

Health Behaviors, Mindfulness, and Nurses

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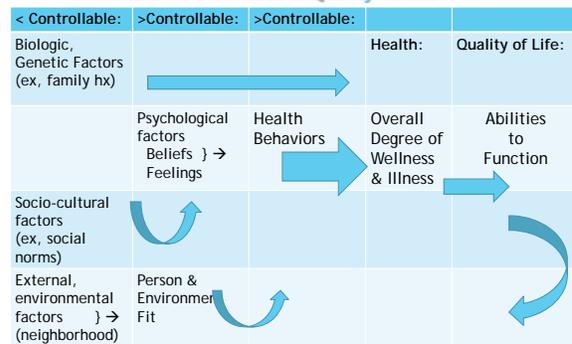
Objectives

- ▶ Address common barriers to types of health behaviors among nurses
- ▶ Identify facilitators of adoption & maintenance of health behaviors, based on theory and research
- ▶ Propose an alternative perspective towards ourselves and behaviors
- ▶ Explain mindfulness and how it applies to behavior change for nurses
- ▶ Offer a tool for improving self-care behaviors

Common conditions today are chronic ones

- ▶ Cardiovascular Diseases: Hypertension, Hyperlipidemia
- ▶ Cancer
- ▶ Mood disorders: Anxiety, Depression
- ▶ Chronic Pain:
 - ▶ Migraine headaches
 - ▶ Osteoarthritis
- ▶ Auto-immune Conditions, esp. in women of childbearing age
 - ▶ Ex. Diabetes, Graves Disease, Lupus, Psoriasis

Influences on Health & Quality of Life



Influences of Behaviors on Chronic Conditions

Behaviors	Conditions
▶ Amount & Type of activity	▶ Cardiovascular Diseases <ul style="list-style-type: none"> ▶ HTN ▶ Hypercholesterolemia
▶ Eating patterns	▶ Mood disorders <ul style="list-style-type: none"> ▶ Anxiety, Depression
▶ Dealing with unexpected events	▶ Pain <ul style="list-style-type: none"> ▶ Arthritis, Migraines
▶ Sleep	▶ Cancer
	▶ Autoimmune conditions

Given behaviors can influence disease,

Given that behaviors are controllable,

- ▶ Do most people engage in most recommended health behaviors most of the time?

Nurses' activity, diet, CV outcomes, & health-related quality of life (HRQOL).

In a systematic review of US hospital nurses,

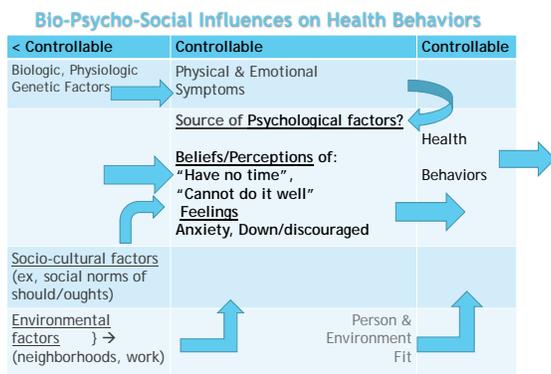
- ▶ Lack of adequate physical activity in ~ 2/3s (60%-74%)
- ▶ Lack of healthy diet in > 1/2 (53%-61%)
- ▶ < 5% engaged in five health behaviors:
Diet, activity, weight control, alcohol, no tobacco
- ▶ Adequate activity → better HR-QOL
- ▶ Health diet → reduces CVD risks (hypertension, diabetes mellitus, obesity, stroke)
- ▶ Nurses are a population at risk for CVD!

