NURSES' SELF-CARE PRACTICES: A CROSS-SECTIONAL STUDY IN PHILIPPINE DISTRICT HOSPITALS

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ABSTRACT

Nursing demands not only dedication to patient care but also a commitment to self-care. However, despite the crucial role of self-care, limited research exists to understand the nurses' self-care in district hospitals in the Philippines. This cross-sectional study assessed the self-care practices of district hospital nurses in Iloilo City, Philippines. This study involved a total population sampling of nurses working in three district hospitals, with 90% or 135 nurses responding to the survey. The Mindful Self-Care Scale was used for data collection. The findings indicated that nurses generally exhibited high self-care behaviors (M = 3.73, SD = 0.46). However, physical care (M = 3.01, SD = 0.59) emerged as the lowest domain. The t-test and ANOVA revealed significant differences in self-care practices based on age (t = 2.174, p = 0.031), monthly income (t = 2.930, p = 0.004), employment status (t = -2.017, p = 0.046), and length of experience (t = 2.065, p = 0.041). This study highlights the commitment of nurses to prioritize their overall well-being and address self-care needs. Initiatives can be established in the workplace to ensure that nurses receive the necessary support for their well-being, especially among the younger members of the profession.

Keywords: *District hospitals; nurses; Philippines; self-care*

INTRODUCTION

Nurses demonstrate resilience in their commitment to the care and welfare of their patients (Williams et al., 2022). They navigate demanding and stressful environments, attending to patients with diverse healthcare needs while juggling multiple responsibilities (Babapour et al., 2022; Goldsby et al., 2020; Murry, 2022). This challenging aspect of nursing and the high-stress work environment poses a significant burnout risk among nurses (Ashipala & Nghole, 2022; Parola et al., 2022). Such conditions are a pressing concern, given the escalating levels of stress and burnout experienced by nurses across various clinical settings (De Hert, 2020). It has been reported that 35% of nurses worldwide were burned out, indicating a severe mental health crisis among professional nurses (Katulka, 2022). High levels of burnout among nurses have detrimental effects on job satisfaction, teamwork dynamics, and the quality of patient care and outcomes (Borges et al., 2021; HaGani et al., 2022; Monroe et al., 2021).

The importance of self-care cannot be overstated, and there has been an increasing interest in self-care within the profession in recent years (Sist et al., 2022). Maintaining high motivation for self-care was identified as the most effective measure for preventing burnout (Garrosa et al., 2022; Lee & Joo, 2023). Moreover, self-care is essential for increasing nurses' work productivity and fostering individual ownership of self-fulfillment and resilience (Roussel, 2022; Sathiarajan et al., 2022). It is crucial to stay grounded, uphold healthy boundaries, and remain fully attentive while providing care in the demanding healthcare field (Hotchkiss & Cook-Cottone, 2019). Although the emphasis on self-care to avoid burnout and build resilience is not new, the normalization of self-care practices among nurses has been uncommon (Mills et al., 2018; Williams et al., 2022). Nevertheless, it is suggested that nurses must take ownership and responsibility in promoting self-care (Nkabinde-Thamae et al., 2022).

Self-care entails actively promoting one's health and well-being, encompassing various practices and activities that promote well-being and counter stress, allowing nurses to maintain their health and effectively deliver quality patient care (Mills et al., 2018; Williams et al., 2022). As a concept, self-care is connected to mindfulness, compassion, and

resilience (Sist et al., 2022). Based on empirical works and theory, Cook-Cottone (2015) defined mindful self-care as involving mindful awareness of internal needs and external demands, and intentional engagement in specific self-care practices for well-being and personal effectiveness. Moreover, mindful self-care involves three practices (Depner et al., 2021): practices nurturing the internal self (physical care, self-compassion, and purpose), practices nurturing the external self (supportive relationships and structures) and integrating practices (mindful awareness and mindful relaxation).

Self-care is a fundamental responsibility and a crucial aspect of nurses' well-being and professional functioning (Linton & Koonmen, 2020; Newell, 2017). The nursing ethical codes worldwide commonly incorporate the necessity of self-care, intertwining the duty to safeguard and enhance personal well-being with the explicit responsibility to deliver safe patients (Linton & Koonmen, 2020). In other words, self-care involves balancing care for others with care for oneself, with a core focus on promoting personal health and well-being (Hutton et al., 2016; Mills et al., 2018).

