

A Quantitative Study to Investigate How Traditional Nursing Programs Incorporate Self-Care Practices into the Student Nurse Experience

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“I alone cannot change the world, but I can cast a stone across the waters to create many ripples.” -*Mother Teresa*

Abstract

Introduction: Undergraduate nursing students often find the academic rigor of a nursing program challenging. Students may experience feelings of stress, feel overwhelmed, and have difficulty coping, while some also struggle with mental health issues such as depression. Nursing students may also feel stressed about their ability to be academically successful in a nursing program and perform satisfactorily in the clinical setting.

Difficulty coping with the demands of nursing education, and anxiety related to tests are also challenges nursing students encounter. The struggles faced by nursing students are well known, however, great variability exists regarding ways to engage nursing students in self-care practices to support their holistic well-being.

Methods: A survey was designed for this quantitative descriptive study to discover how self-care practices are incorporated into traditional undergraduate nursing programs. An Invitation to Participate was emailed to 189 nursing program administrators of traditional undergraduate nursing programs in eight Midwestern states. A link to the survey was embedded within the invitation.

Results: Sixty-eight surveys were returned. Statistically significant findings were related to the presence of having a policy in place to assist nursing students who request professional advice, the likelihood of assessing stress and emotional health of the program administrators nursing students, and how nursing program administrators of ADN and BSN programs felt about the importance of incorporating self-care practices into their nursing program.

Discussion: Although the challenges nursing students face while completing their nursing education are well known, a systematic means of incorporating self-care practices into nursing programs to promote nursing students' holistic well-being has yet to be

realized. Therefore, future research should focus on developing methods to incorporate self-care practices into nursing programs to support the holistic well-being of nursing students. The incorporation of self-care practices into nursing education may assist nursing students to better manage the rigor of their nursing programs and graduate better prepared to handle the demands of nursing practice. The goal should be to make self-care a habit – a way of being that begins during nursing school and continues as a new way of life.

Keywords: self-care, nursing students, nursing education, stress, psychological well-being

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A Quantitative Study to Discover How Nursing Programs Incorporate Self-Care
Practices into the Student Nurse Experience

CHAPTER I: INTRODUCTION

Purpose of the Study

Many college students encounter a myriad of feelings throughout their college experience. These may include feelings of anticipation, excitement, stress, anxiety, being overwhelmed, fear, and satisfaction. A review of the literature revealed a relationship between stress, anxiety, and mental health issues and nursing students during their nursing education. Nursing students have reported feeling especially stressed when compared with other students in a four-year degree program (Bartlett, Taylor, & Nelson, 2016; Beddoe & Murphy, 2004). The negative health consequences of prolonged stress are common knowledge amongst health care professionals. However, engaging in self-care practices is known to have a positive effect on nursing students' well-being (Drew et al., 2016).

Jenkins et al. (2019) completed a study based on a self-care assignment that was embedded into one of the core nursing courses of their nursing program. The assignment required students to complete either an academic paper or a creative project that explored stressors they experienced during their nursing program. Students identified, explored, and examined challenges or experiences in their lives that could cause feelings of stress or anxiety, however, they were not required to share highly personal or sensitive information. Students then identified self-care practices they were currently using as well as new self-care practices they were interested in pursuing. The assignment required the

inclusion of research or theoretical evidence to support their choices of self-care practices. Students then reflected on the implications their chosen self-care practices had on their mental health during their nursing program and may have on their future nursing practice.

Upon completion of the assignment, students were invited to complete a survey as part of the research study. Eighty-nine participants completed the self-care survey developed by the researchers (Jenkins, et al., 2019). Quantitative results of the study indicated students were better at identifying stressors than managing those stressors. The qualitative data illustrated a connection between recognizing stress and using self-care practices to mitigate it. The researchers concluded that a self-care assignment is an effective teaching strategy nurse educators can use to cultivate students' awareness of stress and the ability to cope with stress; it can also help them to recognize the benefits of self-care (Jenkins, et al., 2019).

Although studies provide examples of the benefits of self-care practices, overall, the literature review lacked evidence regarding standardized approaches used by nursing programs to support self-care practices of nursing students during their nursing programs (Tuomi, Aimala, Plazar, Starcic, & Zyanut, 2013). Therefore, the purpose of this quantitative study using a descriptive design was to discover how self-care practices were incorporated into traditional undergraduate nursing programs in the Midwest as reported by nursing program administrators.

Background and Rationale

Academic stress and anxiety are common mental health issues for students enrolled in nursing programs in the United States. While the college experience can be a challenge for all students, nursing students have reported feeling especially stressed when compared with other students in a four-year degree program (Bartlett, Taylor, & Nelson, 2016; Beddoe & Murphy, 2004). In their integrated literature review, van der Riet et al., (2018) considered Beddoe and Murphy's (2003) research of the effectiveness of mindfulness meditation for nurses and nursing students to be a landmark reference. Therefore, Beddoe and Murphy's (2003) work has been a standout for creating solutions to stress and anxiety nursing students face while in nursing school.

There is a growing concern surrounding nursing students' mental health and well-being, and an interest in determining how nursing programs incorporate self-care practices for nursing students during their education. Most mental health issues are first diagnosed by the age of 24 (Kessler, Berglund, Demler, Jin, & Walters, 2005), which is the age of many nursing students enrolled in undergraduate nursing programs. These nursing students are at risk for developing mental illnesses such as depression, personality disorders, behavioral challenges, and substance abuse issues (Cleary, Horsfall, Baines, & Happell, 2012). Students drawn to nursing, in general, possess a caring nature and aspire to make a difference in the lives of their patients. It is not uncommon for the undergraduate nursing student to not realize the breadth of knowledge and the depth of commitment required to complete a nursing program. Academic rigor may leave nursing students feeling overwhelmed and unable to successfully cope with the

demands of nursing education (Quinn & Peters, 2017). The challenges nursing students encounter during nursing school are well identified; however, a solution is not.

Self-Care

The International Self-Care Foundation (ISF) is a non-profit global charity registered in the United Kingdom. The ISF's vision is of a world in which people live long, healthy lives, taking personal responsibility for their own well-being by adopting healthy lifestyle and self-care practices (ISF, 2021). Their mission is to work with all stakeholders in health, to support countries, communities, and individuals in the adoption of evidence-based self-care practices (ISF, 2021). The ISF provides a framework for self-care practices consisting of seven pillars that promote healthy lifestyles as an integral part of self-care. The seven pillars include knowledge and health literacy, mental well-being, physical activity, healthy eating, risk avoidance, good hygiene, and rational use of products and services (ISF, 2021). This study included three of the pillars as part of its framework. Specifically, these pillars were: Pillar 1 – Knowledge and Health Literacy; Pillar 2 – Mental Well-Being, Self-Awareness and Agency, and Pillar 3 – Physical Activity. These pillars were used because they aligned most appropriately with the purpose of the study. The other piece of this study's framework drew from the tenets of Parse's Human Becoming Theory, 2014.

Human Becoming

Human becoming is not just a theory, it is a way of being (Smith, 2010). As nursing students assimilate into the professional nursing role, they are creating and co-creating with the environment, a new way of being. Students must transcend past beliefs

and behaviors to assimilate new information as they begin creating their professional identities and acquire the skills necessary to enter the profession. Therefore, the lived experience of being a nursing student will consequently influence the student's holistic well-being.

Well-Being

A universal definition of well-being does not currently exist in the literature related to self-care practices. However, there is a consensus in the literature on self-care practices that well-being includes the presence of positive emotions and moods, the absence of negative emotions, and a general satisfaction with life (Centers for Disease Control and Prevention, 2018). This research study refers to holistic well-being as recognizing individuals as more than the sum of their parts, and includes the dimensions of physical, emotional, and spiritual health. Holistic well-being, for the purposes of this research study, is defined as a comprehensive, positive regard toward one's physical, emotional, and spiritual state of being.

The Nursing Program Self-Care Survey

The Nursing Program Self-Care Survey (NPSS) was developed by the principal investigator (PI) for this research study. Information included in the survey is based on Pillar 1, Pillar 2, and Pillar 3 of the ISF (2021), and the themes of meaning, rhythmicity, and transcendence, from Parse's Human Becoming Theory, 2014. Items were written directly from the evidence on self-care, guided by the tenets of the Human Becoming Theory, to discover how self-care practices are incorporated into traditional

undergraduate nursing programs in the Midwest as reported by nursing program administrators.

Research Questions or Aims

The research question guiding this study asked, “How are self-care practices incorporated into traditional undergraduate nursing programs in the Midwest?”

Assumptions

Several methodological assumptions were foundational to this study. These included assuming participants were willing to participate in the study, had the skills and comfort level to use an online survey format, and responded honestly to all survey items.

Phenomenological assumptions included the assumption that all participants recognized the implications stress may have on overall health and well-being; were interested in their students’ self-care habits; cared about their students’ overall health and well-being; and believed nursing school to be challenging and stressful at times. Furthermore, the PI recognized that individual faculty may have supported nursing students’ self-care practices during specific courses, which may not have been formally reflected as part of their overall nursing program.

Delimitations

This study sought to gather information on self-care practices offered to undergraduate nursing students enrolled in traditional undergraduate nursing programs. The delimitation was to establish presence or absence of self-care practices at a program level and sought to identify the intentional placement of student self-care practices within the nursing program.

Research Variables

According to Gray, Grove, and Sutherland (2017), quantitative research studies using descriptive designs may use research variables instead of the traditional independent/dependent variables, especially when the design is not predictive.

Definition of Terms

For the purposes of this study, the following definitions were used:

Conceptual Definitions

Self-care.

The ISF (2021) does not specify a definition of self-care, but instead created and uses a description of self-care known as the Seven Pillars of Self-Care. Each pillar contains a thorough, practical, and robust set of self-care activities recommended for all individuals. The seven pillars of self-care include knowledge and health literacy, mental well-being, physical activity, healthy eating, risk avoidance, good hygiene, and rational use of products and services (ISF, 2021). This study included Pillar 1- Knowledge and Health Literacy; Pillar 2 – Mental Well-Being, Self-Awareness and Agency, and Pillar 3 – Physical Activity as they aligned most appropriately with the purpose of the study.

Pillar 1 – Knowledge and Health Literacy.

Pillar 1 is theoretical knowledge and understanding of health, disease, and self-care. The World Health Organization (WHO) defines health literacy as “The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways to promote and maintain good health” (ISF, 2021).

Pillar 2 – Mental Well-Being, Self-Awareness, and Agency.

Pillar 2 relates to mental well-being. There are many different definitions of mental well-being, but they generally include elements such as: life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support. The World Health Organization (2018) defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community. The positive dimension of mental health is stressed in the World Health Organization's definition of health as contained in its constitution: *"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."* (WHO, 2018).