▶ Priano, S.M., Hong, O.S., Chen, J.L. 2018. Lifestyles and health-related outcomes of US hospital nurses: A systematic review. *Nursing Outlook* 66: 66-76

Nurses, Behaviors, & Health

Nurses

- ▶ Are health professionals; many people are surprised at the high rates of chronic diseases among nurses.
- ▶ Comprise the largest US workforce; nurses' rates of health behaviors & diseases may mirror similar US workers
- ▶ Are mostly women; nurses' rates of health behaviors and diseases may mirror those of similar women more so than men



Several chronic conditions

- ▶ Are more common in women than men or,
- ▶ Are as common in women as men,
- ▶ Co-occur together, and
- ▶ Decrease function & quality of life
- ▶ As women live longer than men
 - ▶ Osteoarthritis
 - ▶ Autoimmune conditions

Sex is not the same as Gender

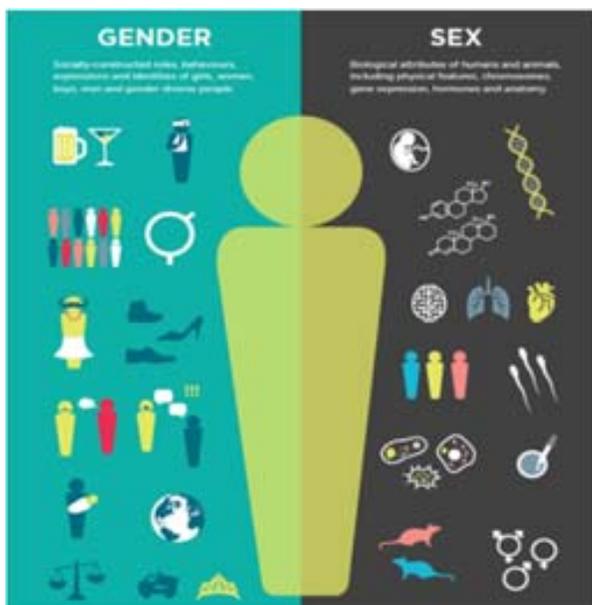
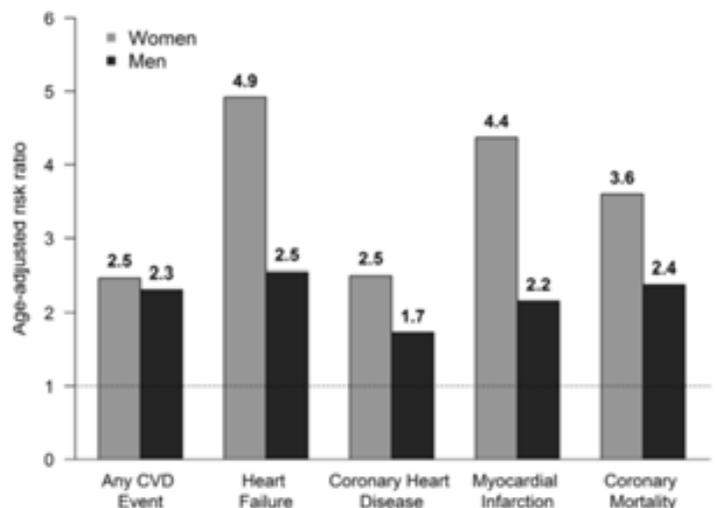


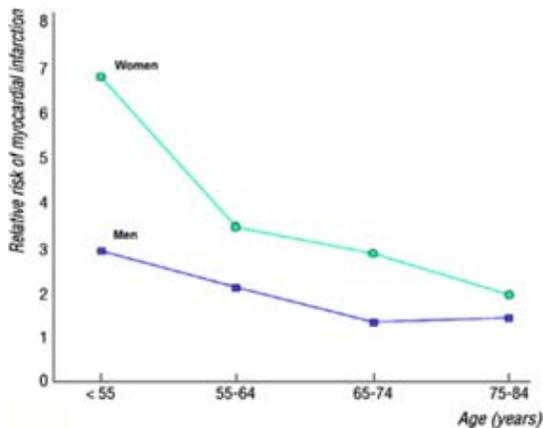
Fig. 1. Infographic of Sex and Gender from Canadian Institutes of Health Research. Humphries, K.H. et al 2017 Sex differences in cardiovascular disease - Impact on care and outcomes, *Frontiers in Neuroendocrinology* 46, 46-70.

Relative to men, women have greater risk of CVD among those with diabetes



Humphries, K.H. et al 2017 Sex differences in cardiovascular disease - Impact on care and outcomes, *Frontiers in Neuroendocrinology* 46, 46-70.

Relative to men, women > risk of MI, comparing current & never smokers by sex



Humphries, K.H. et al 2017 Sex differences in cardiovascular disease - Impact on care and outcomes, Frontiers in Neuroendocrinology 46, 46-70.