A review of the literature revealed various studies conducted on self-care practices among nurses in different countries, such as Australia (Mills et al., 2018), United States of America (Atkins et al., 2018), Poland (Babiarczyk & Sternal, 2022), South Africa (Muhlare & Downing, 2023; Nkabinde-Thamae et al., 2022), Jamaica (Udoudo et al., 2023), and Asian countries like Iran (Ahmadi et al., 2019), South Korea (Lee & Joo, 2023), and Pakistan (Zeb et al., 2022). One study in the Philippines reported a positive attitude toward self-care management among nursing students (Peprah et al., 2019). However, the study sample did not include Filipino nurses.

Despite the significance of self-care, research on the self-care practices of Filipino nurses in district hospitals remains limited. In the Philippines, nurses in district hospitals face unique challenges that may impact their ability to engage in effective self-care practices. Public district hospitals serve as crucial healthcare facilities, providing essential medical services to communities in rural and underserved areas. Nurses in these settings often contend with limited resources, a significant patient volume, and demanding workloads, contributing to stress, burnout, and decreased well-being (Collado, 2019; Gizaw et al., 2022). Understanding nurses' self-care behaviors in this context is essential for identifying areas of need and implementing interventions to support their well-being. By exploring the self-care practices of Filipino nurses in district hospitals, this cross-sectional study seeks to address this gap in the literature and contribute to a greater understanding of the current state of nurses' self-care in district hospitals. This study examined nurses' self-care practices across three district hospitals in the Philippines. It focused on identifying the extent to which various self-care behaviors are practiced and their associations with demographic and work-related factors.

METHOD
Research design
A descriptive cross-sectional research approach was used to conduct this study.

Participants
The selected participants were all nurses from three district hospitals in a district of Iloilo Province in the Philippines. The study was conducted in these hospitals because there is limited published research about self-care practices among nurses in rural areas and the Philippines. Moreover, nurses in Philippine district hospitals face challenges that hinder effective self-care, such as limited resources, high patient volume, and heavy workloads, leading to stress and burnout. Registered nurses who were willing to participate in the study and employed by the district hospital were included. However, nurse employees on leave of absence during the data collection, those with incomplete data, and those who refused to participate before, during, or after the data collection were excluded from this study. This study involved a total population sampling of 150 nurses working in three district hospitals. However, only 135 nurses responded to the survey, obtaining a response rate of 90%.

Research instrument
The researcher used a fully adopted survey questionnaire (Mindful Self-Care Scale or MSCS) developed by (Cook-Cottone & Guyker, 2018). The MSCS was chosen for this study as it has already been validated to assess mindful self-care among healthcare professionals, as demonstrated in Hotchkiss & Cook-Cottone's (2019) study. The English form of the survey questionnaire consisted of two parts. The items in the first section were intended to collect demographic and work-related details such as age, sex, marital status, average monthly income, employment status, length of experience as a nurse, and area of assignment. For the second part, the participants rated each item based on the frequency (1-never to 5-regularly) of their self-care behaviors within the past week. The MSCS consists of 33 items designed to assist individuals in identifying areas of strength and weakness in mindful living and self-care habits. The MSCS covers six aspects or domains of self-care: mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure, and mindful awareness. It aimed to assess and evaluate the variety and frequency of self-care strategies to improve overall well-being. This analysis did not include the three additional general items (engaging in a variety of self-care activities, planning self-care, and exploring new ways to bring self-care into the individual's life) that examined the individual's general or more global self-care practices.

According to the tool developers, the instrument's content validity was validated by four classes of graduate students and four experts. The brief MSCS had acceptable reliability, construct, and concurrent validity among healthcare professionals (Hotchkiss & Cook-Cottone, 2019). Based on the actual data of the current study, Cronbach's alpha coefficient was also acceptable, with a value of 0.90 for a total of 33 items in the MSCS. The following were the reliability coefficients for specific domains: 0.75 for mindful relaxation, 0.90 for supportive relationships, 0.92 for self-compassion and purpose, 0.90 for supportive structure, 0.95 for mindful awareness, and 0.67 for physical care. The following interval and descriptions were used to analyze and interpret the findings in this study: Very Low = 1.00-1.79, Low = 1.80-2.59, Moderate = 2.60-3.39, High = 3.40-4.19, Very High = 4.20-5.00.