Pillar 3 – Physical Activity.

Pillar 3 relates to physical activity. The World Health Organization (2018) defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. It is essential to good health, and regular exercise can reduce the risk of many non-communicable diseases (isfglobal.org, 2021).

Self-Care practices.

Self-care practices were defined as the engagement in any activity with the intended purpose of positively enhancing one's feelings of physical, emotional, and spiritual well-being.

Holistic well-being.

Holistic well-being was defined as a comprehensive, positive regard toward one's physical, emotional, and spiritual state of being. The literature yielded inconsistent results with the spelling of the word well-being (i.e., wellbeing, well being, well-being), therefore well-being was used as a hyphenated word in this study.

Operational Definitions**Self-Care practices.**

Self-care and holistic well-being were operationalized by the NPSS, which tested for self-care practices offered to nursing students as part of their nursing programs. Self-care practices were defined as engagement in any activity with the intended purpose of positively enhancing one's feelings of physical, emotional, and spiritual well-being.

Holistic well-being.

A universal definition of well-being does not exist. However, there is a consensus that well-being includes the presence of positive emotions and moods, the absence of negative emotions, and a general satisfaction with life (Centers for Disease Control and Prevention, 2018). A literature search did not yield results for a definition of holistic well-being. This research study refers to holistic well-being as recognizing that individuals are more than the sum of their parts, and includes the dimensions of physical, emotional, social, and spiritual health. Therefore, for this research study, holistic well-being was defined as a comprehensive, positive regard toward one's physical, emotional, and spiritual state of being.

Midwestern states.

Midwestern states referred to the following states: Colorado, Iowa, Kansas, Nebraska, Missouri, Montana, South Dakota, and North Dakota.

Nursing program administrators.

Nursing program administrators included deans, directors, program chairs, or other like titles related to these three positions.

Undergraduate nursing programs.

Undergraduate nursing programs referred to traditional nursing programs offering an Associate Degree (ADN) or Bachelor of Science Degree (BSN) degrees. Traditional undergraduate nursing programs were those programs offering face-to-face instruction of theory, lab, and simulation and hands-on clinical experiences.

Nursing students.

Nursing students referred to nursing students enrolled in a traditional undergraduate nursing program offering an ADN or BSN in nursing.

Significance of the Study

The fast pace of today's world often necessitates constant activity and leaves little room for just being. Many nursing students do not think about the importance of self-care, but reside in the busyness of everyday life that seems normal. Just as engaging in self-care practices can enhance quality of life, inadequate self-care practices may lead to stress, anxiety, and the use of poor coping skills (Bartlett, Taylor, & Nelson, 2016; Beddoe & Murphy, 2004).

Identifying and treating mental health issues in college students responds to growing concerns among educators, but also provides opportunities to positively impact students during a time of need (Hunt & Eisenberg, 2010). Research findings indicate that supporting self-care practices of nursing students during their nursing education may positively enhance nursing students' overall health and sense of well-being. Engaging in self-care practices while in nursing school may be a transformative experience, leading to continued engagement after graduation and carried into professional practice. Nurses who care for themselves can create healing environments for their patients (Montanari et al., 2018). Today's nursing students are tomorrow's practicing nurses. Integrating self-care practices during traditional undergraduate nursing education will better prepare students to enter the workforce equipped to care for patients and themselves.

Summary

The manifestation of academic stress, anxiety, difficulty coping, and the presence of depression and other mental health issues experienced by traditional undergraduate nursing students is well documented in the literature. The positive effects of self-care practices are also reflected in the literature. For example, the practice of mindfulness has been shown to be an effective intervention in the management of stress, anxiety, and depression in nursing students (Alsaraireh & Aloush, 2017; Beddoe & Murphy, 2004; Fabbri et al., 2016; Ratanasiripong et al., 2015; Spadaro & Hunker, 2016; Song & Lindquist, 2015; van der Riet et al., 2018). Relaxation techniques and mindfulness interventions have also been found to assist students in decreasing test anxiety and academic stress (Manansingh & Tatum, 2019; Quinn & Peters, 2017). A standardized

approach to supporting self-care practices of traditional undergraduate nursing students, such as offering classes on relaxation techniques and mindfulness during their nursing programs, is not evident in the literature (Tuomi et al., 2013), thereby strengthening the significance of conducting this study.

CHAPTER II: LITERATURE REVIEW

This chapter provides a review of the literature related to challenges nursing students experience during their nursing education. The key concepts of self-care, well-being, and self-care practices appear throughout the chapter. Although much is known about the challenges nursing students face during their nursing education, the literature lacks evidence related to how self-care practices are incorporated into nursing programs.

Attending college is an important milestone, and for many students it signifies the beginning of a new stage of life full of promise and opportunity. According to the National Center for Education Statistics (IES, NCES, 2019), an estimated 16.9 million undergraduate students were expected to enroll in a college or university in Fall - 2019. Although exciting, some students may find pursuing an undergraduate degree to be challenging and stressful.

The students who effectively navigate these challenges will most likely do so without significant consequence. However, students who struggle socially and/or academically may not fare as well, particularly if they have had past or current mental health challenges. Mental health challenges and substance misuse disorders are common in American college students. The most prevalent mental health issues college students experience includes alcohol use disorders (20%), eating disorders (19%), personality disorders (18%), depression (16%), and anxiety disorders (10%) (Blanco et al., 2008, Eisenberg, Gollust, Golberstein, & Hefner, 2007; Hunt & Eisenberg, 2010; Zivin, Eisenberg, Gollust, & Golberstein, 2009). While the college experience can be a challenge for all students, the rigor of nursing education has shown to be particularly

challenging for many nursing students (Bartlett, Taylor, & Nelson, 2016; Prymachuk & Richards, 2007).

Challenges of Nursing School

Academic stress.

The nursing curriculum is rigorous, and nursing students are tasked with the challenge of organizing their time to study, prepare for clinical, simulation, lab, and seminar. Undergraduate nursing students engage in didactic and clinical learning simultaneously, which adds to students feeling high levels of stress and anxiety (Chernomas & Shapiro, 2013; Crary, 2013; Turner & McCarthy, 2017). Nursing students enrolled in a nursing program full-time can expect to take approximately 12-16 credit hours per semester. As a general rule, the recommendation is for students to spend three hours studying for each credit hour they are enrolled in. For example, if a student is enrolled in 12 credit hours, the student should anticipate spending 36 hours engaged in studying for didactic courses and preparing for labs, simulation, and clinical experiences. This is in addition to the time spent attending scheduled classes, labs, and clinical experiences. Another essential element of nursing education is the time students spend preparing and studying for exams.

Anxiety related to nursing exams.

Nursing programs rely heavily on exams as a means of evaluating student learning. Achieving the required exam average often determines whether a nursing student will progress in the program, repeat a course, or will be required to withdraw. This heightened anxiety surrounding testing and subsequent performance adds to the

pressure nursing students feel (Beddoe & Murphy, 2004; Beggs, Shields, & Goodin, 2011; Quinn & Peters, 2017) during nursing school. Most nursing programs design their exams like the National Council Licensure Examination (NCLEX), the exam all graduate nurses are required to complete successfully in order to be licensed as a registered nurse. Prior to enrolling in a nursing program, most students have had no experience completing an exam consisting of NCLEX-style questions. This requires nursing students to develop a new skill set to be successful; memorizing course content is not enough. For example, NCLEX-style questions require students to use critical thinking skills to apply course content to scenarios that often require prioritization of nursing care. This necessitates having a breadth and depth of content knowledge and the ability to analyze and apply the content to different situations and patient scenarios. Although most NCLEX questions are multiple choice and have only one correct answer, a small percentage of questions have multiple answers that are correct. This type of question is known as a “select all that apply” question. To receive credit for the question, the student must select all correct answers. If the student does not select all the correct answers, the question is counted as incorrect.

Students have reported feelings of anxiety about upcoming exams, inability to sleep the night before an exam, and experiencing physical symptoms such as an upset stomach, difficulty concentrating, and trembling while taking the exam. Although test anxiety manifests as cognitive, emotional, or physical symptoms, the underlying cause is based on the fear of being evaluated (Beggs et al., 2011; Manansingh & Tatum, 2019). Beddoe and Murphy (2004) found this may in turn adversely affect nursing students’

academic performance. The article by Beddoe and Murphy (2004) was one of 16 articles meeting inclusion criteria for an integrated literature review of the effectiveness of mindfulness meditation for nurses and nursing students and is considered a landmark resource (van der Riet, et al, 2018).

Stress related to clinical learning experiences.

Undergraduate nursing students also find many facets of the clinical learning experience stressful (Hanish, Azimirad, & Turunen, 2019; Jimenez, Navia-Osorio, & Diaz, 2010). Nursing is a practice profession, and clinical rotations are an important part of nursing education. Although simulation is widely used to provide clinical experience in a safe learning environment, nursing students still experience a moderate amount of stress associated with clinical rotations outside of simulation (Hanish, Azimirad, Saaranen, & Turunen, 2019; Jimenez, Navia-Osorio, & Diaz, 2010). Nursing students commonly verbalize not being able to sleep the night before clinical due to feeling worried about the types of patients they will care for and their ability to complete the necessary nursing assessments, documentation, and needed tasks (Manansingh & Tatum, 2019). Students may or may not be subsequently assigned to the same clinical areas. Placing students in unfamiliar environments where they may be unsure about the general flow of the unit, or even where to find supplies, adds to their levels of stress. Unfortunately, students are often judged by nursing staff who are employed by the organization where the clinical experiences occur and may not necessarily treat students kindly. Students often experience fear of not performing skills and procedures satisfactorily (Manansingh & Tatum, 2019; Quinn & Peters, 2017), all while assimilating

to a new role in an unfamiliar environment. According to Chernomas and Shapiro (2013), there are specific stressors related to the clinical learning environment. Students often report feeling stress related to being unfamiliar with the hospital environment, being unprepared to practice, and fear of making a mistake (Chernomas & Shapiro, 2013). In addition to this, students are observed and evaluated during the clinical experience, which may cause them to feel stressed about meeting clinical learning objectives (Chernomas & Shapiro, 2013). Interacting with nursing staff, physicians, and clinical instructors can be stressful as well (Chernomas & Shapiro, 2013). Nursing students found witnessing pain and suffering and issues related to death and dying (Chernomas and Shapiro, 2013) to be stressful parts of clinical learning experiences. However, students found seeing the pain and suffering of their patients to be the most stressful (Jimenez et al, 2010).

Difficulty coping.

