

11-3-2015

# Self-Care Project For Faculty And Staff Of Future Health Care Professionals: Case Report

Nancy MacRae

*University of New England, nmacrae@une.edu*

Kelley Strout

*University of Maine at Orono*

Follow this and additional works at: [http://dune.une.edu/ot\\_facpubs](http://dune.une.edu/ot_facpubs)

 Part of the [Occupational Therapy Commons](#), [Other Mental and Social Health Commons](#), [Public Health and Community Nursing Commons](#), and the [Public Health Education and Promotion Commons](#)

---

## Recommended Citation

MacRae, Nancy and Strout, Kelley, "Self-Care Project For Faculty And Staff Of Future Health Care Professionals: Case Report" (2015). *Occupational Therapy Faculty Publications*. Paper 7.  
[http://dune.une.edu/ot\\_facpubs/7](http://dune.une.edu/ot_facpubs/7)

This Article is brought to you for free and open access by the Occupational Therapy Department at DUNE: DigitalUNE. It has been accepted for inclusion in Occupational Therapy Faculty Publications by an authorized administrator of DUNE: DigitalUNE. For more information, please contact [bkenyon@une.edu](mailto:bkenyon@une.edu).

## Case Report

---

# Self-care project for faculty and staff of future health care professionals: Case report

Nancy MacRae<sup>a,\*</sup> and Kelley Strout<sup>b</sup>

<sup>a</sup>*University of New England, Westbrook College of Health Professions, Portland, ME, USA*

<sup>b</sup>*University of Maine, School of Nursing, Orono, ME, USA*

Received 18 September 2014

Accepted 21 May 2015

**Abstract.** Self-care among health care providers is an important component of their ability to provide quality health care to patients. Health care institutions have programs in place for students that emphasize health and wellness, but few programs are available for faculty and staff. To address this gap and facilitate modeling health and wellness strategies for students, a New England institution that educates health care practitioners began a pilot self-care project for faculty and staff. Both quantitative and qualitative data were collected. The template used for this project could be used as a stepping-stone for future wellness self-care program in higher education for faculty, staff, and students.

**Keywords:** Self-care for faculty and staff, interprofessional, health and wellness, higher education

## 1. Introduction

Self-care “is the practice of activities that mature people initiate and perform independently within a time frame to promote and maintain personal well-being, healthful functioning and continuing development throughout life” [1]. It is an important component of health care practitioners’ ability to provide safe, high quality health care to patients [2]. In integrative medicine, there is a recent emphasis on the importance of self-exploration, self-development and self-care as part of medical students’ degree requirements [1]. Students living away from home for the first time may have to cope with an increased amount of stress associated with semester workloads. Consequently, students can experience an unbalanced and unhealthy lifestyle

[3–5]. The mission of the American College Health Association Healthy Campus [6] 2020 is to empower faculty, staff, and students to engage in healthy behaviors through targeted and measureable interventions. Faculty and staff working at higher education institutions may lead as self-care role models in order to encourage these behaviors for their students [7–10]. The purpose of this paper is to describe a self-care project among faculty and staff working in higher education.

## 2. Overview of project

An interprofessional team of faculty and staff who work at a small private university in the Northeast United States created a self-care project for faculty and staff. Taking care of oneself and modeling behaviors for students before they become practitioners was a topic of great interest to members. While there are self-care projects for students, the committee wanted to begin with faculty and staff, those who teach, work with, and model professional behavior for students.

---

\*Address for correspondence: Nancy MacRae, MS, OTR/L, FAOTA, Associate Professor, University of New England, Westbrook College of Health Professions, 716 Stevens Avenue, Portland, ME 04103-2671, USA. Tel.: +1 207 221 4106/+1 207 284 1284; Fax: +1 207 532 1920; E-mail: nmacrae@une.edu.

### 2.1. *Specific aims*

Integral parts of the project were health (to attain and maintain), healing (for current level of stress), and art (as an expressive media and on that can promote healing). Other wellness programs have focused primarily on physical health and reducing stress [2, 8–10]. The addition of the arts as a way to heal is unique. This project contained three specific aims. 1) Establish the feasibility and acceptability of a self-care program for faculty and staff within higher education 2) describe self-care within seven domains among faculty and staff working in higher education 3) compare pre and post self-care survey data of a semester-long pilot self-care education program.