Common barriers to health behaviors

What are nurses' barriers to physical activities?

- ▶ Physical activity
 - ▶ Cardio
 - ▶ Strength-training
 - ▶ Flexibility

Common barriers to health behaviors

What are nurses' barriers to over-consumption?

- ▶ Portion control of food
- ▶ Number of alcoholic drinks
- ▶ Avoidance of harmful substances - tobacco, drugs

Barriers to healthy behaviors

Do nurses lack knowledge of what:

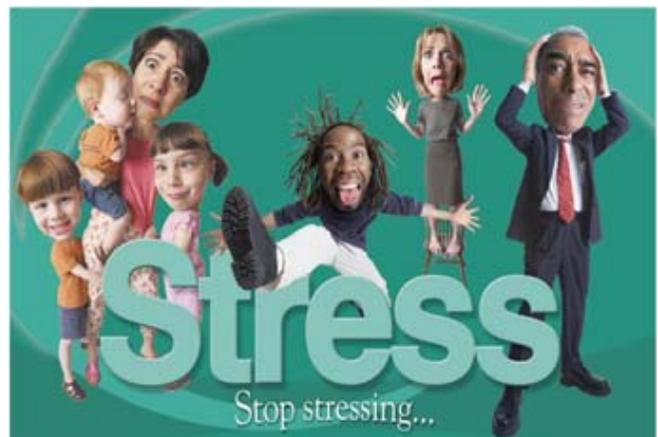
- ▶ Behaviors are recommended?
- ▶ Behaviors are linked to common diseases?
- ▶ The effects of common diseases are? e.g., on
 - ▶ function,
 - ▶ quality of life, or
 - ▶ longevity?

Common barriers to health behaviors

What are nurses' barriers to eating well?

- ▶ Avoiding high levels of sugar,
- ▶ Animal fats,
- ▶ Salt
- ▶ Avoidance of processed foods

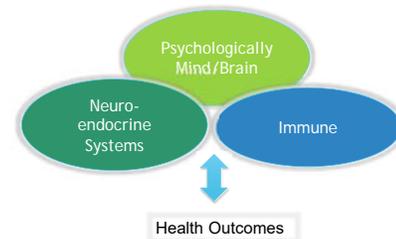
Another influence on behavior?
Another barrier to healthy behavior?



Stress

- ▶ Experientially, many of us know this
- ▶ Most workers today report stressors with their jobs.
- ▶ In primary care visits, most problems can be worsened by stress.
- ▶ Physiologic stressors -- demands -- can contribute to dis-ease

Physiologic stressors -- demands -- tax our health in many ways



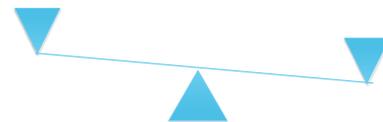
Psycho-neuro-immunology (PNI)

... the scientific study of the two way communications among the nervous, endocrine, & immune systems as well as the implications of these linkages for physical and mental health.

Psychological Stress

Useful definition:

- ▶ ... occurs when individuals perceive demands --either internal or external-- exceed their capacity / resources to meet these demands



1) Ziemssen, T. & Kern, S. (2007). Psychoneuroimmunology: Cross-talk between the immune and nervous systems. Journal of Neurology, 254 (Supplement 2): II/9-II/11.

1. Connecting stress & behaviors

When we experience high demands, we may:

- ▶ Perceive threats &
- ▶ Feel overwhelmed
- ▶ Act out of habits -- w/o thinking --
- ▶ Engage in learned behaviors for temporary relief
- ▶ Skip self-care behaviors
 - ▶ activity, food prep, or restorative activities

2. Connecting stress & behaviors

From a popular model:

- Events happen
- Perceive events: neutral, negative, or positive
- If negative, stressors;
- If positive, challenges.
- Also perceive our resources to deal w/ events
- Deal or cope, based on perceptions

3. Connecting stress & behaviors

According to a popular conceptual model:

- We deal, cope, or manage stressors
- Our responses = Coping strategies
- Responses: cognitive or behavioral
 - Avoid/escape, blame, deny, problem-solve, pray
 - Reframe situation, seek information, ask for social support
- Consequences of coping strategies → Outcomes

4. To clarify,

1. Events seen as Stressors →
2. Negative thoughts and feelings →
3. Coping strategies →
4. Behaviors → Health outcomes
 - Ex. smoking → lung cancer
 - overconsumption of animal products → elevated LDLs
 - sedentary behavior → decreased function

Are there other influences on our engagement in health behaviors?

