

## Original Research Article

# Mental Health of Nurses and Midwives through Self-Care

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**Abstract:** Nurses and midwives' primary focus is addressing the healthcare needs of patients/clients, their families, communities and populations at large. They often end up with burnout, and with no time nor the energy to take care of the mselves. Hence, their mental health is a growing problem that requires urgent action. This problem can be addressed through self-care. Self-care is an ongoing process of caring through making conscious, deliberate efforts to do things that maintain, improve and repair one's mental, emotional, physical, socio-cultural, professional, spiritual, and financial wellness. Lack of self-care predisposes them to chronic health conditions which adversely affect patient care. In order to promote their mental health, nurses/midwives have an obligation to *adopt self-care as a duty to themselves in addition to their duty to provide care to others*. The objectives of this study were to determine barriers to self-care among nurses/midwives and propose self-care strategies/interventions that can be adopted to promote their mental health. A scoping review of literature was conducted through Google scholar according to the criteria and methodology by Arksey and O'Malley (2005). Only studies published in English language and in peer-reviewed journals between 2020 and 2023 were included. Out of 6,351 articles, only 26 fully met the inclusion criteria. The study concluded that the practice of self-care was low among nurses/midwives. Barriers to their undertaking self-care interventions/strategies included: guilt, lack of self-love, excess workload, under-estimating the value of self-care, lack of time, fatigue, having unrealistic expectations, not adjusting well to change, misconception that implementing self-care is a sign of weakness, poor remuneration and lack of motivation. Holistic and multi-faceted self-care strategies/interventions are recommended targeting the nurses/midwives' physical, mental, emotional, socio-cultural, professional, spiritual, financial and environmental aspects of health. They include: maintaining a work-life balance; unconditional self-love; making self a priority; being deliberate about self-care; cultivating resilience; time management; creating regular, healthy escapades; normalizing fun and recreation; being flexible and adaptable; creating healthy boundaries; being assertive; establishing a healthy support system; seeking and accepting help; setting aside a financial self-care kitty; practicing mindfulness (being fully present), using affirmations (positive self-talk), and being one's own biggest cheerleader. Additionally, the employers should ensure timely and adequate payment of salaries, and that the working environment is favourable and designed with safe spaces to enhance nurses/midwives' wellness.

**Keywords:** Mental Health, Self-Care, Nurses, Midwives.

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## INTRODUCTION

The World Health Organization (WHO) (2022) defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. The Organization upholds that

mental health is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Thus, mental health is crucial to personal, community and socio-economic development (World Health Organization, 2022b).

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Another definition of mental health by the American Psychological Association (APA) asserts that it is a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life (American Psychological Association, 2015).

Mental health is critically important for everyone, everywhere, and goes beyond the mere absence of a mental health condition. It is integral to well-being, enabling people to realize their full potential, show resilience amidst adversity, be productive across the various settings of daily life, form meaningful relationships and contribute to their communities. Physical, psychological, social, cultural, spiritual and other interrelated factors contribute to mental health. Additionally, there are inseparable links between mental and physical health. Indisputably, promoting and protecting mental health is critical to a well-functioning society, for it fosters social capital and solidarity, which are essential during times of crisis (World Health Organization, 2022b).

Mental health is a continuum that is determined by a complex interplay of individual, social and structural factors. This means that multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our position on the mental health continuum. Individual psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problems. Additionally, exposure to unfavourable social, economic, geopolitical and environmental circumstances (including poverty, violence, inequality and environmental deprivation) also increases people's risk of experiencing mental health conditions. Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighbourhoods and community cohesion, among others (World Health Organization, 2022b).

It is important to note that mental health is more than the absence of mental disorders. It exists on a complex continuum which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case. Thus, for positive mental health, WHO recommends self-care interventions through a holistic approach to the care of each person,

taking account of their individual circumstances, needs and desires across their whole life course, as well as the environment within which they live (World Health Organization, 2022a, 2022b, 2022c).