## 3. Method

This study followed a quasi-experimental pilot design. The Institutional Review Board at University of New England approved this study under the exemption status. The project integrated three components 1) pre and post self-care wellness program self evaluation 2) personal goal setting initiated with self-care wellness self evaluation 3) social support from self-care wellness weekly group meetings.

### 3.1. *Sample and recruitment*

Faculty and staff were invited to participate in the self-care wellness program via e-mail announcements beginning early in the fall semester along with periodic announcements during Faculty Assembly. Participants were offered free lunch and social support to focus on wellness self-care. E-mails were also delivered before each of the sessions to remind participants of the next session. A convenience sample of 20 participants agreed to participate in the self-care project.

### 3.2. *Measurement*

Self-care was measured, pre and post, using the Integrated Health and Wellness Assessment (IHWA) [11]. This 34-item questionnaire examines self-care in 9 domains (physical nutrition, physical exercise, life balance, mental, spiritual, emotional, relationships, environment, and health responsibility). Those who agreed to participate completed the IHWA on-line assessment before the first session. At the end of the assessment, the individual was given an opportunity to

rank each domain by stating his or her readiness, priority, and confidence in ability to change. The individual used the assessment to drive a personal wellness self-care improvement plan. This tool provided a method to measure the domains of wellness addressed in each week of the self-care wellness program, provided a method for the participant to set personalized self-care wellness goals, and provided a method to measure the most important self-care wellness motivators and priorities for faculty and staff training future health professionals in higher education. This data offers the ability to better understand this demographic and can be used to inform future programs. The IHWA previously demonstrated reliability and validity among adults [12].

### 3.3. *Intervention*

A small interprofessional (Physician Assistant, Occupational Therapy, Counseling, and staff from two of the campus colleges, and Art) committee developed a wellness self-care education program based on six domains: emotional, spiritual, physical, social, intellectual, and occupational [13]. Additionally a weeklong art exhibit with various presentations was offered.

All of the educational sessions were held during lunchtime, from 12–1:30. A light healthy lunch was provided. Each participant was provided with a blank notebook, for journaling or notes, and a pen.

### 3.4. *Session structure and weekly overview*

The first session was an overview provided by an outside psychologist who emphasized the importance of wellness self-care for health and healing. Participants used the results from their IHWA and the support of the psychologist to establish personal wellness self-care goals. Sessions after that began with an update from each participant on progress in meeting their self-care goals, followed by specific information on the targeted topic, and then exercises to do alone or with another, to apply what had been learned. The sessions ended with a round of what had been learned from the session and action steps before the next session. After the introductory session, there were six sessions with specific content and a final celebratory session.

#### 3.4.1. *Emotional/affective session*

Two committee members who work at the university's counseling center led the emotional/affective session. A Feelings Inventory [14] was completed and discussed, as well as a worksheet for emotional self-

care [15]. A group discussion followed about how these results factored into participants' wellness self-care goals.

#### 3.4.2. *Art session*

The art session introduced humanities and arts elements to promote sensitivity, creativity, and imagination in caring for oneself, an essential first step in healthcare clinical practice. A review of the literature on the connection between art, healing, and public health found that creative expression or artistic engagement, especially music, visual arts, and movement-based activities, can be a significant aspect of the healing process [16]. A primary goal was to demonstrate the ways in which the arts arouse emotions and assist a focus on self-knowledge. As Samuel Shem [17] has written in *Fiction as Resistance*: "we may forget knowledge but we never forget what we understand. We understand through feeling" (935). A number of elements composed this artistic piece.

The first element of the art segment was an art exhibition called *Health and Healing* held at the campus Art Gallery. Artists with a university connection (e.g., alumnae, family members, or professional associates) and working in a number of mediums created the works on display. Artists' statements about how the process of creation positively impacted their health and healing accompanied the art. Additional elements of this session included a reception with a musical performance, a demonstration by a visual artist on how the visual arts can inform/transform emotional insights, and a discussion by a local author about inspiration and the writing process.

#### 3.4.3. *Physical self-care session*

An employee of the university gymnasium and a student intern led the physical self-care week's activities. Participants were introduced to and then were able to try resistance, cardiovascular, flexibility, neuromotor, and strength building.

#### 3.4.4. *Social self-care session*

A social worker, with an established health and wellness center in the area, presented this session. She discussed the value of social support and connection; introduced the concept of mirror neurons [18], when one observes actions and facial expressions of others; and described goal contagion, when one automatically adopts and pursues a goal implied by another's behavior [19, 20].