Social influences shape our perceived roles

- In Nursing -
long tradition of caring for others in need
- Among women -
strong messages to care for others in family
- And, most nurses are also women!

Often, we
do not take care of ourselves
as well as
we take care of others

When caring for self and others,

Assume an approach of "both, and" rather
than "either, or"

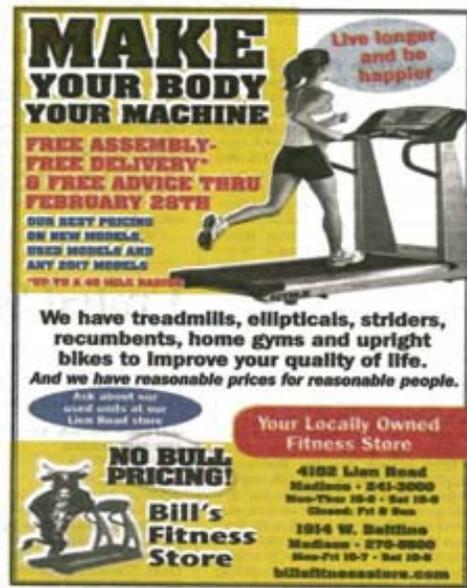
Balance needs of self and others



ANA Code of Ethics: Provision 5

The nurse owes the same duties to self as to others, including responsibility to:

- preserve integrity and safety,
- maintain competence,
- continue personal & professional growth



Taking this perspective, how do we act?

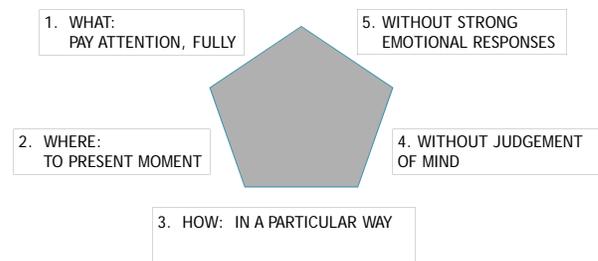
- ▶ When we don't engage in behaviors as intended;
- ▶ What do we think?
- ▶ How do we feel towards ourselves?
- ▶ What do we say to ourselves?



An alternative new perspective, guided by Mindfulness & Self-Compassion



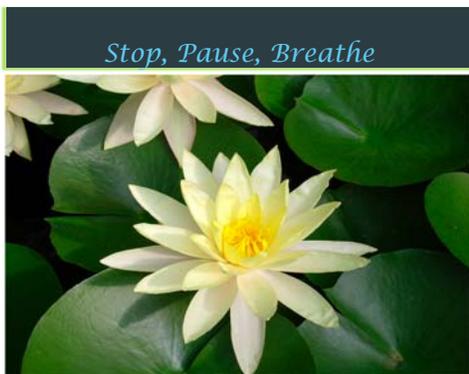
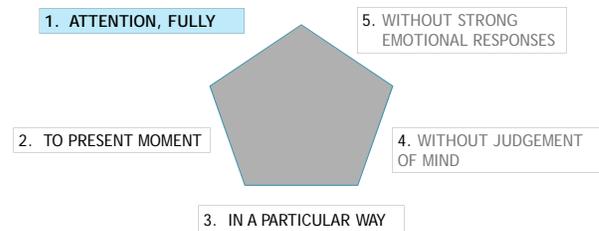
GEM OF MINDFULNESS



Mindfulness

- ▶ Although description of mindfulness is simple,
- ▶ practice can be challenging;
- ▶ Our beings are wired
 - ▶ to attend to novelty
 - ▶ to perceive physical threats (e.g., predators) more readily than safety
- ▶ Yet humans have this innate capability!
- ▶ Most humans have not yet developed these capabilities / resources