Nursing students who report feeling stressed or overwhelmed may utilize positive or negative coping mechanisms (Mitra, Kooner & Ahmed, 2019). Some nursing students have reported using positive coping mechanisms such as physical exercise and journaling as an effective means to reduce stress (Beddoe & Murphy, 2004; Beggs et al., 2011; Padykula, 2017; Quinn & Peters, 2017; Ramasubramanian, 2017). Another way to cope with stress is participating in structured programs of relaxation using techniques such as breathing, guided imagery, stretching exercises, listening to music, adult coloring, and aromatherapy to help decrease stress and test anxiety (Manansingh & Tatum, 2019). Students with higher levels of spiritual well-being have been shown to experience lower levels of stress during their nursing education (Fabbris et al., 2016).

Unfortunately, not all nursing students who feel overwhelmed and stressed know how to cope. Some have engaged in unhealthy coping mechanisms such as the use of prescription medication not prescribed to them (Boulton & O'Connell, 2017). Although experiencing stress and anxiety on a frequent basis may be uncomfortable, it may also be a motivating factor for students to learn effective stress management techniques. Learning how to manage stress during nursing school would be beneficial for a nursing students' holistic well-being, and would most likely be useful as they move into a demanding, and often stressful, practice profession.

Depression and other mental health issues.

Identifying and treating mental health issues in college students is a growing concern among educators. However, the concern becomes an opportunity to positively impact students during a time of need (Hunt & Eisenberg, 2010). Most mental health issues are first diagnosed by the age of 24 (Kessler et al., 2005), which is the age of many nursing students enrolled in undergraduate nursing programs. Nursing students are at risk of developing mental illnesses such as depression, personality disorders, behavioral challenges, and substance abuse issues (Clearly et al., 2012). The presence of stress and anxiety may hinder a student's ability to concentrate or critically think, which may also lead to anxiety and depression (Dubert, Schumacher, Locker, Gutierrez, & Barnes, 2016; Smith & Yang, 2017).

A number of students are drawn to nursing as a profession due to their aspirations to help other people or make a difference in people's lives. Most nursing students have a caring nature which is an attribute fundamental to the profession. What many nursing

students do not realize prior to beginning nursing coursework is the breadth of knowledge and depth of commitment required to be successful. The academic rigor may leave students feeling overwhelmed and unable to successfully cope with the demands of the program (Quinn & Peters, 2017).

A student's low level of resilience or their inability to use appropriate coping mechanisms may put them at risk of developing a mental health issue. Depression is a widely diagnosed mental illness, and nursing programs are attempting to discover what contributes to its causes. In a study by Dzurec, Allchin, & Engler (2007), nursing students were asked, "If you or another student you know has been feeling down or depressed, can you describe a reason?" Common themes in the responses were an overall sense of overload and feeling overwhelmed, lonely and isolated; concern about future outcomes; inexperience with the transition to college; feeling inadequate and incidental events (Dzurec et al., 2007).

The most common theme that emerged was feeling overwhelmed with the amount of studying required to successfully complete all the assignments. This information is vital for nursing programs to know so they can develop interventions to assist students who are feeling overwhelmed and who find themselves unable to cope with the demands of nursing school. Engaging in self-care practices has the potential to promote nursing students' ability to cope with the stresses of nursing school. A quasi-experimental research study conducted by Drew et al. (2016) found mind-body self-care practices such as yoga, mindful breathing, Reiki, and essential oil therapy to be effective self-care interventions to decrease stress. The International Self-Care Foundation (ISF) (2021)

provides a framework for self-care practices and, in part, served as this study's framework.

Self-Care

The ISF (2021) is a non-profit global charity registered in the United Kingdom. The ISF's vision is of a world in which people live long, healthy lives, taking personal responsibility for their own well-being by adopting healthy lifestyle and self-care behaviors (ISF, 2021). Their mission is to work with all stakeholders in health, to support countries, communities, and individuals in the adoption of evidence-based self-care practices (ISF, 2021). The ISF (2021) consists of seven pillars of self-care which promote healthy lifestyles as an integral part of self-care (ISF, 2021). The seven pillars include knowledge and health literacy, mental well-being, physical activity, healthy eating, risk avoidance, good hygiene, and rational use of products and services (ISF, 2021). This study included Pillar 1- Knowledge and Health Literacy; Pillar 2 – Mental Well-Being, Self-Awareness and Agency, and Pillar 3 – Physical Activity only as they aligned most appropriately with the purpose of the study. The three pillars served as part of the study's framework.

Self-Care Practices

Self-care practice is the engagement in any activity with the intended purpose of positively enhancing one's feelings of physical, emotional, and spiritual well-being. Examples of self-care practices are written into the ISF's definitions of the seven pillars of self-care.

Theoretical Context – 7 Pillars of Self-Care

Pillar 1 – Knowledge and Health Literacy.

Pillar 1 is theoretical knowledge and understanding of health, disease, and self-care (ISF, 2021). According to the World Health Organization (WHO), health literacy is defined as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways to promote and maintain good health.” (ISF, 2021). Individuals who have a greater degree of health literacy can understand health information, seek assistance, and use appropriate resources to benefit their health and well-being. Although Pillar 1 includes a comprehensive list of components related to health literacy, the components most appropriate for this study were understanding self-care and knowing when to seek professional advice.

When addressing help-seeking behaviors for psychological health, most studies have been conducted internationally and primarily with the general population of university students versus nursing students specifically (Bernhardsdóttir & Vilhjálmsón, 2013; Eisenberg et al., 2007; Martin, 2010; Xu et al., 2014). Wynaden, McAllister, Tohotoa, Al Omani, & Heslop (2014) reported that the most cited reasons that students do not seek assistance for mental health issues are fear of stigma related to mental health challenges and fear of being treated differently. The results support the need for future research to explore help-seeking behaviors, barriers to seeking assistance, and self-care practices of nursing students studying in America.

Pillar 2 – Mental Well-being, Self-Awareness, and Agency.

Well-being may be defined many ways, but most definitions generally include elements such as life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support (ISF, 2021). Well-being may also include physical well-being, economic well-being, social well-being, psychological well-being, and spiritual well-being (CDC, 2018).

Mental health is defined by the WHO as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (ISF, 2021). In the WHO’s definition of health, emphasis is placed on health being a state of complete physical, mental, and social well-being (ISF, 2021), and not merely the absence of disease. Therefore, references to physical, emotional, social, and spiritual well-being were referred to as holistic well-being throughout the dissertation.

Health literacy and self-awareness are essential to self-care. To promote health, one must be able to comprehend health information and know when to seek assistance from a health professional. Enhanced self-awareness may lead to better stress management practices. van der Riet, Rossiter, Kirby, Dluzewska, & Harmon (2015) found that nursing students who reported being self-aware of their level of stress were able to use mindfulness, which became a beneficial stress management technique.

Mental well-being and self-care practices of nursing students.

The inclusion of self-care in nursing curriculums is not only necessary, but required. The American Association of Colleges of Nursing (AACN) report on core

competencies, titled *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), requires nursing programs to include information in their curriculum related to (a) adopting a holistic perspective to care for clients, (b) engaging nurses in self-care, and (c) understanding how to incorporate health-promotion practices from complementary and alternative modalities. A holistic perspective to client care necessitates addressing physical, emotional, social, and spiritual needs of each client. Nurses must also possess adequate knowledge of health-promotion practices and complementary modalities. Furthermore, nurses need to care for themselves so they are better able to care for others.

According to Core 7, “Health promotion, disease, and injury prevention across the lifespan are essential elements of baccalaureate practice at the individual and populations level” (AACN, 2008, p. 23). In other words, nursing curricula need to include classroom content related to self-care and health-promotion practices. A comprehensive list of metrics related to self-awareness of physical and emotional well-being (ISF, 2021) should include a general understanding of one’s own mental and emotional health, stress levels, and sleep profile. The role of self-care practices is an important component of promoting physical and emotional well-being in nursing students.

Most nursing students do engage in self-care practices that promote health; however, students have reported unhealthy behaviors such as lack of sleep, inadequate fluid intake, and lack of exercise due to busy schedules (Chow and Kalischuk 2008; Clement et al., 2002; Purcell, Moule, & Evans, 2006). When comparing health-promoting behaviors of traditional and non-traditional nursing students, Bryer, Cherkis, and Raman

(2013) found that non-traditional nursing students reported barriers to health-promoting behaviors as lack of time, competition with non-school related responsibilities, and fatigue. Incorporating mindfulness as a means of self-care may be beneficial to all nursing students' emotional well-being regardless of traditional or non-traditional status.

Pillar 3 – Physical Activity.

Pillar 3 focuses on the need for – and the benefits of – physical activity and exercise. The WHO defines physical activity as “any bodily movement produced by skeletal muscles that requires energy expenditure” (ISF, 2021). Currently, the recommendations for aerobic activity include spending 150 minutes or more of moderate-intensity physical activity per week or 75 minutes of vigorous-intensity physical activity or the equivalent combination (ISF, 2021). Physical activity promotes a general sense of well-being and can support one's overall health at any age (CDC-DNPAC, 2020).

The American College Health Association (ACHA, 2020) routinely administers a health assessment, known as the National College Health Assessment (NCHA), to collect data on the most prevalent health topics associated with college students. This includes information related to nutrition, physical activity, food security, health care utilization, impediments to academic performance, personal safety, alcohol, and drug use, mental health and well-being, and acute and chronic conditions (American College Health Association-National College Health Assessment, 2019). The data has proven to be valuable information when designing programs to meet student health needs. The most recent ACHA-NCHA (2019) survey was completed in the Fall of 2019. The results showed that 73% of males and 64% of females met the recommendations for aerobic

activity and 67.4% of both sexes exercised on a weekly basis. Although the results are important to know when considering college students' health needs, the survey does not delineate nursing students from non-nursing students.

A study done by Blake, Stanulewicz and McGill (2016) found that 48% of nursing students did not achieve recommended levels of physical activity even when the nursing students reported perceived benefits of physical activity. Common barriers to physical activity identified were lack of time, facilities having inconvenient schedules, and exercise not fitting around study or clinical schedules (Blake et al., 2016). Self-care practices and healthy lifestyle habits are important to practicing nurses as well. Practicing nurses who engaged in healthy lifestyle habits were more likely to encourage others to engage in healthy lifestyle behaviors (Esposito & Fitzpatrick, 2011; Giné-Garriga et al., 2009). The importance of adopting self-care practices and healthy lifestyle behaviors while nursing students are still in school is essential to carrying the healthy behaviors forward as practicing nurses.

Holistic Well-Being

A universal definition of well-being does not exist. However, there is a consensus that well-being includes the presence of positive emotions and moods, the absence of negative emotions, and a general satisfaction with life (CDC, 2018). A literature search did not yield results for a definition of holistic well-being. This research study refers to holistic well-being as recognizing that individuals are more than the sum of their parts, and includes the dimensions of physical, emotional, social, and spiritual health.