#### 3.4.5. *Spiritual self-care session*

Committee members presented this session. It began with a grounding exercise and then focused on differentiating religion from spirituality, as well as discussing how they can be the same. The group then depicted or verbally explained what was spiritual for them. Areas of interest were readily acknowledged and followed with questions.

#### 3.4.6. *Occupational and intellectual session*

A committee member presented this session. The focus was identifying the components of intellectual self-care. A description of occupations and how they affect health, illness, and aging followed. Participants were asked to identify meaningful activities or "what feeds their soul" and share them with group members. Identifying the barriers to engaging in such activities, how to incorporate them into the work environment to make it healthier, and how to claim self-care power were discussed.

#### 3.4.7. *Celebration segment*

The celebratory segment focused on reflecting and acknowledging the collective and individual progress of each participant. The group discussed future plans for improving their own health and wellness.

## 4. Data analysis

Data were analyzed using qualitative and quantitative methods. The participants evaluated each of the six content-based sessions, as well as the final celebratory session. Session evaluations asked for written feedback on four items: session content was effective; presenters/facilitators were effective; session materials were helpful; overall effectiveness of session (helpful, worthwhile, inspiring, supportive, comfortable, and space for additional comments). Quantitative data were analyzed using SPSS version 20. Because of the pilot design of this project, participants' pre self-care aggregate IHWA and post IHWA were analyzed using descriptive statistics. Mean scores for each of the seven self-care domains (physical nutrition, physical exercise, life balance, mental, spiritual, emotional, relationships, environment, and health responsibility) were created by summing the scores for each item within each domain and dividing by the number of items within the domain. Mean scores were generated for priority self-care domains, motivation to change self-care domains, and confidence. The six domains addressed in the ses-

sions correlate well with the seven domains evaluated in the pre and post test. Relationships was covered in the week discussing social domains; physical exercise, nutrition, and health responsibility encompass the physical week; mental and emotional were covered in the emotional, spirituality, and art week; and environment and life balance were covered in the occupational and spiritual weeks.

### 5. Results

A total of 16 faculty and staff completed the IHWA at baseline. This sample was primarily female with one male participant, with an average age of 51 years. The samples' level of education ranged from Baccalaureate to Doctoral Degrees; 24% prepared at the Baccalaureate level, 53% at the Master's Level, and 24% at the Doctoral level. Ninety four percent of the sample was white. The group was equally divided between faculty (53%) and staff (47%). Thirteen participants completed the post IHWA giving the project a 19% attrition rate.

#### 5.1. Quantitative results

As displayed in Fig. 1, at baseline, the group's strongest self-care domain was Health Responsibility and the weakest self-care domain was Physical Nutrition. As displayed in Fig. 2, the self-care domains listed as the highest priority for improvement included Life-Balance, Relationships, Physical Exercise, and Nutrition. Environment was the least cited priority for change. As displayed in Fig. 3, the group was most motivated to improve their Relationships, Physical Exercise, and Health Responsibility. They were least motivated to improve their Environment. The group was

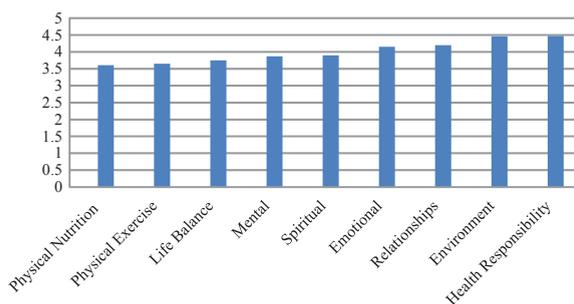


Fig. 1. Baseline mean self-care scores by domain. \*Note: Higher scores equal more improvement.

most confident that they could improve their Emotional and Health Responsibility self-care domains, as shown in Fig. 4.

After participating in the five-month self-care education program, the mean scores for all seven domains of self-care improved, as displayed in Fig. 5. The domains with the most improvement were Physical Exercise, Spiritual, while Environment showed the least improvement, as shown in Fig. 6.

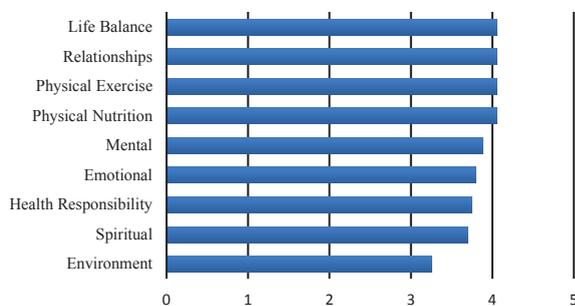


Fig. 2. Priority self care domains. \*Note: Higher scores equal more improvement.

