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INTEGRATIVE REVIEW OF THE LITERATURE

Cuidado de si em enfermagem: uma revisão integrativa

Self-care in nursing: an integrative review

Autocuidado en enfermería: una revisión integradora

Ramonyer Kayo Morais de Oliveira¹, Clécio André Alves da Silva Maia², Johny Carlos de Queiroz³

ABSTRACT

Objective: To analyze the process of self-care in nursing. **Method:** it is a reflective study and integrative review of the literature held in BDNF, LILACS, SciELO and MEDLINE databases, using controlled keywords “self-care”, “nursing”, “work” and “hospital” and not controlled “take care of himself”. **Results:** 5 scientific productions were analyzed and the results were grouped into two pillars: characterization of the studies found; and theoretical issues brought by the studies, such as the interface between the self-care and the careless of nursing, self-care for through theories and spiritual conception and, the implications of the self-care for nursing. **Conclusion:** it was concluded that self-care should be incorporated into practice by the nurses and academics so that they do not suffer wear through the everyday experiences of work, so this habit favors themselves and the caring for others. **Descriptors:** Nursing, Self-care, Occupational health, Hospital.

RESUMO

Objetivo: Analisar o processo de cuidar de si na enfermagem. **Método:** trata-se de um estudo reflexivo e de revisão integrativa de literatura, realizado nos bancos de dados BDNF, LILACS, SciELO e MEDLINE, utilizando os descritores controlados “autocuidado”, “enfermagem”, “trabalho” e “hospital” e o não controlado “cuidar de si”. **Resultados:** foram analisadas cinco produções científicas, sendo os resultados agrupados em dois pilares: caracterização dos estudos encontrados; e questões teóricas trazidas pelos estudos, tais como a interface entre o cuidar de si e o descuidado da enfermagem, o cuidar de si em meio às teorias e a concepção espiritual, e as implicações do cuidar de si para a enfermagem. **Conclusão:** conclui-se que o cuidar de si deve ser uma prática incorporada pelos enfermeiros e acadêmicos para que estes não sofram desgaste através das vivências cotidianas do trabalho e que este hábito favoreça a si mesmo e o cuidar do outro. **Descritores:** Enfermagem, Autocuidado, Saúde do trabalhador, Hospital.

RESUMEN

Objetivo: Analizar el proceso de auto-cuidado en enfermería. **Método:** este estudio de reflexión y una revisión integradora de la literatura llevado a cabo en los bancos de datos del BDNF, LILACS, SciELO y MEDLINE utilizando palabras clave controladas “autocuidado”, “enfermería”, “trabajo” y “hospitales” y no controlados “cuidar de sí mismos”. **Resultados:** se analizaron 5 producciones científicas y los resultados se agruparon en dos pilares: la caracterización de los estudios encontrados, y cuestiones teóricas planteadas por estudios como la interface entre el cuidado de sí mismos y descuido de la enfermería, el cuidado por sí mismos en medio de las teorías y la concepción espiritual y las consecuencias de cuidar de sí mismos para la enfermería. **Conclusión:** se concluye que el cuidado de sí mismo debería ser incorporado por las enfermeras y académicos a fin de que no sufran un desgaste a través de las experiencias cotidianas de la práctica de trabajo a fin de que este hábito favorezca a sí mismo y al cuidado de los demás. **Descriptor:** Enfermería, AutoCuidado, Salud Laboral, Hospital.

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INTRODUCTION

Caregiving is an intrinsic action to the process of being and becoming of the human being. In health area, care is considered a nursing job object and fundamental in the promotion and maintenance of health. For that, the professionals must act, interact and react with their peers, patients and families, searching of a healthy living for all them.

With that, care conceptions have influenced several studies and new perspectives for nursing practice, including the self-care.¹

It is understood that self-care is healthful self-living and with each other. However, the nurse just takes awareness of this right and this lifestyle when questioning and/or appreciating the self-care, enabling him to reflect critically about his personal and professional role, aiming at the improvement of care for themselves and the other.²

On a philosophical level, self-care is a vital act, represented by infinite range and the complex variety of activities that people perform to protect and maintain their existence.