WHO upholds that self-care is the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability, with or without the support of a health professional. Further, the global Organization maintains that self-care interventions promote individuals' active participation in their own healthcare and are a push towards greater self-determination, self-efficacy, autonomy and engagement in health. Moreover, the interventions are tools which support caring for self. They include evidence-based, quality drugs, devices, diagnostics and/or digital technologies which can be provided fully or partially outside of formal health services and can be used with or without the support of a health worker. WHO argues that sustained adoption of quality, evidence-based self-care interventions can reduce mortality and morbidities and improve health and well-being (World Health Organization, 2021).

The WHO has classified self-care interventions in alignment to its conceptual framework for self-care interventions by taking a people-centred approach to health and well-being. The classification is grouped around four targeted primary users. The first group is self-carers and caregivers. Self-carers are individuals who are potential or current users of self-care services, while caregivers are individuals who are not health workers but who provide care to others. The second group is health workers. Interventions enable them to take actions to support, promote and oversee self-care interventions. The third group is health programme managers. Interventions in this category reflect enabling actions related to managerial functions such as human resources, supply chain management, health financing, and health planning and implementation. Last, but not least, is the group of health policy-makers, legislators and regulators. This group is responsible for the policy, legal and regulatory bodies that affect the availability and accessibility of self-care interventions. Thus, interventions in this category reflect enabling actions that health policy-makers and regulators take to promote and support self-care interventions as essential steps towards universal health coverage (World Health Organization, 2021).

Williams and colleagues (2022) argue that the concept of self-care refers not only to the patient but also to the caring professions, among them nurses and midwives. Nurses/midwives promote their own health through self-care, which, in turn enables them to provide quality care to patients/clients. The WHO concurs, and recommends self-care actions to promote own well-being and emotional resilience among health workers, especially nurses/midwives, who are frontline health professionals (World Health Organization,

2022c). Additionally, the American Nurses Association (ANA)'s Code of Ethics mandates self-care for nurses. The provision of the ANA's code states the moral respect nurses extend to all people "*extends to oneself as well: the same duties that we owe to others we owe to ourselves.*" The responsibilities outlined in the Code of Ethics include promoting health and safety, maintaining competence, preserving wholeness of character and integrity, and continuing personal and professional growth (American Nurses Association, 2015).

Nurses and midwives are central to health care. They are the largest professional workforce and providers of constant, ongoing care. Due to the nature of their job and work schedules, they experience higher rates of adverse health outcomes such as increased stress in the workplace, increased sleep disturbance, and thus are at an increased risk of developing an anxiety disorder, and depression. Hence, in order to continue to provide efficient and safe care for patients/clients, nurses and midwives must address their own mental health by using prevention and health-promotion mechanisms. Ultimately, caring for themselves is an essential element in optimizing nursing/midwifery care (Sist *et al.*, 2022).

There are many reasons why self-care is important for nurses and midwives. Researchers maintain that self-care activities promote positive health outcomes, including better stress management, better physical and emotional resilience, and longer living. The risks associated with lack of self-care include brain fog, weight gain and weight-related health conditions, strained relationships, etc. Studies show that self-care is a stress management tool which promotes safety in the workplace. Hence, when nurses/midwives practice self-care, their ability to demonstrate compassion and empathy is replenished, they have a decreased occurrence of depression, and are able to provide higher-quality care to patients. Also, self-care strategies for nurses promote better sleep, which improves energy, making it easier to perform on the job. Undeniably, self-care practices/interventions were associated with healthier lifestyles, which means decreased risk of

health-related problems (Chang & Peng, 2021; Hossain & Clatty, 2021; Lake *et al.*, 2021; Marko *et al.*, 2023; Sist *et al.*, 2022; Wei *et al.*, 2020; Williams *et al.*, 2022; Wu & Wei, 2020).

However, despite the importance of self-care, it is one of the most overlooked aspect for most nurses and midwives. It has been argued that nurses/midwives do not understand that self-care is the foundation for their capacity to take care of others. Moreover, they need to understand that, through taking good care of themselves, they are able to take good care of others. In contrast, if they do not take good care of themselves, if they are not healthy, happy and peaceful, they cannot help others to be healthy, happy and peaceful. Thus, because of the foregoing reasons, there is need for nurses and midwives to understand the concept of self-care in order to embrace and undertake self-care interventions.

