safety. In R. G. Hughes (Ed.), *Patient safety and quality: An evidence-based handbook for nurses* (chapter 40). Rockville, MD: Agency for Healthcare Research and Quality; publication No 08-0043. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK2645/>
46. Centers for Disease Control and Prevention. (2014). *Recommended vaccines for healthcare workers*. Retrieved from <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>
47. Ahmed, F., Lindley, M. C., Allred, N., Weinbaum, C. M., & Grohskopf, L. (2014). Effect of influenza vaccination of health care personnel on morbidity and mortality among patients: Systematic review and grading of evidence. *Clinical Infectious Diseases*, 58(1), 50–57. doi:10.1093/cid/\_cit580
48. Letvak, S. A., Ruhm, C. J., & Gupta, S. N. (2012). Nurses' presenteeism and its effects on self-reported quality of care and costs. *American Journal of Nursing*, 112(2), 30–38. doi:10.1097/01.NAJ.0000411176.15696.f9
49. D'Errico, A., Viotti, S., Baratti, A., Mottura, B., Barocelli, A. P., Tagna, M., ... Converso, D. (2013). Low back pain and associated presenteeism among hospital nursing staff. *Journal of Occupational Health*, 55(4), 276–283.
50. Trinkoff, A. M., Johantgen, M., Storr, C. L., Gurses, A. P., Liang, Y., & Han, K. (2011). Nurses' work schedule characteristics, nurse staffing, and patient mortality. *Nursing Research*, 60(1), 1–8. doi:10.1097/NNR.0b013e3181ff15d
51. Emergency Nurses Association (ENA). (2014). *ENA topic brief: Compassion fatigue*. Retrieved from <https://www.ena.org/practice-research/Practice/Documents/CompassionFatigue.pdf>
52. Hooper, C., Crain, J., Janvrin, D. R., Wetsel, M. A., & Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing*, 36(5), 420–427. doi:10.1016/j.jen.2009.11.027
53. Lombardo, B. & Eyre, C. (2011). Compassion fatigue: A nurse's primer. *The Online Journal of Issues in Nursing*, 16(1), 3. doi:10.3912/OJIN.Vol16No01Man03
54. Wentzel, D., & Brysiewicz, P. (2014). The consequence of caring too much: Compassion fatigue and the trauma nurse. *Journal of Emergency Nursing*, 40(1), 95–97. doi:10.1016/j.jen.2013.10.009
55. Fetter, K. L. (2012). We grieve too: One inpatient oncology unit's interventions for recognizing and combating compassion fatigue. *Clinical Journal of Oncology Nursing*, 16(6), 559–561. doi:10.1188/12.CJON.559-561
56. Hinderer, K. A., VonRueden, K. T., Friedmann, E., McQuillan, K. A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, compassion fatigue, compassion satisfaction and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing*, 21(4), 160–169. doi:10.1097/JTN.0000000000000055
57. Duffy, E., Avalos, G., & Dowling, M. (2015). Secondary traumatic stress among emergency nurses: A cross-sectional study. *International Emergency Nursing*, 23(2), 53–58. doi:10.1016/j.ienj.2014.05.001