Data collection
The researcher secured the permission and approval of the head of the Hospital Management Office (HMO) in the Iloilo Provincial Government. Once approved by the director of the HMO and endorsed by the different medical chiefs in the district hospitals, the researcher contacted the hospital's medical chief through a letter to arrange a schedule of onsite visits and conduct the study with the nurses in the three district hospitals. Provisions on the minimum health standard protocol were always observed, such as wearing masks and maintaining hand hygiene during the data collection. The

survey questionnaire was printed and personally distributed among nurses working in the hospitals before, at the end of their duty hours, or at their most convenient time to ensure the accuracy and consistency of data collection. Data collection was conducted for about 15 days per hospital. The participants took approximately 5-10 minutes to finish answering the questionnaire. However, if the participant wished to have more time to answer the questionnaire, they were given an additional one week to ensure that they answered it at their most convenient time. The researcher personally collected all the questionnaire forms after the participants had completed them. The data collection process lasted from October to November 2023.

Statistical data analysis

The statistical computations were calculated using the IBM Statistical Package for the Social Sciences (SPSS) software version 26.0. The data obtained was described through the frequency count, percentage, mean, and standard deviation. A test for the normality of data distribution was done first with the Kolmogorov-Smirnov result of 0.20, suggesting a normally distributed data set. The *t*-test for Independent Samples was used to test for differences in self-care practices according to age, sex, marital status, monthly income, existing illness, employment status, position, and length of experience. Meanwhile, one-way ANOVA was employed for the area of assignment. The level of significance was set at alpha less or equal to 0.05.

Ethical consideration

The Unified Research Ethics Review Committee approved the study and received Protocol No. WVSU.URERC-2023. GS-1_009. Consent to participate was obtained, and participants were informed that they could refuse to answer or withdraw from the survey at any point without any repercussions, and all data would remain confidential.

RESULT

The study involved 135 nurses, representing the entire participant pool that responded to the survey. Analysis of Table 1 discloses that a significant proportion of these nurses were characterized as younger individuals (65.2%), predominantly female (86.7%), married (61.5%), fall into a higher income bracket (61.5%), hold non-permanent positions (63%), possess less than a decade of nursing experience (69.6%), and have no chronic disease or existing illness (94.8%). A predominant (55.6%) assignment to the ward was observed, with the other nurses distributed across various specialty areas, centers, and the Outpatient Department (36.3%) of the hospital and the Nursing Service Office (8.1%). The participant pool predominantly consisted of staff nurses (80.7%). However, this sample also included nurses holding managerial positions but were stationed in the ward or special areas.

Table 1. Demographic and work-related profile (n = 135)

Demographic and work-related profile	n	%
Entire group	135	
Age [M =40.10 years, SD=10.48]		
Younger (40 years old and below)	88	65.2
Older (Above 40 years old)	47	34.8
Sex		
Male	18	13.3
Female	117	86.7
Marital status		
Single	52	38.5
Married	83	61.5

Demographic and work-related profile	n	%
Monthly income [M=31,079.95]		
Lower (PHP 25,999.00 and below)	77	57.0
Higher (above PHP 25,999.00)	58	43.0
Presence of chronic disease or existing illness		
With	7	5.2
Without	128	94.8
Status of employment		
Permanent/plantilla employment	50	37.0
Non-permanent/non-plantilla	85	63.0
Position		
Staff	109	80.7
Managerial (head nurse, supervisor, chief nurse)	26	19.3
Length of experience		
Shorter (10 years and below)	94	69.6
Longer (above 10 years)	41	30.4
Area of assignment		
Wards	75	55.6
Special Areas, OPD, Centers	49	36.3
Nursing Service Office (NSO)	11	8.1

Table 2 illustrates the self-care behaviors observed in nurses employed at district hospitals. The analysis of nurses' responses indicates that mindful awareness (M=4.12, SD=0.69), supportive relationships (M=4.10, SD= 0.70), self-compassion and purpose (M=4.06, SD=0.86), supportive structure (M=4.04, SD=0.70), and mindful relaxation (M=3.56, SD=0.71) are all characterized as having a high level of self-care practices. However, the self-care behavior for the physical care (M=3.01, SD=0.59) domain was only moderate. Overall, the nurse's level of practice of self-care behaviors was high, with a mean score of 3.73 and a standard deviation of 0.46.