The objectives of the present work, therefore, were to determine barriers to self-care among nurses and midwives and propose self-care strategies/interventions that they can adopt to promote their mental health.

## MATERIALS AND METHODS

A scoping review of literature was conducted according to the criteria and methodology by Arksey and O'Malley (2005). The Google Scholar search engine was used to search for literature using the keywords: mental health, self-care, nurses, and midwives. The inclusion criteria was that only original, full text, peer-reviewed research studies published in the English language and in peer-reviewed journals between 2020 and 2023 were included in this study. The review included the following steps: (i) specifying the research questions; (ii) identification of studies; (iii) selection of studies published between 2020 and 2023; (iv) screening of the identified studies to see if they met the inclusion criteria; and (v) synthesis and reporting of the results.

The flowchart of the selection process is presented below:

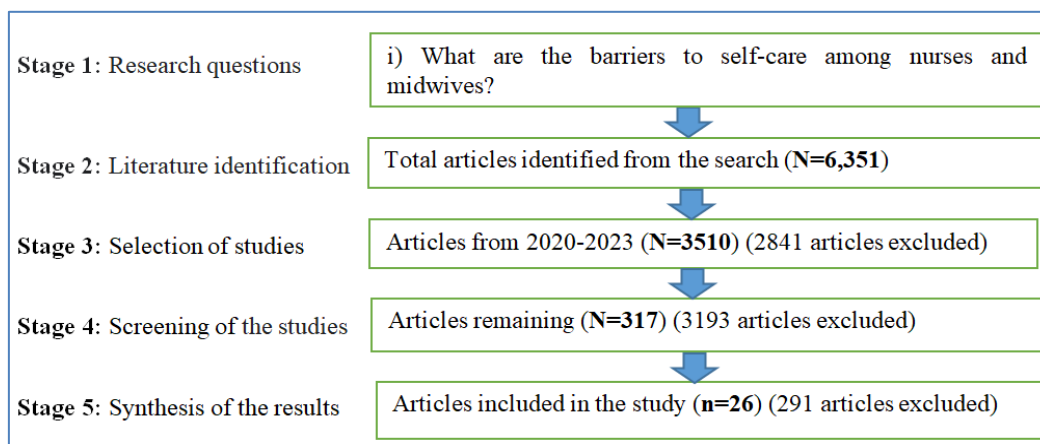


Figure 1: The Flowchart

## RESULTS

Following a comprehensive literature review as shown above, only 26 studies fully met the inclusion criteria. The results are shown in the table below:

Year of publication	Author(s)	Title of article	Source/DOI
2020	Murgia,C., Notarnicola,I., Rocco,G.,& Stievano, A.	Spiritualityin nursing: A concept analysis.	<i>NursingEthics</i> , 27(5), 1327–1343. <a href="https://doi.org/10.1177/0969733020909534">https://doi.org/10.1177/0969733020909534</a>
2020	Salari,N.,Khazaie, H.,Hosseinian-Far, A.,Ghasemi,H., Mohammadi,M., Shohaimi,S., Daneshkhah,A., Khaledi-Paveh, B., & Hosseinian-Far, M.	The prevalence of sleep disturbances among physicians and nurses facing theCOVID-19 patients:A systematic review and meta-analysis.	<i>Globalization and Health</i> , 16, 92. <a href="https://doi.org/10.1186/s12992-020-00620-0">https://doi.org/10.1186/s12992-020-00620-0</a>
2020	Stanulewicz,N., Knox,E., Narayanasamy,M., Shivji,N., Khunti, K., & Blake, H.	Effectiveness of lifestyle health promotion interventions for nurses: A systematic review.	<i>International Journal of Environmental Research and Public Health</i> , 17, (1), 17. <a href="https://doi.org/10.3390/ijerph17010017">https://doi.org/10.3390/ijerph17010017</a>
2020	Suleiman-Martos, N., Gomez-Urquiza, J. L.,Aguayo Estremera,R., Cañadas-DeLa Fuente, G. A., De La Fuente-Solana, E. I., & Albendín-García, L.	The effect of mindfulness training on burnout syndrome in nursing: A systematic review and meta-analysis.	<i>Journal of Advanced Nursing</i> , 76(5), 1124–1140. <a href="https://doi.org/10.1111/jan.14318">https://doi.org/10.1111/jan.14318</a>
2020	Wei, H., Kifner, H., Dawes, M. E., Wei, T. L., & Boyd, J. M.	Self-care strategies to combat burnout among pediatric critical care nurses and physicians.	<i>Critical Care Nurse</i> , 40(2), 44–53. <a href="https://doi.org/10.4037/ccn202062">https://doi.org/10.4037/ccn202062</a>
2021	Ausar, K., Lekhak, N., & Candela, L.	Nurse spiritual self-care: A scoping review.	<i>Nursing Outlook</i> , 69(4), 660–671. <a href="https://doi.org/10.1016/j.outlook.2021.01.015">https://doi.org/10.1016/j.outlook.2021.01.015</a>
2021	Brogan, E., Rossiter, C., Duffield, C., & Denney-Wilson, E.	Healthy eating and physical activity among new graduate nurses: A qualitative study of barriers and enablers during their first year of clinical practice.	<i>Collegian</i> , 28(5), 489–497. <a href="https://doi.org/10.1016/j.colegn.2020.12.008">https://doi.org/10.1016/j.colegn.2020.12.008</a>
2021	Chang, W.-P., & Peng, Y.-X.	Influence of rotating shifts and fixed night shifts on sleep quality of nurses of different ages: a systematic literature review and meta-analysis.	<i>Chronobiology International</i> , 38(10), 1384–1396. <a href="https://doi.org/10.1080/07420528.2021.1931273">https://doi.org/10.1080/07420528.2021.1931273</a>
2021	Foli, K. J., Forster, A., Cheng, C., Zhang, L., & Chiu, Y.	Voices from the COVID-19 frontline: Nurses’ trauma and coping.	<i>Journal of Advanced Nursing</i> , 77(9), 3853–3866. <a href="https://doi.org/10.1111/jan.14988">https://doi.org/10.1111/jan.14988</a>
2021	Gregory, D.	Code lavender: Designing healthcare spaces to enhance caregiver wellness.	<i>HERD: Health Environments Research &amp; Design Journal</i> , 14(2), 13–15. <a href="https://doi.org/10.1177/1937586721993785">https://doi.org/10.1177/1937586721993785</a>
2021	Hossain,F., & Clatty, A.	Self-care strategies in response to nurses’ moral injury during COVID-19 pandemic.	<i>Nursing Ethics</i> , 28(1), 23–32. <a href="https://doi.org/10.1177/0969733020961825">https://doi.org/10.1177/0969733020961825</a>
2021	Lake, E. T., Roberts, K. E., Agosto, P. D., Ely, E., Bettencourt, A. P., Schierholz, E. S.,Frankenberger, W. D., Catania, G., & Aiken, L. H.	The association of the nurse work environment and patient safety in pediatric acute care.	<i>Journal of Patient Safety</i> , 17(8), e1546–e1552. <a href="https://doi.org/10.1097/PTS.0000000000000559">https://doi.org/10.1097/PTS.0000000000000559</a>
2021	Micklitz, K., Wong, G., & Howick, J.	Mindfulness-based programmes to reduce stress and enhance well-being at work: A realist review.	<i>BMJ Open</i> , 11(3), e043525. <a href="https://doi.org/10.1136/bmjopen-2020-043525">https://doi.org/10.1136/bmjopen-2020-043525</a>