# ENA Topic Brief

58. Alkema, K., Linton, J. M., & Davies, R. (2008). A study of the relationship between self-care, compassion satisfaction, compassion fatigue and burnout among hospice professionals. *Journal of Social Work in End-Of-Life & Palliative Care*, 4(2), 101–119. doi:10.1080/15524250802353934
59. Tubbert, S. J. (2015). Resiliency in emergency nurses. *Journal of Emergency Nursing*. Advance online publication. doi:<http://dx.doi.org/10.1016/j.jen.2015.05.016>
60. Blaszkowski, M. A., Barrere, C. C., Avino, K. M., & Shields, D. A. (2013). *Core curriculum for holistic nursing* (2nd ed.). Burlington, MA: Jones and Bartlett Learning.
61. American Heart Association. (2014). *Four ways to deal with stress*. Retrieved from [http://www.heart.org/HEARTORG/GettingHealthy/StressManagement/FourWaysToDealWithStress/Four-Ways-to-Deal-with-Stress\\_UCM\\_307996\\_Article.jsp](http://www.heart.org/HEARTORG/GettingHealthy/StressManagement/FourWaysToDealWithStress/Four-Ways-to-Deal-with-Stress_UCM_307996_Article.jsp)
62. Boles, M., Pelletier, B., & Lynch, W. (2004). The relationship between health risks and work productivity. *Journal of Occupational & Environmental Medicine*, 46(7), 737–745.
63. Berry, L. L., Mirabito, A. M., & Baun, W. B. (2010). What's the hard return on employee wellness programs? *Harvard Business Review*, 88(12), 104–112. Retrieved from [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2064874](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2064874)
64. Baicker, K., Cutler, D., & Song, Z. (2010). Workplace wellness programs can generate savings. *Health Affairs (Millwood)*, 29(2), 304–311. doi:10.1377/hlthaff.2009.0626
65. Pelletier, B., Boles, M., & Lynch, W. (2004). Change in health risks and work productivity over time. *Journal of Occupational and Environmental Medicine*, 46(7), 746–754.
66. Mills, P. R., Kessler, R. C., Cooper, J., & Sullivan, S. (2007). Impact of a health promotion program on employee health risks and work productivity. *American Journal of Health Promotion*, 22(1), 45–53. doi: <http://dx.doi.org/10.4278/0890-1171-22.1.45>
67. American Hospital Association Long-Range Policy Committee. (2011). *A call to action: Creating a culture of health*. Chicago, IL: Author. Retrieved from [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAAahUKEwjwKHY7IrlAhXE7R4KHZpoD\\_s&url=http%3A%2F%2Fwww.aha.org%2Fresearch%2Fcor%2Fcontent%2Fcreating-a-culture-of-health.pdf&usq=AFQjCNHJ4v4C8nOxDwfMa8bj5Shh9qs5uA&cad=rja](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAAahUKEwjwKHY7IrlAhXE7R4KHZpoD_s&url=http%3A%2F%2Fwww.aha.org%2Fresearch%2Fcor%2Fcontent%2Fcreating-a-culture-of-health.pdf&usq=AFQjCNHJ4v4C8nOxDwfMa8bj5Shh9qs5uA&cad=rja)
68. World Health Organization. (1946). *WHO definition of health*. Retrieved from <http://www.who.int/about/definition/en/print.html>

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## Compassion Satisfaction Self-Care Checklist

**Instructions:** The items on this checklist are all positive self-care activities. Participating in self-care activities can increase compassion satisfaction and work to prevent and combat compassion fatigue. Although there is no exact number of self-care activities that has been proven to achieve such results, you can find activities that best suit your interests and leave you feeling psychologically, physiologically, and spiritually fulfilled and rejuvenated. You can add your own ideas at the end of the list. *Have fun with this—you deserve it!*

	Self-Care Activity	Date I will try this	Recommended this to a coworker	I got this!
1.	Self-reflection (Identifying and remembering why you became a nurse)			
2.	Artwork (Enroll in an art class or work independently on a creative project)			
3.	Humor (Take an improv comedy class or make a concerted effort to insert humor into your day)			
4.	Exercise as a habit			
5.	Guided imagery			
6.	Meditation			
7.	Healthy sleep habits (Ensure you have adequate time for sleeping each night)			
8.	Reading (Read an engaging book, join a book club, or join a work-related journal club and hold it off-site)			
9.	Music therapy			
10.	Practice smiling			
11.	“Pet a pet”			
12.	Volunteer (Volunteering connects you with the community and provides compassion satisfaction)			
13.	Learn something new			
14.	Perform a random act of kindness			
15.	Get a massage/pamper yourself			
16.	Gardening			
17.	Connect with friends and/or family			
18.	Don’t do it all yourself: Assign chores/household tasks to other members of your household			
19.	Explore your community			
20.	Take your breaks at work outside of your department, and ideally outdoors			
21.	Breathing exercises			
22.	Make time for your hobby/personal interest			
23.	Therapeutic writing (Participate in a blog, take a creative writing class, keep a journal, etc.)			
24.	Have fun making healthy meals (Involve your family and friends in selecting new recipes or take a cooking class)			
25.	Recognize the potential and possibilities of enlisting professional help			
26.	<i>Insert your idea here</i>			
27.	<i>Insert your idea here</i>			