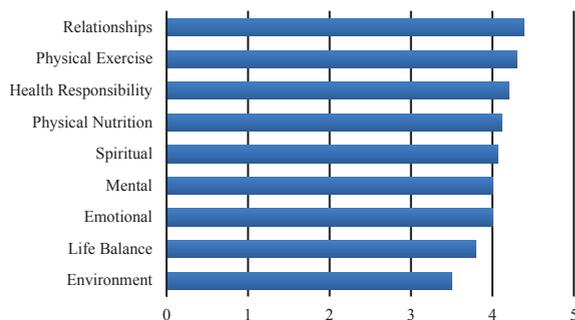


Fig. 3. Motivation to change by self-care domain. \*Note: Higher scores equal more improvement.

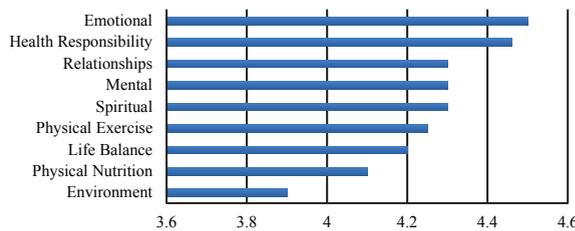


Fig. 4. Confidence in ability to change. \*Note: Higher scores equal more improvement.

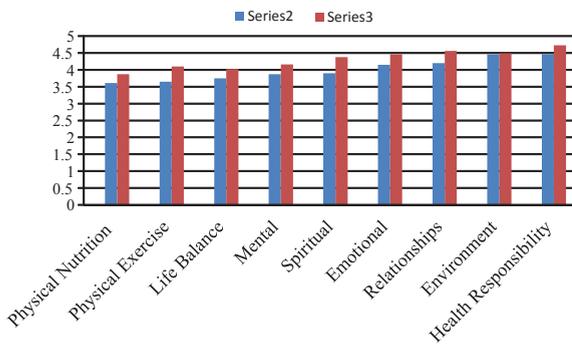


Fig. 5. Baseline and post self-care scores By domain. \*Note: Higher scores equal more improvement.

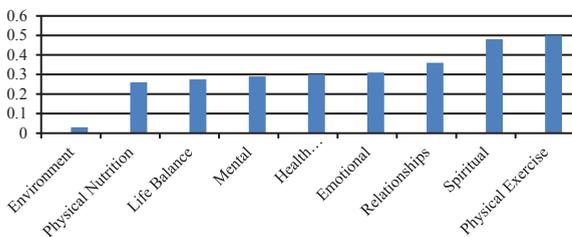


Fig. 6. Improvement in baseline self-care domain post self-care intervention. \*Note: Higher scores equal more improvement.

### 5.2. Qualitative results

In all six sessions, the majority of participants found the sessions and facilitators effective. A majority except for session one, “Introduction and Overview”, labeled materials as helpful. Participants specifically reported that it felt good to get together and focus on wellness; enjoyed the emphasis on spirituality and making connections with others; the relaxing and comforting atmosphere of the group; the ability to learn from all members; community building; camaraderie; supportive group process; learning how to be compassionate with self and that everyone struggles with making time for themselves; liked the dyadic/triad work as very helpful to express oneself to one or two people if one cannot in a larger group. During the physical self-care segment some participants were surprised that their balance was not as good as they thought; during the spiritual segment, the discussion was very personal and became meaningful for the entire group.

### 5.3. Qualitative feedback for the whole project

Comments and recommendations about the entire program included: recommend the experience to all fac-

ulty and staff; the interprofessional nature of the group created the opportunity for confirmation that everyone is more similar than different; improvement of balance; meaningful exchanges, peer-to-peer learning; better understanding of how important each profession is to contribute to the whole team; different ways of learning. Because of the program, some participants stated they were more involved in daily care, more accepting of self and others, exercising more regularly, and reassessing spiritual goals. Some also expressed they were more whole and aware, with more respect, patience and compassion and that they were not alone struggling to take time out for self care. Others expressed more enjoyment of work, finding more opportunities for self-care, more connected to others in one’s environment, less judged by others, and tried to enjoy every minute. Themes from the qualitative analysis emphasized the value of compassion and support of the group.