Year of publication	Author(s)	Title of article	Source/DOI
2021	Mills, J., Sullivan, T., & Ross, C.	Capability for practice: Rethinking nursing education to promote self-care and resilience.	<i>Collegian</i> , 28(5), 469–471. <a href="https://doi.org/10.1016/j.colegn.2021.09.001">https://doi.org/10.1016/j.colegn.2021.09.001</a>
2021	Perkins, A.	Nurse health: Sleep.	<i>Nursing Made Incredibly Easy!</i> , 19(1), 6–10. <a href="https://doi.org/10.1097/01.NME.0000723388.06333.e0">https://doi.org/10.1097/01.NME.0000723388.06333.e0</a>
2021	Sarazine, J., Heitschmidt, M., Vondracek, H., Sarris, S., Marcinkowski, N., & Kleinpell, R.	Mindfulness workshops effects on nurses' burnout, stress, and mindfulness skills.	<i>Holistic Nursing Practice</i> , 35(1), 10–18. <a href="https://doi.org/10.1097/HNP.000000000000378">https://doi.org/10.1097/HNP.000000000000378</a>
2021	Tierney, M.	Secure your mask first: The importance of self-care.	<i>Journal of the American Psychiatric Nurses Association</i> , 27(4), 334–336. <a href="https://doi.org/10.1177/10783903211023732">https://doi.org/10.1177/10783903211023732</a>
2022	Brogan, E., Rossiter, C., Fethney, J., Duffield, C., & Denney-Wilson, E.	Start healthy and stay healthy; A workplace health promotion intervention for new graduate nurses: A mixed-methods study.	<i>Journal of Advanced Nursing</i> , 78(2), 541–556. <a href="https://doi.org/10.1111/jan.15116">https://doi.org/10.1111/jan.15116</a>
2022	Fallah, M., Barkhordari-Sharifabad, M., & Nasiriani, K.	Effect of mindfulness-based self-care education on the quality of female nurses' life.	<i>Avicenna Journal of Nursing and Midwifery Care</i> , 30(3), 181–190. <a href="https://doi.org/10.32592/ajnm.30.3.181">https://doi.org/10.32592/ajnm.30.3.181</a>
2022	Nilsson, H.	Spiritual self-care management for nursing professionals: A holistic approach.	<i>Journal of Holistic Nursing</i> , 40(1), 64–73. <a href="https://doi.org/10.1177/08980101211034341">https://doi.org/10.1177/08980101211034341</a>
2022	Rony, M. K. K., Islam, K., & Alamgir, H. M.	Coping strategies that motivated frontline nurses while caring for the COVID-19 patients during the pandemic: A scoping review.	<i>Journal of Nursing Management</i> , 30(6), 1881–1891. <a href="https://doi.org/10.1111/jonm.13644">https://doi.org/10.1111/jonm.13644</a>
2022	Sist, L., Savadori, S., Grandi, A., Martoni, M., Baiocchi, E., Lombardo, C., & Colombo, L.	Self-care for nurses and midwives: Findings from a scoping review	<i>Healthcare (Switzerland)</i> , 10(12), 2473. <a href="https://doi.org/10.3390/HEALTHCARE10122473">https://doi.org/10.3390/HEALTHCARE10122473</a>
2022	Williams, S. G., Fruh, S., Barinas, J. L., & Graves, R. J.	Self-care in nurses.	<i>Journal of Radiology Nursing</i> , 41(1), 22–27. <a href="https://doi.org/10.1016/J.JRADNU.2021.11.001">https://doi.org/10.1016/J.JRADNU.2021.11.001</a>
2023	Gherardi-Donato, E. C. da S., Díaz-Serrano, K. V., Barbosa, M. R., Fernandes, M. N. de F., Gonçalves-Ferri, W. A., Camargo Júnior, E. B., & Reisdorfer, E.	The impact of an online mindfulness-based practice program on the mental health of Brazilian nurses during the COVID-19 pandemic.	<i>International Journal of Environmental Research and Public Health</i> , 20(4), 3666. <a href="https://doi.org/10.3390/ijerph20043666">https://doi.org/10.3390/ijerph20043666</a>
2023	Luo, L. X., Peng, X., Hou, J., Xie, Y., Dong, H., Peng, S., Ma, G., & Zhang, J.	Effects of mindfulness decompression therapy on mental health and job burnout among nurses working in the frontline of the novel coronavirus pandemic: A retrospective study.	<i>Journal of Occupational Health</i> , 65(1), e12398. <a href="https://doi.org/10.1002/1348-9585.12398">https://doi.org/10.1002/1348-9585.12398</a>
2023	Marko, S., Wylie, S., & Utter, J.	Enablers and barriers to healthy eating among hospital nurses: A systematic review.	<i>International Journal of Nursing Studies</i> , 138, 104412. <a href="https://doi.org/10.1016/j.ijnurstu.2022.104412">https://doi.org/10.1016/j.ijnurstu.2022.104412</a>