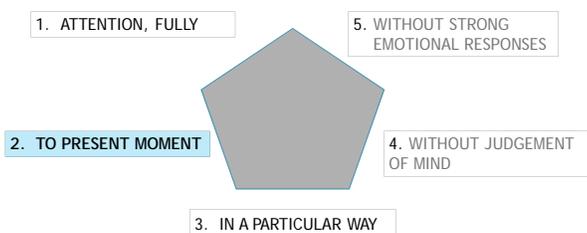
GEM OF MINDFULNESS



What is Mindfulness? - 1

- ▶ Open attention
- ▶ Receptive
- ▶ Awareness of present events and experience neutrally (Brown & Ryan, 2003)
- ▶ Intentional awareness (Kabat-Zinn)

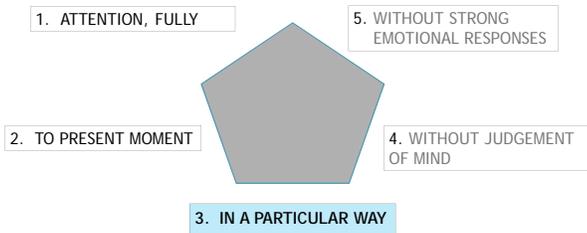
GEM OF MINDFULNESS



What is Mindfulness?

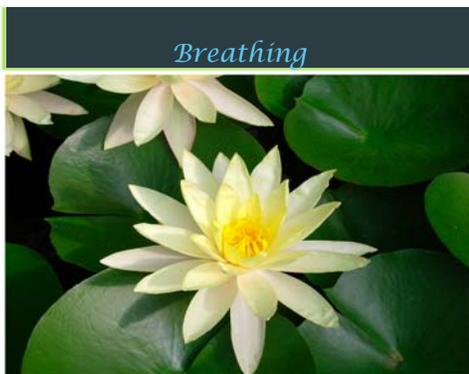
- ▶ Act of focusing attention on the present
- ▶ Act of coming back to the present moment;
 - ▶ Ex. Observe our breath as an anchor;
 - ▶ Focusing on present, let thoughts & feelings come & go, "like waves in the sea"
- ▶ Characterized by not focusing on
 - ▶ regrets of yesterday or
 - ▶ worries of tomorrow

GEM OF MINDFULNESS



How is Mindfulness practiced ?

- ▶ Involves an embodied practice
- ▶ Observing something in the here & now
 - ▶ A sight
 - ▶ A sound
 - ▶ Counting inhalations, exhalations
 - ▶ Noticing our Physical Body, Active Mind, Changing Feelings



Comparing how we view ourselves; alternative perspective



How is Mindfulness practiced ? - 2

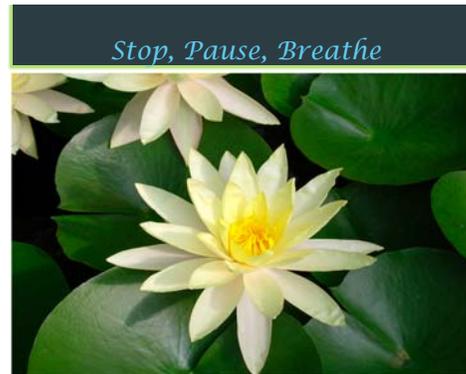
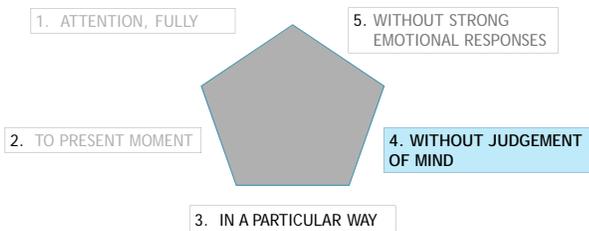
- ▶ W/ perspective of tending a garden
- ▶ W/ compassion for self;
- ▶ Self-compassion AND
- ▶ Compassion for others
- ▶ W/ kindness, gentleness
- ▶ Research findings...