Therefore, for this research study, holistic well-being was defined as a comprehensive, positive regard toward one's physical, emotional, and spiritual state of being.

Theoretical Framework

Nursing theories provide a foundation for nursing education and patient care. Many nursing theories guide educational pedagogy and promote the use of evidence-based practices to ensure patient safety and optimize positive patient outcomes. The emphasis Parse's Theory of Human Becoming places on the lived experience makes it an appropriate theory for this research study. A review of the literature yielded inconsistencies in the spelling of the word human becoming (i.e., human becoming or humanbecoming). This dissertation refers to human becoming as two separate words.

Overview of Parses' Human Becoming Theory

Parse's Theory of Human Becoming is structured around three major themes which include meaning, rhythmicity, and transcendence. In the theory, the patient is viewed as a unitary being and equal to more than the sum of their parts. Human beings are considered biopsychosocial-spiritual organisms interacting with the environment. Patients, as human beings, are a combination of physiological, psychological, sociological, and spiritual attributes (Parse, 2011). Nursing care is intended to recognize the patient as a whole being while seeking to increase the patient's quality of life, which is based on their perceptions and lived experiences.

The first major assumption of Parses' theory concerns meaning, and states that "structuring meaning is the imaging and valuing of languaging" (Parse, 2014, p. 37). Individuals create their life meaning based on lived experiences and have autonomy to

spontaneously decide the meaning of any given situation. Individuals participate in co-creating their reality while interacting with the environment.

The second assumption of Parse's theory is rhythmicity and states that "configuring rhythmical patterns is the revealing-concealing and enabling-limiting of connecting-separating" (Parse, 2014, p. 43). This assumption includes considering the presence of dichotomous relationships and their influence in co-creating rhythmical patterns with the universe. The human and the environment are separate entities, although they are involved in patterns of creating with each other.

Parse's third assumption is transcendence, and states that "cotranscending with possibles is the powering and originating of transforming" (Parse, 2014, p. 47). This assumption is based on the belief that humans are in a state of constant change and transformation. Transcendence implies going above or beyond the limits one may have set for themselves. The result is cotranscending with emerging possibilities to create new ways of being.

Parse's Human Becoming Theory and self-care practices.

An intensive literature search that relates Parse's Human Becoming Theory to self-care ("human becoming," OR humanbecoming AND holistic OR "self-care" OR "self care" OR wellness OR wellbeing) did not yield any evidence of the theory's connection to the study's concepts of self-care or well-being. This is also true when looking at Parse's Human Becoming Theory and well-being of nursing students (nursing students AND well being OR well-being OR wellbeing AND theory of human becoming). Parse's theory considers an individual as more than the sum of their parts,

and though it is not reflected in the literature, the use of the theory with holistic well-being and self-care practices of nursing students is appropriate.

Parses' Human Becoming Theory and self-care practices of nursing students.

Human becoming is not just a theory, it is a way of being (Smith, 2010). As nursing students assimilate into the professional nursing role, they are creating and co-creating with the environment, a new way of being. The experiences they have during nursing school will influence how they assimilate into the professional nursing role, and the process will be the result of their lived experience. Self-care is central to creating this new way of being and directly influences holistic well-being. The lived experience of being a nursing student will consequently influence the student's holistic well-being. Furthermore, nursing students must transcend past beliefs and behaviors to assimilate new information as they develop the skills necessary to enter the profession. Nursing faculty can support this process in various ways.

One way faculty can support nursing students in this process is to be fully present with the students, offering oneself as the students work through the situations at hand. Faculty should not give students all the answers, but rather honor the students' inherent wisdom (Parse, 2013) to co-create their reality with the universe. Honoring the wisdom of the student is "recognizing that the prism through which others view a situation is uniquely their perspective" (Parse, 2014, p.5). Being with the student allows the student to reflect on the situation, contemplating its meaning and their role in co-creating their reality with the universe. A common example of faculty offering themselves to students occurs when the students are struggling academically. Faculty offer their presence,

listening to the students, offering feedback only when asked. These conversations often include study habits and self-care practices that students may or may not be engaged in. The faculty member does not provide all the answers for the student, but assists the student to identify new ways of transcending the current situation to co-create new possibilities with the universe.

The assumptions about man and becoming are foundational to the Theory of Human Becoming and serve a comprehensive role in the entire theory. Assumptions About Man and Assumptions About Becoming are listed below.

Assumptions about Man:

- The human is coexisting while coconstituting rhythmical patterns with the universe.
- The human is open, freely choosing meaning in situation, bearing responsibility for decisions.
- The human is unitary, continuously coconstituting patterns of relating.
- Transcending multidimensionally with the possible.

Assumptions about Becoming:

- Becoming is unitary human-living-health.
- Becoming is a rhythmically coconstituting human-universe process.
- Becoming is the human's patterns of relating value priorities.
- Becoming is an intersubjective process of transcending with the possibles.
- Becoming is unitary human's emerging.

Summary

Some nursing students experience several challenges during nursing school including academic stress, anxiety related to exams, stress related to clinical learning experiences, difficulty coping, and depression and mental health issues. Information found in the literature supports the effectiveness of self-care practices in assisting nursing students to manage some of these challenges. Incorporating self-care practices into the nursing program will decrease undergraduate nursing students' experiences with stress and anxiety and improve their ability to cope (Turner & McCarthy, 2017). Emerging evidence of the effectiveness of mindfulness-based nursing interventions in nursing practice (Guillaumie, Boiral, & Champagne, 2017) and mindfulness-based education in nursing programs (van der Riet et al., 2015) provides adequate reason for nursing programs to consider implementing mindfulness, in addition to other self-care practices, into the nursing program. Further research is needed to investigate perceived value of health promotion activities and self-care practices of undergraduate nursing students in the United States (Nevins & Sherman, 2015).

CHAPTER III: METHODS AND PROCEDURES

Research Design

Descriptive research designs can be used to explain relationships between variables. They may also be used to answer a research question related to incidence, prevalence, or frequency of occurrence of a phenomenon (Gray et al., 2017). The purpose of this quantitative study using descriptive design was to discover how self-care practices were incorporated into traditional undergraduate nursing programs in the Midwest as reported by nursing program administrators.

According to Gray et al. (2017), descriptive studies may use research variables instead of independent/dependent variables. Often, the research variable is included or stated in the research question (Gray et al., 2017). The research variables for this study were self-care and well-being. In this research study, the definition of self-care is engagement in any activity the intended purpose of which is to positively enhance one's feelings of physical, emotional, and spiritual well-being.

An intensive literature review did not yield an established measurement tool specifically designed to assess how traditional undergraduate nursing programs incorporate self-care practices to support nursing students' holistic well-being. Therefore, the author, as the Principal Investigator (PI), developed the Nursing Program Self-Care Survey, a tool specifically designed from theoretical evidence to collect data in order to answer the research question.

Setting, Population, and Sample

The setting was accredited nursing programs that offered a traditional undergraduate Associate Degree in Nursing (ADN) and/or Bachelor of Science Degree in Nursing (BSN). Traditional nursing programs were defined as those programs that offered face-to-face instruction of theory, lab, simulation, and hands-on clinical experiences. The setting focused specifically on nursing programs in the Midwest. The Midwestern states included were Colorado, Iowa, Kansas, Nebraska, Missouri, Montana, South Dakota, and North Dakota. The PI compiled a list of accredited nursing programs from each state based on the State Board of Nursing website. The nursing administrators' email addresses were retrieved from the faculty directory of each nursing program's public website. This process resulted in a prospective participant sample of 189 nursing program administrators.

This study sought to identify the comprehensive implementation of self-care practices within nursing programs; therefore, it was decided that nursing administrators, as the individuals who managed the nursing programs, would comprise the sample. The nursing administrators, as the participants, self-determined if they qualified for the study after reading the inclusion and exclusion criteria. Nursing administrators of the accredited programs were emailed an Invitation to Participate that included the link to the survey for their convenience.

The Invitation to Participate included the inclusion and exclusion criteria. The inclusion criteria for the study were nursing administrators of accredited traditional undergraduate ADN and BSN programs of nursing. There was no time limit on

employment in the nursing administrator role. The exclusion criteria included all online nursing programs offering an ADN or BSN program. All accelerated BSN and graduate nursing programs were also excluded. Nurse educators not employed as nursing administrators of accredited traditional ADN or BSN nursing programs were excluded. The PI sent the Invitation to Participate via electronic mail (email) to each nursing administrator within the eight selected Midwestern states.

Demographic characteristics

Demographic data included the type of organization (for profit, non-profit, private, or public), frequency of admission per year, number of students admitted each year, and program(s) offered (BSN, ADN). It was anticipated that the average age of nursing administrators, as the participants, would be between 30 years of age and 70 years of age (National League for Nursing, 2017), and that the majority of participants would be Non-Hispanic White. These assumptions were based on the most recent data showing that 80.8% of full-time nurse educators are Non-Hispanic White, 8.8% are African American, 3.2% are Hispanic, 2.7% are Asian, 0.6% are multiracial, and 0.4% are American Indian (National League for Nursing Faculty Census Survey, 2017b).

Procedure

Upon IRB approval (IRB # 2007-002), the PI began recruiting participants by sending the Invitation to Participate (Appendix A) via email. The invitation provided an overview of the study, the inclusion and exclusion criteria, and the risks to and benefits of participating. The invitation informed the participants of the plan for disseminating the study results. Refer to Appendix A for details. The participants' email addresses were

retrieved from the faculty directory of each nursing program's public website. The participants were reminded that participation was voluntary, and that completion of the study indicated their consent to participate. The invitation also stated the prospective participants were free to choose not to participate without consequences. Reminder emails with a link to the survey were sent to all participants twice a week for three weeks. Participants were notified of this process in the original invitation. Refer to Appendix B for details.

Demographic data were collected along with descriptive data within the survey. The survey was uploaded into Google Forms; the Google Forms link was provided in the Invitation to Participate. The PI created a Google Drive account solely for the purpose of the research study, and this was where the survey and results using Google Forms was stored. Access to the Google Drive account was limited to the PI. Data was de-identified and coded by the PI and then exported into an Excel spreadsheet and shared with the psychometrician.

Instrumentation.

The Nursing Program Self-Care Survey (NPSS) was developed by the PI for the research study. The PI shared the NPSS with the psychometrician and several nurse educators. They provided feedback and insight to the PI, which was incorporated into the survey. For example, both suggested providing some background information regarding the study at the beginning of the survey. Additionally, some of the survey questions were edited to represent the meaning of the question more clearly. The process furthered content validity for the survey.