## DISCUSSION

Self-care is an ongoing process of caring through making conscious, deliberate efforts to do things that maintain, improve and repair one's mental,

emotional, physical, socio-cultural, professional, spiritual, and financial wellness. However, many studies have shown that poor self-care is a major cause of problems among nurses and midwives such as physical

and mental exhaustion, despair, helplessness, suicidal thoughts, ulcers, stress and stress-related disorders, outburst of anger or being easily irritated, burnout, social disengagement, tea and coffee dependency, insomnia or sleep disorders, alcohol and drug addiction, poor performance at work and loss of creativity, job dissatisfaction and lack of career progression, among many other problems (Brogan *et al.*, 2021, 2022; Fallah *et al.*, 2022; Hossain & Clatty, 2021; Lake *et al.*, 2021; Marko *et al.*, 2023; Mills *et al.*, 2021; Perkins, 2021; Salari *et al.*, 2020; Stanulewicz *et al.*, 2020; Suleiman-Martos *et al.*, 2020; Tierney, 2021). Assessing and ensuring an enabling environment in which self-care interventions/strategies can be made available to nurses/midwives in safe and appropriate ways must be a key initial aspect of any strategy to introduce or scale-up these interventions.

The studies reviewed showed that there were many barriers to undertaking self-care programs and interventions. They include excess workload, fatigue, lack of time and poor remuneration. Additionally, findings have revealed that demographic data such as age, sex, income, gender and ethnic background influences self-care practices among nurses/midwives. Interestingly, one common barrier identified is that nurses/midwives often underestimate and undervalue the value of self-care and are often unaware of their needs. They don't understand that not taking care of their own needs doesn't make those needs any less important. Thus, it is very crucial for them to make time to meet their needs, such as take breaks, stopping for lunch, drinking plenty of fluids, etc. (Brogan *et al.*, 2021, 2022; Foli *et al.*, 2021; Sist *et al.*, 2022; Suleiman-Martos *et al.*, 2020; Williams *et al.*, 2022). Sadly, one qualitative study showed that there were barriers to healthy eating and physical activity such as time, shift work, work environment, and work culture (Brogan *et al.*, 2021).

Another major barrier is guilt. To deal with guilt, nurses/midwives should accept and understand that self-care is not being selfish, but necessary for a healthy life-work balance. By changing their mindset, they will be able to overcome the guilt they may feel about self-care. Another barrier to self-care is having unrealistic expectations. To overcome this barrier, each nurse/midwife need to set achievable goals and expectations of self-care for her/himself. With time, and as they feel more comfortable with self-care, they can add more time and/or activities to their regimen. Additionally, they should celebrate small victories without feeling overwhelmed or let down by starting slowly (Gherardi-Donato *et al.*, 2023; Luo *et al.*, 2023; Marko *et al.*, 2023; Williams *et al.*, 2022).

Another barrier is that nurses/midwives' failure to adjust well to change. In order to overcome this barrier, they should understand and acknowledge that change is necessary. Then, slowly introduce the necessary self-care changes. This will make them less

likely to become overwhelmed and give up as they adjust to their new self-care routine. Moreover, nurses/midwives wrongly have the misconception that implementing self-care is a sign of weakness thus fail to undertake self-care interventions. To overcome this barrier, they must learn to apply the principles of self-care to their lives with as much enthusiasm as they encourage patients to care for themselves (Lake *et al.*, 2021; Luo *et al.*, 2023; Marko *et al.*, 2023; Salari *et al.*, 2020; Sist *et al.*, 2022; Stanulewicz *et al.*, 2020).