Table 2. Level of self-care practices

Self-care practices	M	SD	Interpretation
Mindful awareness	4.12	0.69	High
Supportive relationships	4.10	0.70	High
Self-compassion and purpose	4.06	0.86	High
Supportive structure	4.04	0.70	High
Mindful relaxation	3.56	0.71	High
Physical care	3.01	0.59	Moderate
Overall	3.73	0.46	High

Note: very low = 1.00-1.79, low = 1.80-2.59, moderate = 2.60-3.39, high = 3.40-4.19, very high = 4.20-5.00

Table 3 compares nurses' overall self-care behaviors per variable, considering age, sex, marital status, comorbidities, monthly income, employment status, region of assignment, position, and duration of experience. The results of Independent Samples t-tests indicate significant differences in the self-care behaviors based on age (t=2.174, p=0.031), monthly income (t= 2.930, p=0.004), employment status (t=-2.017, p=0.046), and length of experience (t =2.065, p=0.041).

Table 3. Differences in self-care practices according to profile

Variables	M	SD	Test statistics	p-value
Age			2.174*	0.031
Younger	3.79	0.47		
Older	3.61	0.41		
Sex			1.523	0.130
Male	3.88	0.37		
Female	3.70	0.47		
Marital status			0.838	0.404
Single	3.77	0.45		
Married	3.70	0.46		
Monthly income			2.930*	0.004
Lower (25,999 and below)	3.82	0.50		
Higher (above 25,999)	3.60	0.36		
Presence of illness			-.399	0.691
With	3.66	0.48		
Without	3.73	0.46		
Status of employment			-2.017*	0.046
Permanent	3.62	0.38		
Non-permanent	3.79	0.49		
Position			1.591	0.114
Staff	3.76	0.46		
Managerial	3.60	0.42		
Length of experience			2.065*	0.041
Shorter (10 years and below)	3.78	0.48		
Longer (above 10 years)	3.60	0.37		
Area of assignment[b]			.180	0.835
Wards	3.73	0.51		
Special Areas, OPD, Centers	3.70	0.38		
NSO	3.78	0.37		

Note*: significant if *p<.05, [a]t-test for Independent Samples, [b]one-way ANOVA*

DISCUSSION

This study examined nurses' self-care behaviors. District hospital nurses generally demonstrated a high level of self-care behaviors. Nevertheless, although the Filipino nurses in this study must be praised for their high self-care practice, it must be noted that this did not reach a very high level. This result may suggest that while nurses engage in self-care activities in this study, these behaviors may not be done consistently. Nurses' self-care may not be optimal as nurses might have limited time to practice self-care due to understaffing and heavy workloads (Alibudbud, 2024).

Similarly, a study in Jamaica also reported that while nurses engage in some self-care activities, many do not consistently maintain this practice (Udoudo et al., 2023). A moderately high self-care among nurses in the hospitals in Iran was also noted (Ahmadi et al., 2019). Higher than average mean scores in self-are practice were disclosed among nursing students in a study conducted elsewhere (Brouwer et al., 2021). The nurses in this study may be more attuned to the importance of preventive health measures, including self-care, and more aware of the importance of self-care to cope with stress and prevent burnout. In addition, nurses in district

hospitals may have developed a high degree of personal resilience due to the diverse challenges they face. This resilience can translate into a proactive approach to self-care, as they recognize the importance of maintaining their health to continue providing quality care to patients (Chen & Kao, 2023).

Notably, the physical self-care domain was only moderately practiced and received the lowest scores among the six domains. Physical self-care involves drinking 6 to 8 glasses of water, eating nutritious foods, and regularly exercising. While it has been reported that nurses primarily focused their self-care efforts on enhancing their physical health and diets (Babiarczyk & Sternal, 2022; Udoudo et al., 2023), several studies revealed that many nurses are overweight, have sedentary lifestyles, do not regularly exercise, have irregular eating schedules, poor eating habits, or seldom eat healthy food (Muhlare & Downing, 2023; Ross et al., 2017; Ross et al., 2019). Other studies noted that physical activity was rated least among the behaviors promoting health (Diana et al., 2023). Unexpectedly, although nurses possess knowledge of healthy living practices, they struggle to implement these measures effectively for their self-care (Ross et al., 2017). Prolonged working hours and emotionally taxing situations may lead to exhaustion, diminishing the inclination for physical care (Skovholt & Trotter-Mathison, 2016).

Moreover, nurses often contend with irregular schedules, including night shifts and rotating shifts, disrupting sleep patterns and complicating establishing a consistent routine for exercise and other physical care practices (Wilson, 2002). Such conditions can be particularly true among Filipino nurses, who may struggle to prioritize self-care activities due to understaffing and low wages, potentially limiting their available time (Alibudbud, 2024). This study's findings suggest a need for interventions to bridge the gap in nurses' actual implementation of healthy practices. A scoping review presented strategies for promoting self-care through various interventions, including mindfulness-based approaches, educational programs, multimodal strategies, and mind-body practices (Sist et al., 2022).