## 6. Discussion

The wellness self-care program was feasible and acceptable for faculty and staff who train future health professionals in higher education. The attrition rate was low, and participants enjoyed the pilot program. Individuals worked toward personalized wellness self-care goals and demonstrated increased self-care awareness. Personal commitment and social support facilitated the realization of health and healing outcomes [21]. Goal contagion [10] may have played a role in the success of individual participants, particularly evident in the improvement seen in the post IHWA Physical and Spiritual scores. This interprofessional project integrated a tri-method approach to support individual’s self-care success: the pre and post IHWA assessments, establishment of personal goals, and the social support of the group process. The group process provided a safe and comfortable context for discussing particular and unique issues, ones that were personally meaningful to the participants. Participants were observed to appreciate this time set aside for themselves, warmly greeting other members and easily settling in to learn about, with, and from the others on the topic of the day. These support- building and social aspects were seen as beneficial. The environment was seen as being composed of new relationships, with an appreciation of what opportunities the outdoor environment could offer for restoration.

The overarching values of this pilot project have been the social and spiritual connections made by

like-minded individuals, from various departments and colleges on the campus of the university, and values supported by the IHWA data. At the start of this project, participants were most motivated to improve their Relationships and Physical exercise. At the end of the project, Physical Exercise demonstrated the largest mean improvement from baseline, and Relationships demonstrated the third largest increase. These findings are consistent with findings from a meta-analysis by Noar, Benac, and Harris [21] that found individuals who participated in self-care wellness programs were more successful when programs were tailored to individual's self-efficacy and stage of change. In this project, individuals were motivated to improve their Physical Activity and Relationships, and they were provided appropriate interventions and social support to facilitate movement toward increasing their Physical Activity and Relationships.

At the end of the program, the Spiritual self-care domain demonstrated the second greatest increase from baseline. At baseline, participants were not highly motivated or confident in their ability to improve their spirituality. The increase in spiritual scores can be explained by the Transtheoretical Stages of Change Model [22, 23]. According to the experiential process, consciousness raising, or getting the facts, facilitates behavior change because it raises the individual's awareness of an issue as well as methods to address the problem behavior. The concept of spirituality is commonly and perhaps mistakenly associated with religion [24]. In this project, spirituality was presented with a broad meaning that participants could individualize and share personal meanings with the group. This experience may have raised participant's consciousness about the significance and broad application of spirituality. Goal contagion may also have been a factor.

Participants' goals and efforts toward their desired goals were supported and validated through the self-care group meetings. The sacrosanct 12–1:30 time protected by the college for guest speakers and events made it possible for interested interprofessional faculty and staff to participate. Humor was infused in many discussions, especially around the change of achieving a sense of personal and professional balance [24]. Each could laugh at their efforts or non-efforts, yet realize continued efforts were necessary to assist in feeling better about themselves and their lives and knowing that within the context of support and validation this could occur. Humor has been demonstrated to reduce feelings of stress [25]. Multiple areas of self-care were explored, with the artistic one given much time and

space in a small art gallery, and providing various discussion topics, as well as media, to explore. This artistic component added dimensional depth to the emotional and spiritual aspects of the project.

## 7. Summary

The passion for connection and personal validation for efforts to improve health and balance will be a guide for taking the next steps in developing and evaluating wellness self-care programs for faculty and staff in higher education. Faculty and staff involved in this pilot project can now better model and mentor students who desire to achieve a higher level of health and wellness as they begin their health care careers. They have taken on continuing the group on an informal monthly basis to remain connected and to receive the support and validation for achieving the level of self-care for which they strive. Branching out to include graduate students/new professionals in an elective or credit-bearing course for 1, 2, or 3 credits may occur, with the appropriate faculty leadership, and using the template from this project as a stepping stone. Using the pilot as an example, students and new professionals, within a supportive context, would be able to choose and/or expand self-care strategies to improve and/or maintain their health and balance with an increasingly demanding health care environment. For these things to occur continued organizational validation and support will be necessary [26]. More research is needed to understand the most effective self-care wellness programs for faculty and staff who train future healthcare professionals.

## Acknowledgments

The first author would like to acknowledge the following interprofessional group for their collaborative energy and commitment to developing this project: Anne Zill, Joseph Wolfberg, Cali Johnson, Danielle Lawrence, and Jeanne Wood.