Information included in the survey was based on the current evidence in self-care from the International Self-Care Foundation (ISF). The survey items were written based on information from the ISF's framework specific to Pillar 1, Pillar 2, and Pillar 3. See Appendix D for the ISF's illustration of their seven pillars. In addition, items written for the survey included information from Parse's Human Becoming Theory related to the themes of meaning, rhythmicity, and transcendence.

The NPSS was divided into three sections. Section 1 addressed participants' beliefs about the importance of self-care related to one's overall health and holistic well-being. Section 2 addressed whether the nursing program had a policy in place to assist students who expressed a need for professional advice, if a mental health professional was on staff, or if counseling services were available for nursing students (Pillar 1, ISF, 2021). Section 3 addressed assessments nursing programs completed related to emotional health, levels of stress, and sleep habits. It also queried about opportunities the nursing program provided for nursing students to engage in self-care practices such as mindfulness, relaxation sessions, yoga, and other self-care modalities. These were examples of item writing using information from Pillar 2 of the ISF framework. In addition, opportunities for physical activity and aerobic exercise were also included in section 3 (Pillar 3, ISF, 2021). Section 4 gathered demographic data such as type of institution, number of students admitted per year, degrees offered, and whether the program admitted students once or twice a year. Additional information about the frameworks was provided at the end of the survey. Refer to Appendix C to view the

NPSS in its entirety and to read tenets specific to the ISF framework and Parse's Theory of Human Becoming.

Items were written to elicit quantitative data. Some of the items also included the option to write qualitative responses (Q6, Q7, Q9, Q11, Q13). For example, Q6 asked, "Does your nursing program have a mental health professional on staff for nursing students to access?" as the quantitative component followed by, "If the answer to the above question is other, please explain" to elicit richer information as a qualitative response. Additional information about the frameworks was provided at the end of the survey. Refer to Appendix C to view the NPSS in its entirety and to read tenets specific to the ISF framework and Parse's theory of human becoming.

Ethical considerations.

Risks to participants.

Risks to participants included potential breach of confidentiality. There was a risk to using the cloud-based format, Google Forms, to collect participants' responses, and Google Docs to house the research data. For example, there was a possibility that the Google Drive account could be hacked, and the research data could be compromised.

Protection against risks.

With the use of a cloud-based system, the research data was not transported while being collected. To further ensure participant privacy, all research data shared with the psychometrician and/or research team members were de-identified and coded before sending via encrypted email using the college email addresses. Risks to participants were

mitigated by ensuring confidentiality of all research data by following Google's terms and conditions of privacy, which included:

- Google Drive allows the owner to upload, submit, store, and send and receive content.
- Data encryption safeguards the privacy of data located in Google Drive.
- Google reviews information collection, storage, and processing practices to guard against unauthorized access to systems.
- With consent, Google shares personal information with their affiliates; the PI did not provide consent to these affiliates.

The PI was the sole owner of the Google Drive account where the research data were housed. The PI did not share the password information with others.

Benefits to participating in the research study.

The invitation also included the benefits of participation, which were intended to pique nursing administrators' interest in approaches nursing programs use to support self-care and encourage self-care practices in nursing students during their nursing education. Participants were not compensated for participating in the research study.

Data collection.

The NPSS was created for nursing program administrators to self-report information surrounding the inclusion of self-care practices within their nursing programs, mental health services and counseling provided for nursing students, assessments completed by their nursing programs related to emotional health, stress, and sleep habits, and opportunities they had available for nursing students to engage in self-

care practices and physical activity. Demographic data were collected along with the descriptive data within the survey. Raw data collected from the survey were stored in Google Forms. The survey was written to take approximately 10 minutes to complete. The anonymous survey responses were automatically populated into Google Sheets and the PI prepared the data for analysis.

Data analysis.

Data were de-identified and coded by the PI before sharing with the psychometrician and research team members. The de-identified and coded data were imported into an Excel workbook and prepared for analysis via SPSS software. The Excel workbook was exported and shared with the psychometrician. Data were analyzed using descriptive analysis (percentages) and inferential analysis using t-test (parametric) or Mann-Whitney U tests (nonparametric). All demographic data were analyzed and reported as aggregated data. Demographic data were housed in a separate Excel spreadsheet than the response data and were not analyzed with nor linked to the individual participants' survey response data. A separate Excel spreadsheet used to house the data decreased the risk for a breach in confidentiality.

Summary

A quantitative descriptive study was designed to discover how self-care practices were incorporated into traditional undergraduate nursing programs. In order to do this, the PI created the NPSS to query nursing program administrators on how they encouraged their students to engage in self-care practices during their nursing education. By doing so, it is hypothesized that nursing students may be better equipped to manage

the rigor of their nursing programs and graduate better prepared to handle the demands of nursing practice. The goal should be to make self-care a habit, a way of being that begins during nursing school and continues as a way of life.

CHAPTER IV: RESULTS

Introduction

This chapter presents the results of this descriptive quantitative study which sought to discover how traditional nursing programs incorporated self-care practices into their nursing programs. In addition to the quantitative data, some qualitative responses were requested and are also included. Initially, the PI and Dissertation Committee Chair used content analysis to independently analyze the data, and then subsequently met and developed a combined frequency table together.

Purpose Statement

The purpose of this quantitative study using descriptive design was to discover how self-care practices were incorporated into traditional undergraduate nursing programs in the Midwest as reported by nursing program administrators. This was accomplished by recruiting nursing program administrators of traditional nursing programs in eight Midwest states to complete the Nursing Program Self-Care Survey (NPSS).

Research Question

The research question for the study asked, “How are self-care practices incorporated into traditional undergraduate nursing programs in the Midwest?”

Data Analysis

Demographic data were generated in Google Forms. All other data were analyzed using SPSS version 14.0. Demographic data were analyzed using descriptive analysis (i.e., frequencies and percentages). The quantitative data were analyzed using descriptive

analysis (i.e., percentages) and inferential analysis using cross-tabulations tests and Mann-Whitney U tests for nonparametric analysis. Cross tabulation tables and chi-square tests using the Fisher's Exact Test analyzed the quantitative data to determine if the results were statistically significant. The PI and the Dissertation Committee Chair used content analysis to independently analyze qualitative data. Each person created her own frequency table and identified emerging themes. The PI and Dissertation Committee Chair compared the two tables and reread the qualitative responses to derive a blended frequency table that was used to identify the emerging themes.

Results

Demographic Data

The participants in this study were administrators (deans, directors, program chairs, or other like titles related to these three) of undergraduate nursing programs offering an Associate Degree (ADN) or Bachelor of Science Degree in Nursing (BSN). The types of institutions included for profit, not for profit, public, or private. The participants ($N=68$) were from the Midwestern states of Colorado, Iowa, Kansas, Nebraska, Missouri, Montana, South Dakota, or North Dakota, though demographic information was not collected on the participants' home states. The study considered traditional undergraduate nursing programs to be those programs offering face-to-face instruction of theory, lab, simulation, and hands-on clinical experiences.

The majority of the participants were from public ($n = 40$), not for profit institutions ($n = 29$) respectively. A slight majority of the participants reported admitting

students annually ($n = 36$), and most of the degrees awarded were BSN ($n = 34$). See Table 1 for more details of the sample characteristics.

Table 1

Demographic Data

Type of Institution		Number of Students Admitted into Your Nursing Program per Year		Institutional Degrees Offered		Frequency of Admission	
For Profit	2	0-25	5	LPN	27	Annually	26
Not for Profit	29	26-50	15	ADN	32	Biannually	31
Private	14	51-75	17	BSN	35		
Public	40	76 and Above	31	RN-BSN	30		
				Accelerated	12		
			N = 68				N = 67

Note. Some colleges offer several degrees ($n = 67$). Missing data was not accounted for in the analysis.

Descriptive Data

Opportunities for self-care practices.

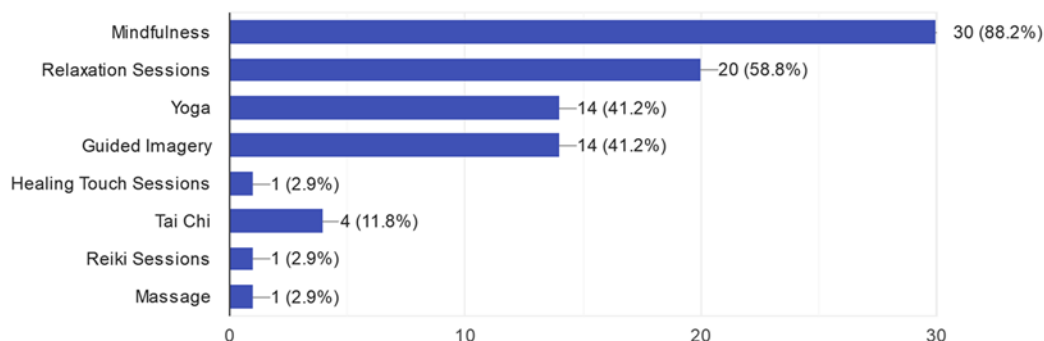
One manner in which the results answered the research question was reflected in the responses to the survey question, “Does your nursing program provide opportunities for students to engage in self-care practices to mitigate stress: Select all that apply.” (SPSS, Q14). The results of this question revealed that half ($n = 34$) the nursing programs offered opportunities for students to engage in self-care activities such as mindfulness, relaxation sessions, yoga, guided imagery, healing touch sessions, tai chi, reiki sessions and massage. Mindfulness was the most common self-care practice reported ($n = 30$) with

reiki sessions and massage reported as the least offered self-care practices ($n = 1$ each).

See Table 2 for details.

Table 2

Opportunities for Self-Care (N = 68)



Note. Participants could select several options, as applicable to their program.

Institutional Policy for Professional Advice.

The following results are related to the cross-tabulation of one question on the NPSS with several other questions. A narrative of the results for each cross-tabulation is provided. Table 3 shows a summary of results for all questions cross-tabulated with programs which do or do not have a policy in place to assist students who expressed a need for professional advice. The participants were asked if their nursing program had a policy in place to assist students who expressed the need for professional advice. This question (NPSS Question 5 (Q5)) was used as the independent variable and cross-tabulated with the following questions:

“Does your nursing program have a mental health professional on staff for nursing students to access?” (NPSS, Q6). The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing

students who expressed a need for professional advice 90% had a mental health professional on staff, and 10% did not. Of those programs that did not have a policy, 82% had a mental health professional on staff, and 18% did not. Results of Fisher's Exact test indicated statistically nonsignificant findings between the institutions that had a policy in place to assist students who expressed a need for professional advice and the nursing programs that had a mental health professional on staff for nursing students to access ($p = .60$). Refer to Table 3 for the details.