This study also found that younger nurses with lower income, non-permanent employment status, and shorter length of experience had a higher level of self-care practice. Therefore, the influence of lower income status should not be overlooked. While it might be expected that lower-income individuals face more significant challenges in adopting self-care practices, the observed trend could result from the possibility that younger nurses in this study are those with shorter work experience, non-tenured status, and lower monthly incomes. Age, income, and years of employment were also noted to influence the self-care practices of nurses in Jamaica and Iran (Ahmadi et al., 2019; Udoudo et al., 2023). A similar trend to this study was also noted in another study among nurses in Pakistan, wherein significant negative correlations were observed between nurses' mindful self-care levels and their age and clinical experience (Zeb et al., 2022). Younger nurses, confronted with challenges such as lower income and non-permanent employment, may perceive self-care as a vital coping mechanism to manage stress and uphold resilience.

Furthermore, due to the accessibility provided by the Internet, younger nurses have been exposed to a wide range of information related to self-care and how to better take care of themselves. This accessibility may have empowered and influenced them to practice better self-care choices compared to their older counterparts. Younger Millennial and

Gen Z nurses are witnessing revitalized enthusiasm for self-care practices and a newfound respect for boundaries (Ferrer, 2024). Additionally, millennials exhibit a significant investment in self-care compared to preceding generations (Reflect, 2023). Their financial commitment to areas such as diet plans and therapy is reported to be twice that of previous generations. Meanwhile, the younger generation, Gen Z, stands out as avid users of mental health applications (ETHealthWorld, 2023). Given the rising prevalence of mental health challenges among young individuals, it is unsurprising that Generation Z has developed distinct coping mechanisms to address stressors and has elevated the importance of mental well-being as a component of self-care (Brown, 2023). Recognizing the significance of emotional and mental well-being in a world filled with stress and negativity may explain why younger individuals have greater self-care practices (Dulin, 2023).

An earlier study among Filipino millennials also showed satisfaction with their nursing careers (Oducado, 2020). Moreover, in a 2024 State of Healthy Eating and Well-being Report (2024) from Lifesum, 71% of Generation Z and Millennials were willing to leave their current job immediately if they find one that prioritizes their well-being more effectively. Given that the younger generation of nurses puts a premium on self-care and well-being, nurse managers and administrators may reconsider prioritizing work-life balance and workers' wellness to attract, engage, and retain this generation (Silva Júnior et al., 2020). Additional initiatives and programs may be developed to guarantee that this demographic of professionals at work receives the necessary training, resources, and assistance to safeguard their well-being (Fredenburg, 2024).

However, this study is limited to identifying the self-care practices of nurses using the behaviors covered in MSCS in three district hospitals in Iloilo, Philippines. Therefore, the result applies only to the participants of this study and will not be used to measure the self-care behaviors of other nurses who do not belong to the study sample. Additionally, because this study utilized a descriptive cross-sectional design, it cannot follow changes in the self-care behavior of nurses over time. Given the use of printed self-administered survey questionnaires, self-report bias is also a limitation of this study. There may have been other aspects that influenced the practice of self-care, but this study only focused on selected personal and work-related characteristics. Moreover, the study did not strictly adhere to generational cut-offs, suggesting the need for future research to validate potential generational differences in self-care practices and to confirm this generalization noted in this research. Given these limitations, the researchers warrant caution in the use of the findings and conclusions of the study.

CONCLUSION AND RECOMMENDATION

In conclusion, this research highlights that nurses are dedicated to caring for themselves. However, among all its dimensions, nurses were less proactive in the physical care domain. Further initiatives and interventions should be considered to support the nurses' physical self-care needs to sustain a resilient and healthy nursing workforce, ensuring that nurses are dedicated to patient care and adequately supported in their well-being. Additionally, this study underscores that nurses, particularly those in the early stages of their careers, demonstrate better self-care practices. This result underscores nurses' internal motivation to prioritize their well-being and maintain holistic self-care, which is evident among the younger generation of nurses starting their careers. Efforts and programs could be established to ensure

that this generational cohort or group of professionals in the workplace receives the essential training, resources, and support to protect their well-being.

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