Another worrying barrier is that nurses/midwives do not feel motivated to care for themselves. This barrier can best be overcome through breaking self-care into small, easily attainable goals. They should start by doing things they enjoy, then slowly add other self-care strategies. Also, nurses/midwives are often "busy" and feel that they do not have enough time to do self-care activities. This barrier can be addressed through time management. They also need to understand that self-care strategies do not need to be complicated nor take up a great deal of time, and that the key to self-care is consistency (Brogan *et al.*, 2021, 2022; Foli *et al.*, 2021; Marko *et al.*, 2023; Salari *et al.*, 2020; Sist *et al.*, 2022; Suleiman-Martos *et al.*, 2020; Williams *et al.*, 2022). One study carried out among nurses revealed that, although 93% of the respondents engaged in self-care activities, only 45% practiced self-care on a daily basis. Half of the participants (50%) practiced self-care activities sometimes while 5% did not engage in self-care practices. Further, the study showed that activities that promoted psychological and social wellbeing were not common among the participants. Most self-care activities were towards the promotion of physical health and wellbeing (Williams *et al.*, 2022). Many studies have also demonstrated the importance of spiritual care among nurses. The studies demonstrated that spiritual self-care among nurses may be helpful in reducing workplace stress and burnout (Ausar *et al.*, 2021; Marko *et al.*, 2023; Murgia *et al.*, 2020; Nilsson, 2022; Sist *et al.*, 2022; Stanulewicz *et al.*, 2020; Williams *et al.*, 2022).

Many of the reviewed studies revealed that burnout syndrome was a common occupational hazard. The authors observed that mindfulness training reduced the emotional burden and hence levels of burnout. Thus, they proposed mindfulness training as a valid intervention for the burnout as it will help nurses/midwives to deal more skillfully with stressful events and improve their well-being. The mechanisms involved can be grouped around awareness, self-regulation, acceptance, compassion, feeling permitted to take care of self, and sense of growth and promise of goal attainment. However, they warn that a supportive environment must exist in order for the workplace mindfulness-based programme's benefits to be reaped (Brogan *et al.*, 2022; Foli *et al.*, 2021; Gherardi-Donato *et al.*, 2023; Luo *et al.*, 2023; Micklitz *et al.*, 2021; Sarazine *et al.*, 2021; Suleiman-Martos *et al.*, 2020).

Nurses/midwives' lack of self-care can predispose them to chronic health conditions and burnout which may adversely affect patient care. Thus, the reviewed studies recommended holistic and multi-faced strategies targeting the physical, psychological/mental, emotional, socio-cultural, professional, spiritual, financial and environmental aspects of self-care among nurses/midwives. Physical self-care strategies include exercising regularly, eating a well-balanced diet, and getting adequate rest and sleep. Psychological/mental self-care strategies include meditation, keeping a journal, doing a digital detox. Mental self-care helps nurses/midwives intellectually. Taking time to expand or gain knowledge helps them to gain insight into things outside of bedside care, and can strengthen confidence. Emotional self-care strategies include practicing mindfulness (being fully present), using affirmations (positive self-talk), practicing gratitude, and knowing when to seek help. Socio-cultural self-care strategies include nurturing relationships with friends and family, setting boundaries as well as focusing on spending quality time with others in the community. Professional self-care strategies involve finding a healthy work-life balance and includes differentiating personal and professional time, being organized, and not taking on unmanageable workload. Environmental self-care is about creating an atmosphere that fosters peace, tranquility, creativity, and productivity, through strategies such as decluttering one's work and home, creating a designated workspace, and making personal space comfortable and inviting. Spiritual self-care includes anything done that helps develop a deeper sense of meaning, connection, or understanding with God or the universe, such as praying, connecting with nature, and talking with a spiritual leader. Last but not least, financial self-care strategies include keeping track of the money in one's accounts, creating an emergency savings fund as well as setting aside a financial self-care kitty, and developing S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, and Timebound) financial plans. For all these interventions to be achieved, however, the nurse/midwife should practice self-love and love self unconditionally, make self a priority, create regular, healthy escapades, be flexible and adaptable, create healthy boundaries, be assertive, establish a healthy support system, seek and accept help, and, most importantly, be one's own biggest cheerleader (Ausar *et al.*, 2021; Brogan *et al.*, 2021, 2022; Foli *et al.*, 2021; Gherardi-Donato *et al.*, 2023; Luo *et al.*, 2023; Marko *et al.*, 2023; Nilsson, 2022; Perkins, 2021; Rony *et al.*, 2022; Salari *et al.*, 2020; Sist *et al.*, 2022; Stanulewicz *et al.*, 2020; Suleiman-Martos *et al.*, 2020; Tierney, 2021; Williams *et al.*, 2022).