Self-care as a human construction is the result of a process of socialization, where people learn the customs, habits, attitudes, beliefs, values, characteristic from influential groups, but also represents self-evaluation, the sensitivity of the self-commitment.³

However, self-care is not usual for nurses. They are professionals with workload and responsibilities, forgetting their own psycho-biological and social needs, hindering the full and human care.

In this sense, what favors their carelessness are the constant workload, the deal with the adversities of pain and suffering, mental and physical fatigue, the situations of others, which are directly related to stress and organizational constraints of working environment.

The problem of this process is in the expressions of the nurses towards their activities. They feel with lack of support, ambiguous perception around their professional role and discouraging, making thus the workspace flat and irresolute.

With a view to these issues, the professional who wants to take care of others, first of all needs to demonstrate that he can take care of himself, knowing the limits of his doing, respecting the other as a different human being.⁴

In this perspective, it is not clear about what is “self-care” by most of the nurses, their perspectives and their benefits. With this, it instigates the search: How do health workers, especially nurses, understand and develop the process of self-care?

With that, the present study aims to analyze through scientific studies, the process of self-care in nursing.

METHOD

It is a reflective study and an integrative review of the literature that aims to gather, analyze and synthesize existing studies through the results of research on a particular topic or question, systematically and orderly, with the purpose of deepening and discuss the knowledge being investigated.⁵

The survey of data were conducted in databases in nursing (BDENF), Latin American System and of the Caribbean of Information in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Medical Literature Analysis and Retrieval System Online (MEDLINE).

The review was carried out in three stages, the first one took place through the search of controled keywords by DeCS (Descriptors in Health Sciences) and BIREME (Virtual Health Library) “self-care”, “nursing”, “work” and “hospital”, adding to the uncontrolled “taking care of himself”. Then, in the second step, the search with the key words, in Portuguese, English and Spanish combined into two sequences were held like: “self-care/nursing/work/hospital” and “taking care of himself/nursing/hospital”. In the third and final step, the studies under critical analysis were selected, disregarding the review studies not consistent with the guiding question, as well as duplicates.

The research was conducted in April 2012 using inclusion criteria: studies related to the proposed topics and available in full.

Thus, the analysis of the articles found was systematized by following the steps in the bibliographical research, considering: the preliminary bibliographic survey in the databases referred above; exploratory reading of studies, checking the viability of the studies found for the literary review; selective reading, analyzing, in a specific way, the relevance of the studies; analytical reading, summarizing the information found in a critical way; interpretive reading, articulating the knowledge versed in all the studies reviewed; and the preparation of the final text that synthesizes the results of the literary research⁶.

The collected data were gathered in tables, describing the properties of the articles to be better analyzed.

RESULTS E DISCUSSION

The studies were systematically analyzed and described in three moments: first, quantitatively, highlighting the source of research by database. Consequently, the characterization in qualitative phase, highlighting the characterization of studies about the

magazine and year of publication, title of study, methodology and research site. Finally, the theoretical and reflexive discussion coming from the studies.

Search of data collection

The findings of the articles are distributed quantitatively according the results of the literary research, considering the combination between the keywords, database, inclusion/exclusion criteria and variables listed in Table 1.

Table 1: Quantitative detail of the studies surveyed in literary review, 2012.

Database	Combinations		Excluded	Repeated	Selected studies
	1*	2**			
BDENF	32	20	48	1	3
LILACS	30	26	51	3	2
SciELO	7	6	11	2	0
MEDLINE	271	-	270	1	0
Total	340	52	380	7	5

*Combination 1: self-care - nursing - work - hospital

**Combination 2: take care of himself - nursing - hospital

A total of 392 studies were researched in 4 databases considering two combinations of referred research. To select the study, inclusion criteria were used (focus on the subject and answer the guiding question proposed) and exclusion criteria (text not available in full, discordant thematic, duplicate studies for database and those that have not responded the guiding question).