## References

- [1] <https://books.google.com/books?hl=en&lr=&id=id3oXX2H5PoC&oi=fnd&pg=PR11&dq=Dorothea+orem&ots=kwTmIMSNr8&sig=yHnmR-xVMn5mNUpbfVV5hCg3tiO#v=onepage&q=Dorothea%2Oorem&f=false>
- [2] Garber RR, Martin DM. Still-Well Osteopathic Medical Student Wellness Program. *JAOA* 2002;102(5):289-92.
- [3] Maizes V, Rakel D, Miemiec C. Integrative Medicine and Patient-Centered Care, prepared for the Institute of Medicine Summit (Feb. 2009).

- [4] Lewin T. Record Level of Stress Found in College Freshmen. *New York Times*; 2011.
- [5] National Health Ministries. *Stress and the College Student*, 2004.
- [6] Scott E. *Stress in College: Common Causes of Stress in College*, 2014.
- [7] American College Health Association. *Healthy Campus 2020*. 2014. Retrieved from: <http://www.acha.org/healthy-campus/>
- [8] Shapiro SL, Brown KW, Biegel GM. Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology* 2007;1(2):105-15.
- [9] McGrady A, Brennan J, Lynch D, Whearty K. A wellness program for first year medical students. *Appl Psychophysiol Biofeedback* 2012;37(4):253-60. doi: 10.1007/s10484-012-9198-x
- [10] Nelms TP, Jones JM, Gray DP. Role modeling: A method for teaching caring in nursing education. *J Nurs Educ* 1993;32(1):18-23.
- [11] National Resource Center for Health and Safety in Child Care and Early Education. *Caring for our children: National health and safety performance standards. Guidelines for early care and education programs*, 3rd edition.
- [12] Haines DJ, Davis L, Rancour P, Robinson M, Neet-Wilson T, Wagner S. A Pilot Intervention to Promote Walking and Wellness to Improve the Health of College Faculty and Staff. *J Am Coll Health* 2007;55(4):219-25.
- [13] Taylor H, McElligott D. *Nurse Coaching and Research*. Dossey BM, Luck S, Schaub BG. *Nurse Coaching: Integrative Approaches to Health and Well-being*. Miami, FL. 2014.
- [14] Test Well. *National Health Wellness Institute*. Stevens Point, WI, 1993.
- [15] Hanh TN. *Taming the Tiger Within: Meditations on Transforming Difficult Emotions*. The Berkeley Publishing Group, NY, NY. 2005.
- [16] Rosenberg MB. *Nonviolent Communication: A Language of Compassion*. Puddle Dancer Press. Encinatas, CA. 2001.
- [17] Stuckey HL, Nobel J. The Connection Between Art, Healing, and Public Health: A Review of Current Literature. *AM J Public Health* 2010;100(2):254-63.
- [18] Shem S. Fiction as Resistance. *Annals of Internal Medicine* 2002;137(1):935.
- [19] Thomas B. What's So Special About Mirror Neurons? *Scientific American*. 2012. Retrieved from: <http://blogs.scientific-american.com/guest-blog/2012/11/06/what's-so-special-about-neurons/>
- [20] Aarts H, Gollwitzer PM, Hassin RR. Goal contagion: Perceiving is for pursuing. *J of Personality and Social Psychology* 2004;87(1):23-7.
- [21] Pender N. *The Health Promotion Model Manual*. 2014. Retrieved from: <http://nursing.umich.edu/faculty-staff/nola-j-pender>
- [22] Noar SM, Benac CV, Harris MS. Does Tailoring Matter? Meta-analytic review of tailored print health behavior change interventions. *Psychological Bulletin* 2007;4:673-93.
- [23] Prochaska JO, DiClemente CC, Norcross JC. In Search of How People Change: Applications to Addictive Behaviors. *American Psychology* 1992;47(9):1102-14.
- [24] Musick MA, Pargament KI, Thoresen CE, Williams D, Underwood L, Ory MA. Correlates of Self Perceptions of Spirituality in American Adults. *Annals of Behavioral Medicine* 2002;24(1):59-68.
- [25] Borchard TJ. 9 Ways that Humor Heals. *World Psychology*. Feb 17, 2009. Retrieved from: [Psychcentral.com/.../2009/02/17/9-ways-that-humor-heals](http://Psychcentral.com/.../2009/02/17/9-ways-that-humor-heals)
- [26] Martin RA, Kuiper NA, Olinger LJ, Dance KA. Humor, Coping with Stress: Self-concept, and psychological well-being. *International Journal of Humor Research* 1993;6(1):89-104 doi:10.1515/humr.1993.6.1.89