Imagine



GEM OF MINDFULNESS



5. Connecting stress & health behaviors

- ▶ Anticipating undesired events, we can:
- ▶ Stop, pause, breathe.
- ▶ Assess actual situation vs. our feelings, thoughts as responses
- ▶ Acknowledge all, neutrally
- ▶ Ask self, "What is REALLY going on?"
- ▶ Aim for openness
 - ▶ Remind self of options vs. mindless habits
 - ▶ Engage by choice in healthy behaviors
 - ▶ Avoid overconsumption

Thoughts → Emotional & Behavioral Responses

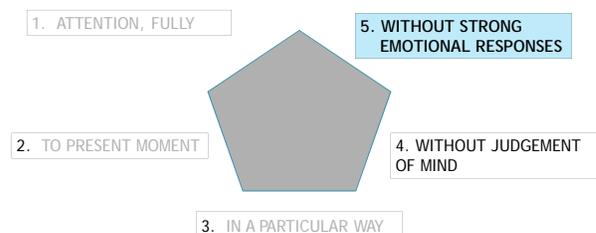
- ▶ Perceptions → Moods and Actions



Changing Thoughts; Changing Behaviors

- ▶ It's a holiday or special occasion
- ▶ I'm down in the dumps or stressed to the max
- ▶ I already blew it with that cookie...
- ▶ Someone brought donuts, cake, or pizza to work
- ▶ I don't have time to eat healthy.
- ▶ You cannot eat healthy when you go out to eat
- ▶ I'll start being healthy tomorrow...
- ▶ Consider smaller portions or making healthy desserts
- ▶ When you can slow down, check out ways to deal w/ stress
- ▶ Focus on what you can do! Plan ahead to eat well on the run.
- ▶ Keep healthy snacks handy; curb cravings. Practice saying, "No"
- ▶ You can cut up veggies and slice fruit in the time it takes to find coupons & call for pizza
- ▶ Restaurants have good options now; Look up menus online ahead; Ask for healthy substitution
- ▶ You can reach your goals if you start sooner rather than later

GEM OF MINDFULNESS



Mindful Activity - Body

Situation - sore or tight muscles

- ▶ Stop, breathe, & listen
- ▶ Analogy /Metaphor of moderation
- ▶ Tend to vs. Ignore
 - ▶ - heat or ice, stretch
- ▶ Monitor
- ▶ Reassess - continue old habits?
vs. "No pain no gain"



Mindfulness, Cravings, & Eating

Situation - One sees desserts, yet wants to decrease sugar & fat intake

- ▶ Stop. Breathe.
- ▶ Connect to self
- ▶ Ask – hungry for food? anxious? stressed?
- ▶ Assess – craving something to soothe self?
- ▶ Reflect – what do I know about myself?
- ▶ Plan - What do I choose to do, presently?
 - ▶ To eat dessert mindfully?
 - ▶ To decline & con't towards goals?

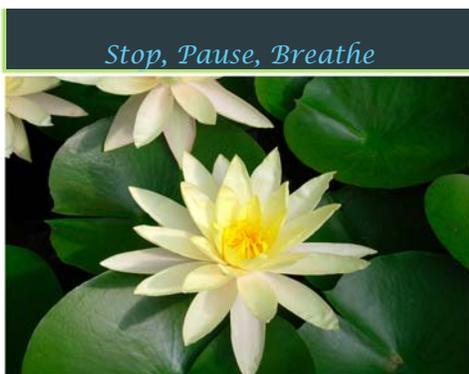


Tending the garden of ourselves

- ▶ All beings need rest
- ▶ Analogy - some plants need land to lay fallow for a period of time - ex. sabbath
- ▶ Critical role of sleep -- to human functioning, ex. lack of sleep linked to metabolic syndrome, diabetes, cognition
- ▶ Researchers demonstrated risks to patients & quality nursing practice with fatigue & lack of sleep

How can we create time to engage in mindfulness and other health behaviors?

Identify our Priorities for Time management



Mindfulness & Initiating Health Behavior

- ▶ One may perceive starting new behavior as a stressor
- ▶ Ex. If one perceives lack of abilities/ confidence to meet demands of new eating, activity patterns
 - ▶ "I can't b/c..."
- ▶ Feelings of fear, insecurity can arise
 - ▶ If so, face feelings in a safe space.
 - ▶ If so, ask self, "Am I sure?; Is this really true?"
 - ▶ If so, can problem-solve with trusted friends