Only 5 studies were selected for integrative analysis in order to get answers to the question in research and reflections about aspects of taking care of himself by the nursing professionals.

It was observed that in the second combination, there is the absence of a quantitative combination because it is a keyword not controlled and it does not have the same research procedures in English, however, there was evidence in Portuguese and Spanish.

Study characterization

In Table 2, there is the synthesis of characterization of the studies surveyed in literary review highlighting the main properties required by the objective of this study.

Table 2: Properties of the selected articles for the review, 2012.

Magazine/year	Title	Methodology	Research site
Latino-am Enfermagem/ 2008	Spirituality in taking care of himself for nursing professionals in intensive care. ⁷	Qualitative research with semi-structured interviews and participant observation.	ICU of the Hospital de Clínicas of Porto Alegre, Brazil.
Gaúcha de Enfermagem/ 2007	Expanding the self-awareness: the caregiver looking into	Pesquisa qualitativa com instrumentos de	Nursing Medical Service of the Hospital de

	the mirror. ⁸	coleta de informações Qualitative research with information instrument collection .	Clínicas of Porto Alegre, Brazil.
Texto e Contexto/ 2007	Caring the caregiver: perceptions and conceptions of the nursing assistants about taking care of himself. ⁹	Qualitative research, exploratory-descriptive type.	Rehabilitation units, oncology clinic and onco-hematology pediatric of Hospital de Apoio of Brasília, Brazil.
Gaúcha de Enfermagem/ 2004	The movement between care and self-care in ICU: an analysis through the Theory of Transpersonal Care of Watson. ¹⁰	Qualitative research, exploratory-descriptive type.	ICU of the Hospital de Clínicas of Porto Alegre, Brazil.
Psicologia USP/ 2004	Mental health workers: take care of himself and ways of subjectivation. ¹¹	Foucault's genealogical proposal for analysis of the material and interview.	São Pedro Psychiatric Hospital of Porto Alegre, Brazil.

There was a literary search on English and Spanish keywords in database of these languages, however, there were no international studies included for analysis.

All studies are original articles⁷⁻¹¹, developed through field research in the city of Porto Alegre (RS), Brazil, that is, 4 (four) studies (80%)^{7, 8, 10, 11}, and 1 (one) study (20%)⁹ in the city of Brasília (DF), Brazil in intensive care units (ICU), medical clinic, rehabilitation units, medical oncology, onco-hematology pediatric and psychiatric care unit.

The articles presented a range of 5 (five) years of publication⁷⁻¹¹, reality in which it was considered that taking care of himself is stumbling in the Brazilian and international research, without concern about this taking care of himself among nursing professionals.

Interface between the care of himself and the nursing careless

Taking care of himself is a self-directed activity. The care of himself is noticeable through categories of signification and plastic works, especially the care of the esthetics, the daily life of work and health-disease process.^{9,11}

In this same axis, it is interposed in a relation with care, art and life to lead human beings to reflect on the beauty of their existence, as well as to know how to live in a creative and magic way.⁹

The literature brings directions that give notoriety to care of himself in several studies, claiming that it is necessary to be authentic and aware of their choices through the practice of caring for himself, such as physical exercises, daily practices - live well, quality of life and other knowledge that should be recognized in the importance of maintaining health and that can transform the way of life of nursing professionals.^{8,11}

They show also that the intimate contact with nature, that human being are part it, translates a relationship of care of himself through the distancing of tumultuous environments and reflection about life in the middle of peace - being with the family.^{7,8}

Another factor is the care of the himself and self-awareness are reflexive acts to the caregivers see their inside, to their subjectivity, because from this action the caregiver is able to know himself, accept with authenticity, realizing their potentials and limitations and grow and change of himself.¹⁰