"Does your nursing program assess nursing students' emotional health?" (NPSS, Q8). Sixty-seven of the 68 participants responded to this question. The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing students who expressed a need for professional advice, 59% assessed nursing students' emotional health. Of those programs that reported not having a policy, 41% assessed nursing students' emotional health. Of the programs that reported not having a policy in place to assist nursing students who expressed a need for professional advice, 9% assessed nursing students' emotional health. Of those that did not have a policy, 91% assessed nursing students' emotional health. Results of Fisher's Exact test indicated statistically significant findings between the institutions that had a policy in place to assist nursing students who expressed a need for professional advice, and the programs that assessed nursing students' emotional health ($p = .04$). Therefore, nursing programs that had a policy in place to assist students who expressed a need for professional advice were more likely to assess nursing students' emotional health. Refer to Table 3 for the details.

Type of institution: public or private (NPSS, Q15). Fifty-four of the 68 participants responded to this question. The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing students who expressed a need for professional advice, 24% were private and 76% were public. Of those programs that did not have a policy, 33% were private and 67% were public. Results of Fisher's Exact test indicated statistically nonsignificant findings between the institutions that had a policy in place to assist students who expressed a need for professional advice and the type of institution ($p = .42$). Refer to Table 3 for details.

Highest undergraduate degree offered: Associate Degree in Nursing (ADN) or Bachelor of Science in Nursing (BSN) (NPSS, Q18). Sixty-five of the 68 participants responded to this question. The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing students who expressed a need for professional advice, 44% were ADN programs and 56% were BSN programs. Of those programs that did not have a policy, 50% were ADN programs and 50% were BSN programs. Results of Fisher's Exact test indicated statistically nonsignificant findings between the institutions that had a policy in place to assist students who expressed a need for professional advice and the highest undergraduate degree offered ($p = .48$). Refer to Table 3 for details.

"How important is self-care for an individual's well-being?" (NPSS, Q1). Sixty-four of the 68 participants responded to this question. The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing students who expressed a need for professional advice, 90% responded that self-

care was unimportant or neutral and 83% responded that self-care was important for an individual's well-being. Of those programs that did not have a policy, 10% responded that self-care was unimportant or neutral and 17% responded that self-care was important for an individual's well-being. Results of Fisher's Exact test indicated statistically nonsignificant findings between the institutions that had a policy in place to assist students who expressed a need for professional advice and the importance of self-care for an individual's well-being ($p = .48$). Refer to Table 3 for details.

“How important is it to incorporate self-care practices for students into your nursing program?” (NPSS, Q2). Sixty-one of the 68 participants responded to this question. The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing students who expressed a need for professional advice, 92% responded that incorporating self-care practices into their nursing program was unimportant or neutral, and 82% responded that incorporating self-care practices into their nursing program was important. Of those programs that did not have a policy, 8% said it was unimportant or neutral to incorporate self-care practices into their nursing program, and 18% responded that incorporating self-care practices into their nursing program was important. Results of Fisher's Exact test indicated statistically nonsignificant findings between the institutions that had a policy in place to assist students who expressed a need for professional advice and the importance of incorporating self-care practices into the nursing program ($p = .36$). Refer to Table 3 for details.

“Does your nursing program assess nursing students’ levels of stress?” (NPSS, Q10). The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing students who expressed a need for professional advice, 51% assessed nursing students’ levels of stress and 49% did not. Of those programs that did not have a policy, 9% assessed nursing students’ levels of stress and 91% did not. Results of Fisher’s Exact test indicated statistically significant findings between the institutions that had a policy in place to assist nursing students who expressed a need for professional advice, and the programs that assessed nursing students’ levels of stress ($p = .01$). Therefore, nursing programs that had a policy in place to assist students who expressed a need for professional advice were more likely to assess nursing students’ levels of stress. Refer to Table 3 for the details.

“Does your nursing program assess nursing students’ sleep habits?” (NPSS, Q12). The results for this cross-tabulation indicated that of the nursing programs that reported having a policy in place to assist nursing students who expressed a need for professional advice, 26% assessed nursing students’ sleep habits, and 74% did not. Of those programs that did not have a policy, 9% assessed nursing students’ sleep habits and 91% did not. Results of Fisher’s Exact test indicated statistically nonsignificant findings between the institutions that had a policy in place to assist students who expressed a need for professional advice and if nursing programs assessed nursing students’ sleep habits ($p = .09$). Refer to Table 3 for the details.

Table 3

Results Related to Policy

Results Related to Policy	Programs that have a policy in place to assist students who express a need for professional advice		Programs that do not have a policy in place to assist students who express a need for professional advice		Fischer's Exact Test
	Yes	No	Yes	No	
Does your nursing program have a mental health professional on staff for nursing students to access? (n = 68)	90%	10%	82%	18%	.60
Does your nursing program assess nursing students' emotional health? (n = 67)	59%	41%	9%	91%	.04
	Private	Public	Private	Public	
Type of institution: public or private (n = 54)	24%	76%	33%	67%	.42
	ADN	BSN	ADN	BSN	
Highest undergraduate degree offered: Associate Degree in Nursing (ADN) or Bachelor of Science in Nursing (BSN) (n = 65)	44%	56%	50%	50%	.48
	Unimportant/Neutral	Important	Unimportant/Neutral	Important	

How important is self-care for an individual's well-being? (n = 64)	90%	83%	10%	17%	.48
How important is it to incorporate self-care practices for students into your nursing program? (n = 61)	92%	82%	8%	18%	.36
	Yes	No	Yes	No	
Does your nursing program assess nursing students' levels of stress? (n = 68)	51%	49%	9%	91%	.01
Does your nursing program assess nursing students' sleep habits? (n = 68)	26%	74%	9%	91%	.09
Mann-Whitney U Results	Programs that have a policy in place to assist students who express a need for professional advice	N	Mean Rank	Sum of Ranks	Significance
Number of Students	Yes	57	34.33	1957.00	
	No	11	35.36	389.00	
	Total	68			$p = .87$

Note. Missing data was not accounted for in the analysis.

Highest Undergraduate Degree Offered.

The following results are related to the cross-tabulation of one question on the NPSS with several other questions. A narrative of the results for each cross-tabulation is provided. Table 4 shows a summary of results for all questions cross-tabulated with highest undergraduate degree offered (ADN or BSN). The highest undergraduate degree offered (ADN or BSN) was the independent variable and was cross-tabulated with the following questions. Sixty-four of 68 participants responded to the questions, *“Does your nursing program assess nursing students emotional health?”* and *“How important is it to incorporate self-care practices for students into your nursing program?”* Sixty-five of 68 participants responded to the questions regarding having a mental health professional on staff for nursing students to access, importance of self-care for an individual’s well-being, and if the nursing program assesses nursing students levels of stress and sleep habits.

“Does your nursing program have a mental health professional on staff for nursing students to access?” (NPSS, Q6). Sixty-five of the 68 participants responded to this question. The cross-tabulation results indicated that 93% of the ADN programs and 89% of the BSN programs reported having a mental health professional on staff for the nursing students to access. Of those programs that did not have a mental health professional on staff, 7% were ADN programs and 11% were BSN programs. Results of Fisher’s Exact test indicated statistically nonsignificant findings between having a mental health professional on staff and the highest undergraduate degree offered (ADN or BSN) ($p = .81$). Refer to Table 4 for details.

“Does your nursing program assess nursing students’ emotional health?” (NPSS, Q8). Sixty-four of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported assessing nursing students’ emotional health, 55% were ADN programs and 45% were BSN programs. Of those programs that reported not assessing nursing students’ emotional health, 45% were ADN programs and 55% were BSN programs. Results of Fisher’s Exact test indicated statistically nonsignificant findings between assessing nursing students’ emotional health and highest undergraduate degree offered (ADN or BSN) ($p = .65$). Refer to Table 4 for details.

“How important is self-care for an individual’s well-being?” (NPSS, Q1). Sixty-five of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported self-care was unimportant or neutral for an individual’s well-being, 0% were ADN programs and 25% were BSN programs. Of those programs that reported self-care was important for an individual’s well-being, 100% were ADN programs and 75% were BSN programs. Therefore, nursing program administrators of ADN programs feel self-care practices are more important to an individual’s well-being than nursing program administrators of BSN programs. Results of Fisher’s Exact test indicated statistically significant findings between the importance of self-care for an individual’s well-being and highest undergraduate degree offered (ADN or BSN) ($p = .03$). Refer to Table 4 for details.

“How important is it to incorporate self-care practices for students into your nursing program?” (NPSS, Q2). Sixty-four of the 68 participants responded to this

question. The cross-tabulation results indicated that of the nursing programs that reported incorporating self-care practices into their nursing program was unimportant or neutral, 7% were ADN programs and 28% were BSN programs. Of those programs that responded that incorporating self-care practices into their nursing program was important, 93% were ADN programs and 72% were BSN programs. Results of Fisher's Exact test indicated statistically significant findings between the importance of incorporating self-care practices into the nursing program and the highest undergraduate degree offered (ADN or BSN) ($p = .04$). Therefore, nursing program administrators of ADN programs are more likely to incorporate self-care practices for students into their nursing program. Refer to Table 4 for details.

"Does your nursing program assess nursing students' levels of stress?" (NPSS, Q 10). Sixty-five of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported assessing nursing students' levels of stress, 41% were ADN programs and 47% were BSN programs. Of those programs that reported not assessing nursing students' levels of stress, 59% were ADN programs and 53% were BSN programs. Results of Fisher's Exact test indicated statistically nonsignificant findings between the institutions that reported assessing nursing students' levels of stress and the highest undergraduate degree offered (ADN or BSN) ($p = .74$). Refer to Table 4 for details.

"Does your nursing program assess nursing students' sleep habits?" (NPSS, Q12). Sixty-five of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported assessing nursing students'

sleep habits, 26% were ADN programs and 19% were BSN programs. Of those programs that reported not assessing nursing students' sleep habits, 72% were ADN programs and 81% were BSN programs. Results of Fisher's Exact test indicated statistically nonsignificant findings between programs that assessed nursing students' sleep habits and the highest undergraduate degree offered (ADN or BSN) ($p = .30$). Refer to Table 4 for details.

Table 4

Highest Undergraduate Degree Offered

Results Related to Highest Undergraduate Degree Offered					
	Yes		No		Fischer's Exact Test
	ADN	BSN	ADN	BSN	<i>p</i> value
Does your nursing program have a mental health professional on staff for nursing students to access? ($n = 65$)	93%	89%	7%	11%	.81
Does your nursing program assess nursing students' emotional health? ($n = 64$)	55%	45%	45%	55%	.65
	Unimportant/Neutral		Important		Fischer's Exact Test
	ADN	BSN	ADN	BSN	<i>p</i> value
How important is self-care for an individual's well-being? ($n = 65$)	0%	25%	100%	75%	.03
How important is it to incorporate self-care practices for students into your nursing program? ($n = 64$)	7%	28%	93%	72%	.04

	Yes		No		Fischer's Exact Test
	ADN	BSN	ADN	BSN	<i>p</i> value
Does your nursing program assess nursing students' levels of stress? (<i>n</i> = 65)	41%	47%	59%	53%	.74
Does your nursing program assess nursing students' sleep habits? (<i>n</i> = 65)	26%	19%	72%	81%	.30

Note. Missing data was not accounted for in the analysis.