Mindfulness Approach & Relapse

- ▶ One may make initial progress on health behavior, yet experience interruption w/ events (work demands, holidays, family visitors)
- ▶ One may perceive lack of self-worth,
 - ▶ “I am no good at this eating pattern so...”
- ▶ Acknowledge the feelings; say “hello” to them.
- ▶ Be neutral with self;
- ▶ Ask oneself, “Am I sure?; Is this really true?”
- ▶ Question false ideas;
- ▶ Substitute w/ more positive & accurate ones

1-Mindfulness & Practical Strategies for behavior change

- ▶ We can combine mindful attitudes & approaches w/ a feedback process
 - ▶ Assess
 - ▶ Plan
 - ▶ Do
 - ▶ Evaluate, non-judgmentally

3-Approach to improving health behaviors

Planning

- ▶ Choose short term behavioral goals (e.g., for few wks) aligned w/ long term goals; individualized motives
- ▶ Choose individualized goals that are feasible
 - ▶ not too challenging or hard so as to be overwhelming
 - ▶ not too easy to avoid boredom
 - ▶ to gain confidence in our abilities
- ▶ Choose SMART action steps for immediate future (e.g., days), including how to address barriers

Facilitating Our Plans for Health Behaviors

- ▶ Tool as Handout
- ▶ For own self-care
- ▶ For role-modeling among nurses
- ▶ For application in practice w/ clients
- ▶ Designed on these ideas, supported by research
- ▶ Consistent w/ behavioral theory

2-Approach to improving healthy behaviors

Assessing

- ▶ Stopping, Pausing. Relating, Connecting with self
 - ▶ Body, Mind, Spirit
- ▶ Acknowledging kindly - the current, unhealthy behavioral habits one wants to minimize
- ▶ Being compassionate - understanding how/why one has engaged in less healthy behaviors
- ▶ Identifying own, individualized, long term goals (e.g., for few months) that reflect our vision, values, growth or wellbeing

4-Approach to improving health behaviors

Planning SMART action steps

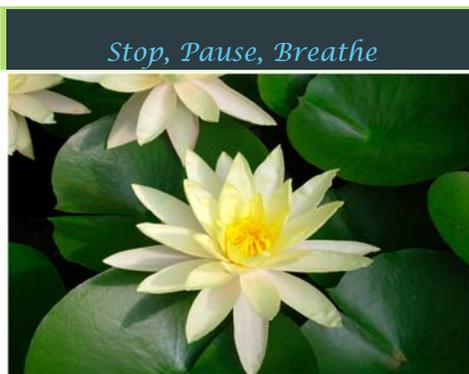
- ▶ Specific
- ▶ Measurable
- ▶ Attainable
- ▶ Relevant
- ▶ Temporally defined
- ▶ Including what to do if expected barriers occur

5-Ex. Action steps for activity or eating

- ▶ Specific action steps - including how to overcome barriers with adoption of new behaviors
- ▶ Note - assumptions behind mindfulness are realistic.
 - ▶ Undesirable events will happen; We will age and get ill.
- ▶ Implication - plan for reality & “unexpected” to foster successful adoption of new behaviors
 - ▶ Ex. If I plan to walk outside 5 da/wk for 30’ and it rains...
 - ▶ Ex. If I plan to reduce high fat intake and these foods appear at work or a party...

We can choose to align Behaviors, Health vision, & Quality of Life, mindfully & compassionately

- ▶ 1. Long-term goal - what is our vision, reflecting values, motives?
- ▶ 2. Short-term goals - what states do we value? desire to attain?
 - ▶ Individualized, self-chosen
 - ▶ Aligned with long-term goals,
 - ▶ Feasible,
 - ▶ somewhat challenging, not overwhelming
- ▶ 3. Specific action steps - particular plans to reach short-term goals, such as SMART ones, including
- ▶ 4. Comparing present state to goals; discrepancy or success?
- ▶ 5. Have plans for what to do with barriers, obstacles



Changing beliefs, feelings, health behaviors

We can:

- ▶ Decide we are worthy; Make time for individualized, self-care.
- ▶ Relate compassionately with ourselves.
- ▶ Stop; connect w/ self.
- ▶ Assess our needs in the Present.
- ▶ Build our resources, tend our inner garden, & water positive seeds.
- ▶ Connect w/ others, nature, what is of Ultimate Importance



*There are 1,440 minutes in a day.
Take at least fifteen for yourself.*