Additionally, the working environment should be favourable and designed with safe spaces to enhance nurses/midwives' wellness (Foli *et al.*, 2021; Gregory, 2021; Hossain & Clatty, 2021; Lake *et al.*, 2021; Micklitz *et al.*, 2021; Mills *et al.*, 2021; Sarazine *et al.*, 2021). The authors of one study recommended working

less than 40 hours per week in a clinical setting, expressing emotions, taking time to exercise, participating in a support group, and incorporating a place designated as a sanctuary in the clinical setting. They added that personal ways to improve health included preparing healthy meals before working a shift, getting proper sleep, utilizing cognitive behavioral therapy, participating in mindfulness training, and practicing stress reduction techniques (Williams *et al.*, 2022).

Wei and colleagues (2020) identified six major self-care strategies for reducing burnout: finding meaning in work, connecting with an energy source, nurturing interpersonal connections, developing an attitude of positivity, performing emotional hygiene, and recognizing one's uniqueness and contributions at work.

Mills and colleagues (2021) maintain that there is need to rethink nursing/midwifery education to promote self-care and resilience. In contrast, one randomized controlled trial indicated that interventions that focused solely on education were less likely to result in positive outcomes than interventions targeting behavioural change (Stanulewicz *et al.*, 2020).

The authors of this study recognize the tremendous work that nurses/midwives do. Yes, they set objectives for others. However, the researchers question whether the nurses/midwives look inwardly in a bid to keep tabs with their wellness and productivity, and/or whether they are more intentional with their mental health? They argue that nurses/midwives' loyalty (to patients, their families and employers) should not become slavery. They uphold that nothing will make nurses/midwives happy and healthy unless they decide to be happy through taking care of themselves, adding that their happiness will not come to them, but comes from them. And, the magic to all that is in self-care! Sist and colleagues (2022) concur with this and recommend that nurses/midwives should build the capacity to look after themselves, as this positively affects patients/clients as well as the whole population in general. Ultimately, by doing this, the nurses and midwives would be securing their masks first before securing for others as recommended by Tierney (2012). That's how important self-care is!

Ultimately, nurses/midwives should understand that mental health is not a destination, but a life-long journey. Thus, they should embrace their challenges, celebrate their victories, and always remember that they possess the strength within each of them to overcome anything that comes their way.

## CONCLUSION

The study concluded that the practice of self-care and self-love was low among nurses and midwives. Barriers to their undertaking self-care interventions/strategies included: lack of self-love,

underestimating the value of self-care, excess workload, guilt, lack of time, fatigue, having unrealistic expectations, not adjusting well to change, the misconception that implementing self-care is a sign of weakness, lack of motivation to care for oneself, and poor remuneration.

## RECOMMENDATIONS

Holistic and multi-faceted self-care strategies/interventions are recommended targeting the physical, mental, emotional, socio-cultural, professional, spiritual, financial and environmental aspects of health among nurses/midwives. The strategies include: maintaining a work-life balance; unconditional self-love; making self a priority; being deliberate about self-care; cultivating resilience; time management; creating regular, healthy escapes; normalizing fun and recreation; being flexible and adaptable; creating healthy boundaries; being assertive; establishing a healthy support system; seeking and accepting help; setting aside a financial self-care kitty; practicing mindfulness (being fully present), using affirmations (positive self-talk), and being one's own biggest cheerleader. Additionally, the working environment should be favourable and designed with safe spaces to enhance nurses/midwives' wellness.

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