Institution Type (Private/Public).

The following results are related to the cross-tabulation of one question on the NPSS with several other questions. Fifty-four of sixty-eight participants answered this question. A narrative of the results for each cross-tabulation is provided. Table 5 shows a summary of results for all questions cross-tabulated with type of institution (private/public). The institution type (private/public) was the independent variable and was cross-tabulated with the following questions.

“How important is self-care for an individual’s well-being?” (NPSS, Q1).

Regarding private institutions (*n* = 14), the cross-tabulation results indicated 71% of private institutions reported that self-care was important or very important for an individual’s well-being, and 29% reported it was neutral or very unimportant. Regarding public institutions (*n* = 40), the cross-tabulation results indicated 68% of public institutions reported self-care was important or very important for an individual’s well-being while 13% reported it was neutral or very unimportant. Results of Fisher’s Exact test indicated statistically nonsignificant findings between type of institution and

importance of self-care for an individual's well-being ($p = .16$). Refer to Table 5 for details.

“How important is it to incorporate self-care practices for students into your nursing program?” (NPSS, Q2). Regarding private institutions ($n = 14$), the cross-tabulation results indicated 71% of private institutions reported that incorporating self-care practices for students into their nursing program was important or very important, and 29% indicated it was neutral or very unimportant. Regarding the public institutions ($n = 40$), the cross-tabulation results indicated that 83% of the nursing programs reported that incorporating self-care practices for students into their nursing program was important or very important, and 18% reported it was neutral or very unimportant. Results of Fisher's Exact test indicated statistically nonsignificant findings between importance of incorporating self-care practices for students into the nursing program and the type of institution ($p = .29$). Refer to Table 5 for details.

“Does your nursing program have a mental health professional on staff for nursing students to access?” (NPSS, Q6). Fifty-four of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported having a mental health professional on staff for nursing students to access, 78.6% were private and 62.5% were public institutions. Of the institutions that reported not having a mental health professional on staff, 21.4% were private and 37.5% were public institutions. Results of Fisher's Exact test indicated statistically nonsignificant findings between nursing programs that had a mental health professional on staff and the type of institution ($p = .10$). Refer to Table 5 for details.

“Does your nursing program assess nursing students’ emotional health?” (NPSS, Q8). Fifty-four of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported assessing nursing students’ emotional health, 50% were private and 55% were public institutions. Of the institutions that reported not assessing nursing students’ emotional health, 50% were private and 45% were public institutions. Results of Fisher’s Exact test indicated statistically nonsignificant findings between nursing programs that reported assessing nursing students’ emotional health and the type of institution ($p = .34$). Refer to Table 5 for details.

“Does your nursing program assess nursing students’ levels of stress?” (NPSS, Q10). Fifty-four of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported assessing nursing students’ levels of stress, 50% were private and 42.5% were public institutions. Of the institutions that reported not assessing nursing students’ levels of stress, 50% were private and 57.5% were public institutions. Results of Fisher’s Exact test indicated statistically nonsignificant findings between nursing programs that reported assessing nursing students’ levels of stress and the type of institution ($p = .23$). Refer to Table 5 for details.

“Does your nursing program assess nursing students’ sleep habits?” (NPSS, Q12). Fifty-four of the 68 participants responded to this question. The cross-tabulation results indicated that of the nursing programs that reported assessing nursing students’ sleep habits, 36% were private and 22.5% were public institutions. Of the institutions that reported not assessing nursing students’ sleep habits, 64% were private and 77.5% were

public institutions. Results of Fisher's Exact test indicated statistically nonsignificant findings between nursing programs that reported assessing nursing students' sleep habits and the type of institution ($p = .63$). Refer to Table 5 for details.

Table 5

Type of Institution

Results Related to Type of Institution (public/private)	Private		Public		Fischer's Exact Test
	Yes	No	Yes	No	
Does your nursing program have a mental health professional on staff for nursing students to access? ($n = 54$)	78.6%	21.4%	62.5%	37.5%	.10
Does your nursing program assess nursing students' emotional health? ($n = 54$)	50%	50%	55%	45%	.34
	Unimportant/Neutral		Important		
	Private ^a	Public ^b	Private ^a	Public ^b	
How important is self-care for an individual's well-being? ($n = 54$)	28.6%	12.5%	71.4%	87.5%	.16
How important is it to incorporate self-care practices for students into your nursing program? ($n = 54$)	29%	17.5%	71%	82.5%	.29
	Private		Public		
	Yes	No	Yes	No	
Does your nursing program assess	50%	50%	42.5%	58%	.23

nursing students' levels of stress? (<i>n</i> = 54)					
Does your nursing program assess nursing students' sleep habits? (<i>n</i> = 54)	36%	64%	22.5%	77.5%	.63

Note. Missing data was not accounted for in the analysis. ^aPrivate institution (*n* = 14).

^bPublic institution (*n* = 40).

Inferential Data

The following results are related to the number of students admitted compared to several other variables. Inferential analysis was completed using Mann-Whitney U tests as nonparametric analysis. The variable, *the number of students admitted*, was compared with other variables to determine if the group differences were statistically significant. Table 6 shows a summary of results for the number of students admitted, compared to several other variables. All group differences were statistically nonsignificant. The other variables included presence or absence of a policy to assist students who express a need for professional advice ($p = .87$), if the institution had a mental health professional on staff for nursing students to access ($p = .36$), if self-care was unimportant/neutral or important to an individual's well-being ($p = .90$), if self-care practices were unimportant/important to incorporate in the nursing program ($p = .21$), and if institutions were assessing emotional health ($p = .44$) and stress ($p = .45$). Refer to Table 6 for details.

Table 6

Summary of Assessment, Importance of Self-Care, & Policy

	Did institutions assess emotional health?	N	Mean Rank	Sum of Ranks	Significance
Student Number	Yes	34	35.71	1214.00	
	No	33	32.24	1064.00	
	Total	67			$p = .44$
	Did institutions assess stress?	N	Mean Rank	Sum of Ranks	Significance
Student Number	Yes	30	32.60	978.00	
	No	38	36.00	1368.00	
	Total	68			$p = .45$
	Importance of self-care to well-being	N	Mean Rank	Sum of Ranks	Significance
Student Number	Unimportant/Neutral	10	35.20	325.00	
	Important	58	34.38	1994.00	
	Total	68			$p = .90$
	Importance of incorporating self-care practices into the nursing program	N	Mean Rank	Sum of Ranks	Significance
Student Number	Unimportant/Neutral	12	40.04	480.50	
	Important	55	32.68	1797.50	
	Total	67			$p = .20$
	Did they have a policy in place to assist students requesting professional advice	N	Mean Rank	Sum of Ranks	Significance
Student Number	Yes	57	34.33	1957.00	
	No	11	35.36	389.00	
	Total	68			$p = .87$
	Did the institution have a mental health professional on staff for	N	Mean Rank	Sum of Ranks	Significance

	nursing students to access				
Student Number	Yes	54	35.56	1920.00	
	No	14	30.43	426.00	
	Total	68			$p = .36$
	Did they assess nursing students' sleep habits	N	Mean Rank	Sum of Ranks	Significance
Student Number	Yes	16	28.38	454.00	
	No	52	36.38	1892.00	
	Total	68			$p = .13$

Note. Missing data was not accounted for in the analysis.

Institutional Factors Influencing Self-Care Practices.

“Does your nursing program have a mental health professional on staff for nursing students to access?” (NPSS, Q6). All sixty-eight participants responded to this question. Forty-six answered “yes” (67%), eight answered “no” (11.8%), and fourteen answered “other” (20.6%). The majority of qualitative responses for this question indicated there is a university/college-wide program to provide counseling services, although Student Health was listed separately.

“Are counseling services available to nursing students?” (NPSS, Q 7). All sixty-eight participants responded to this question. Sixty-four answered “yes, all students” (94.1%), one answered “only to students identified by the nursing program personnel as in need of assistance” (1.5%), and three answered “no” (4.4%). Fifty qualitative responses were provided to this question. Responses included individual and group mental health counseling, life coaches, and academic counseling with personal mental health counseling included.

The NPSS asked for responses related to assessing nursing students' emotional health, levels of stress, and sleep habits. This included the use of the Patient Health Questionnaire (PHQ-9), the Perceived Stress Scale (PSS), and the PROMIS-Sleep Disturbance tool (NPSS, Q8-13). See Table 7 for a summary of results for these responses.

Table 7

Assessment of Emotional Health & Levels of Stress

Question	Yes, all students	Yes, but only those students requesting help	Yes	No
8. Does your nursing program assess nursing students' emotional health? (<i>n</i> = 67)	11 (16.4%)	23 (34.2%)	0	33 (49.3%)
9. Does your nursing program use the Patient Health Questionnaire 9 (PHQ-9) to assess nursing students' emotional health? (<i>n</i> = 68)	0	0	1 (1.5%)	67 (98.5%)
10. Does your nursing program assess nursing students' levels of stress? (<i>n</i> = 68)	14 (20.6%)	16 (23.5%)	0	38 (55.9%)
11. Does your nursing program use the Perceived Stress Scale (PSS) to assess nursing students' levels of stress? (<i>n</i> = 68)	0	0	3 (4.4%)	65 (95.6%)
12. Does your nursing program assess nursing students' sleep habits? (<i>n</i> = 68)	4 (5.9%)	12 (17.6%)	0	52 (76.6%)
13. Does your nursing program use the PROMIS-Sleep Disturbance tool to assess nursing students' sleep habits? (<i>n</i> = 67)	0	0	0	67 (100%)

Note. Missing data was not accounted for in the analysis.

Practical Significance

The literature clearly describes the challenges nursing students encounter during nursing education, and the benefits students achieve from using various self-care practices. A systematic literature review addressing strategies to reduce test anxiety in nursing students found strategies such as the presence of a pet therapy animal prior to an exam, use of essential oils, playing classical music, or the use of guided relaxation also reduced test anxiety in nursing students (Quinn & Peters, 2017). The PI, a nurse educator with over 20 years of experience, has offered self-care practices to nursing students such as progressive relaxation, healing touch, guided meditations, and deep breathing, and found them effective in assisting students who were experiencing anxiety related to the stressors of nursing education, including test anxiety. Caring is central to nursing practice, and nurses spend most of their days focused on providing exceptional care to individuals, families, and their communities. Conversely, nurses often deny themselves the very care they provide for others. This does not serve nurses, student nurses, or the nursing profession well. The importance of caring for oneself needs to become second nature to every individual who becomes a professional nurse. Teaching, embracing, and expecting nursing students to engage in self-care practices while in nursing school has far-reaching implications. It is possible to create a future workforce of nurses who are better able to care for their patients because they are committed to caring for themselves. But in order to accomplish this, we must begin cultivating self-care practices into nursing programs immediately.