With regards the careless, there are intrinsic negative feelings experienced in day to day care, such as helplessness, frustration, sadness, anger and feeling necessary to each other. And the attitudes of non-care of himself, the generators of malaise that happen during the work process, whether from the headchief or from colleagues. They agree with the established rules as unjust and full of insensitivity towards them, these rules having negative repercussion on the day to day care. It shows the perception of an inconsistency between what is required and what is offered to the carengivers, while human being inserted into the world of care.¹⁰

The careless generates tension that adding to the problems of everyday life to generate imbalance and possibly illness by stress, where they contribute to burnout syndrome that is with the lack of care of himself. From this situation in which it is possible to not be "right", "not having patience", it is possible to "be mad", because these are human conditions, conditions for thinking as a human, to recognize humanized.^{7,11}

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Thus, by the time they become more aware of themselves, they recognize that they need to be cared by themselves, by their co-workers and others. Mutual help is felt as care. For that, it is necessary to establish a support network that encourages and admire communication.⁷

In this syntony, the care of himeself is fundamental to take care of each other. Attitudes to care of himself as physical health, looking to preserve his body, or as to the mental and emotional health, through attitudes that unveil, through care, the love that each nourishes for themselves.¹⁰

The care of himself in the theories and spiritual conception

The care of himself is emerged by theories that support the actions, reflections and subjectivity about projections during the execution of care, which adopt often spiritual conception to strengthen the self-relationship.

In a theoretical sense, care is present in life, represented by a space of exchange of subjective experiences, considered a condition of human life and the transpersonal caring process is widely art, because it allows the access of "Me" in union with the other⁹.

To this end, the transpersonal theory brings an approach in which the human being must have a relationship with his physical body, becoming a body-as-subject, transcending the physical dimension and going the subjectivity of this body.⁹

In spirituality, forces that is the essence of being are revealed, the promoter of his act towards others, presenting as transcendence the connection with God or superior beings as strength from which caregivers come to face everyday life. The spiritual being is also source of care. The knowledge of the spiritual body must be perceived as reflective power source, responsible and committed, forming a set of relationships of care that moves him towards each other.^{9,10}

In this divine context, the superior force that represents expansion of conception of external and distant God, to understand also a God inside, a force that is inside him. The superior force that emerges is revealed as sacred dimension of the human being, as a force that motivates and drives the caregiver of nursing in his life. The spirituality gives support and safety and it is reflected in the care that it has with him and consider prayer as a way to take care of himself.⁷

Implications of the care for nursing

In care of himself process, it is extremely important to understand how the nursing professionals express their perceptions of themselves, i.e., how they realize by looking at their "Me".⁸

From this perspective, it is known that during the long days of work, the caregiver suffers from physical-mental-emotional compromises integrity. Thus, self-care is important for the caregiver to know it in communion with the harmony, with inner peace, with nature, with the divine, with the process of taking care of themselves and of others, because, in this way, they will promote improvement in their quality of life and existence and improvement in care that are provided for him and the other.⁹

In this way, if the caregiver is unable to care for himself, the better condition of life will have and better condition will have to take care of the other and help people bringing in search of self-knowledge, self-care and self-cure.⁹

CONCLUSION

With the findings of this literary research, it was possible to find current and reflective evidence about the care if himself in the daily life of nursing through taking care of himself and self-careless; the constitution of care theories and spiritual conception, and finally, beneficial implications for nursing care.

It was understood that the care of himself must be a systematically incorporated practice in all areas of nursing, for this professional do not suffer physical-mental-emotional wearing.

In this sense, it is imminently necessary the rethink on several topics, since they cannot take care of themselves without the “system” not favoring them. Thus, it is necessary to organize the working process as an institution in favor of sufficient conditions for professionals, that is, to pay attention to humanistic aspects, those which respect the human limits, because if the professional get sick it will cause his removal and damage for both.

The concern of care of himself is not just for the academics, but also by the constant experiences in daily work realizing the other and himself in this space. To this end, the present study considered appropriate for reflection of nurses and nursing academic surroundings of their practices in relation to the habits of caring of themselves and care of each other.

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