Qualitative Responses

Several survey questions were written to solicit qualitative data to further inform the research study. For example, some questions were written with an “other” response option, providing the nursing program administrators, as the participants, the opportunity to provide qualitative responses. The PI and Dissertation Committee Chair completed content analysis independently to analyze qualitative data. Each individual created a content analysis summary table in which common responses made by the participants were written within the cells. The responses were then tallied (Miles, Huberman, & Saldana, 2014). Next, they met to discuss their results and create a blended frequency table. During the meeting, qualitative responses were reread and the tables were reviewed, respectively. From this meeting, a blended frequency table was created to identify emerging themes. See Table 8 for the Combined Qualitative Data Table developed by the PI and Committee Chair. Table 8 represents the “working table” used for analysis, therefore some words have strikethroughs.

Table 8

Combined Qualitative Data Table

Question 1. What factors influence the incorporation of self-care practices into the nursing program?		
Words/Phrases Michelle (Responses not italicized) <i>Cathy (Responses italicized)</i>		Themes/Sub-Themes
Time (16) <i>Time (24)</i>	Summary: 1 theme + 2 sub-themes with supporting evidence per examples provided.	Theme: Time for self-care - Time for self-care Sub-theme : Time limited by work/personal obligations (for example):

		<i>Limited time d/t priorities, personal commitments, school-life balance, required study time</i>
Embedded in Course content-12 Curriculum- 11	-no room in content due to other content=content bloat; appropriate match with course content. -availability, alignment with, time (content heavy curriculum, curricular bloat, room in curriculum, faculty expertise). -competing priorities for time to deliver content	<i>Sub-theme – Time limited by content bloat’ OR Curriculum-11</i> <i>Select your wording</i> <i>(for example):</i> <i>Sub-theme – Inability to transcend ideas of what traditional nursing curriculum should be and embrace innovative ways of thinking & prioritizing curriculum as it relates to the current needs of future nurses.</i>
Faculty expertise/professional expectations/faculty interest, modeling (10) Student stress (4) – Expressed/perceived need for services/understanding of self-care for health and wellness/Lifestyle (3)	-expertise/professional expectations/faculty interest, modeling	Theme Sub-theme – Faculty interest & modeling Sub-theme – Buy in (administration with funding, students, faculty)
<i>Faculty (7)</i>	-faculty expertise, interest, and ability to role model behavior -faculty’s inability to think beyond disease model of care	Theme Sub-theme – Faculty & Student interest <i>(for example):</i> Sub-theme – Educating nurses to take care of others, without regard for their own health and well-being. Viewing nursing education independently of nursing students as people

		<i>Lack of consideration of the nursing students lived experience</i>
<i>Stress (6)</i>	<i>-student stress r/t school expectations & performance</i> <i>-other life commitments</i>	Theme— (for example): <i>Opportunity to learn how to manage stress and engage in self-care</i> Sub-theme— (for example) how curriculum bloat transcends stress and the need to focus on stress management as part of self-care : <i>Need to develop new ways of curriculum planning and implementation to address the inherent stress related to nursing school.</i>
<i>Interest (5)</i> <i>(faculty & staff)</i>	<i>-student motivation to participate</i> <i>-interest of students and faculty</i> <i>-self-motivation</i>	Theme— <i>Faculty/student interest and motivation</i>
Question 2. Does your nursing program have a mental health professional on staff for nursing students to access? (Yes – 67.6%; No-11.8%; Other – 20.6%)		
Student Health/Student Life services (13) University/college-wide counseling for students/faculty (6) Unlimited EAP services for students (1)	<i>Nursing Program (1)</i> <i>University Program (15)</i> <i>Contract/Outside Services (3)</i>	
Q3: Are Counseling Services Available to Nursing Students? (Yes – 94.1%; Only to students identified by nursing program personnel as in need of assistance; No)		
-MH counseling (3) -Personal counseling (22) -Academic with personal counseling,	<i>Counseling (30)</i> <i>Life Coach (1)</i> <i>Chaplain (1)</i> <i>Group sessions/1:1 Referral (1)</i>	

including MH (11) -Faculty referrals (5) -Student Health (5) -Life coaches (2) -Group counseling sessions (1)		
Q10: If your nursing program provides other opportunities not listed above for students to engage in self-care practices to mitigate stress, please describe.		
Exercise program (1) – courses for credit (1) – Prayer /Wellness room (2) Memberships for students (2) Occasional programs (relaxation/massage/deep breathing) with speakers (2) with faculty outside of class content (1) – content discussed in courses (4) No offerings (1) – Legal advice to refrain from crossing line from educators to HCP (1) General resiliency/stress management (1)	<i>Memberships/Exercise Programs (11)</i> <i>Smudging (1)</i> <i>Deep Breathing/Relaxation (11)</i> <i>Prayer & wellness room (1)</i> <i>Prayer & Devotions (11)</i> <i>Special Program Offerings (11)</i> <i>College-wide Initiatives (11)</i> <i>APNA toolkit – Resilience & managing stress for new grads (1)</i>	

Qualitative results reported for each question:

“What factors influence the incorporation of self-care practices into the nursing program?” (NPSS, Q4). Qualitative responses to this question were rich and informative,

demonstrating a wide array of factors influencing the incorporation of self-care practices into nursing programs. The emerging theme was time, followed by the sub-themes of curriculum and student/faculty interest. The nurse administrators reported that the time the students could give to self-care was impacted by the amount of study time required to be successful in the nursing program, work, personal commitments, and school-life balance. Regarding the sub-theme of curriculum, many participants felt there was just not enough time in the curriculum to address self-care of nursing students due to the amount of content needing to be taught in every class. This was also referred to as “curricular bloat.” Student and faculty interest also emerged as a sub-theme and included factors such as faculty expertise, the ability to role model self-care behaviors, and the inability to think beyond the disease model of care.

“Does your nursing program have a mental health professional on staff for nursing students to access?” (NPSS, Q6). All sixty-eight participants responded to this question. Forty-six answered “yes” (67%), eight answered “no” (11.8%) and fourteen answered “other” (20.6%). The “other” responses indicated there was a university/college-wide program to provide counseling services, although Student Health was listed separately.

“Are counseling services available to nursing students?” (If the answer is yes please explain) (NPSS, Q7). Fifty qualitative responses were provided to this question. Responses included individual and group mental health counseling, life coaches, and academic counseling with personal mental health counseling included.

“Does your nursing program provide opportunities for students to engage in self-

care practices to mitigate stress?” (Select all that apply). (NPSS, Q14). This question sought to identify specific self-care practices colleges were offering to nursing students. Mindfulness was most frequently cited (88.2%), followed by relaxation sessions (58.8%), yoga (41.2%), guided imagery (41.2%), tai chi (11.8%), healing touch sessions (2.9%), reiki sessions (2.9%), and massage (2.9%). Refer to Table 2 for details.

Summary

Descriptive and inferential analysis were conducted on the quantitative items of the Nursing Program Self-Care Survey. Cross-tabulations of the two items regarding institutional policy and participants’ feelings concerning the importance of self-care to an individual’s well-being yielded several statistically significant results. These results indicated the nursing programs that had a policy in place to assist students who expressed a need for professional advice were more likely to assess nursing students’ emotional health ($p = .04$) and levels of stress ($p = .01$). Another statistically significant finding was that 100% of ADN programs said self-care was important for an individual’s well-being as compared to 75% of BSN programs ($p = .03$). The last statistically significant finding was that 93% of ADN programs reported incorporating self-care practices into their nursing programs as important as compared to 72% of BSN programs ($p = .04$), however, the type or size of institution was not statistically significant. Time emerged as the theme, and curriculum, and faculty/student interest emerged as sub-themes, respectively. Qualitative responses provided abundant and enlightened information, which further informed the research findings.

CHAPTER V: DISCUSSION AND SUMMARY

Pursuing a career in nursing can be exciting and fulfilling, but may also produce feelings of stress and anxiety for some nursing students. Feelings of being overwhelmed related to the academic rigor of a nursing program may leave students neglecting their own self-care to fulfill their academic responsibilities. This chapter will discuss the purpose of this study, research design, interpretation of results, correlation to the literature, and correlation to the theoretical context, as well as implications for education and future research.

Purpose of the Study and Research Design

The purpose of this quantitative study using descriptive design was to discover how self-care practices were incorporated into traditional undergraduate nursing programs in the Midwest as reported by nursing program administrators. The study used a survey developed specifically for this research study, and included information extracted from the current evidence in self-care from the International Self-Care Foundation (ISF, 2021). The Nursing Program Self-Care Survey (NPSS) items written were based on the first three pillars of the Seven Pillars of Self-Care: Pillar 1 – Knowledge and Health Literacy, Pillar 2 – Mental Well-Being, and Pillar 3 – Physical Activity (ISF, 2021). Survey items also included information from Parse's Human Becoming Theory and demographic questions.

The research study sought to discover how self-care practices were incorporated into nursing programs from a program perspective in comparison to what individual faculty may have been doing to promote self-care practices of nursing students enrolled

in a class they taught. The research study included sixty-eight participants who were nursing program administrators of accredited traditional undergraduate nursing programs in the Midwestern states of Colorado, Iowa, Kansas, Nebraska, Missouri, Montana, South Dakota, and North Dakota.

The review of literature found numerous articles focused on beneficial strategies to assist students in coping with common difficulties encountered during a nursing program, however, the research lacked evidence of implementation of these strategies at a program level. According to the literature, the most common challenges nursing students faced were academic stress, stress related to clinical learning experiences, anxiety related to nursing exams, difficulty coping, and depression and mental health issues.

The responses to the question, *“Does your nursing program provide opportunities for students to engage in self-care practices to mitigate stress? Please select all that apply”* (NPSS, Q 14) found a majority of nursing programs offered mindfulness as a self-care practice for nursing students. This was followed by relaxation sessions (58.8%), yoga and guided imagery (both 41.2%), tai chi (11.8%), healing touch, reiki and massage (all 2.9%). Nursing students using the self-care practice of mindfulness found it effective in managing stress, anxiety, and depression (Alsaraireh & Aloush, 2017; Beddoe & Murphy, 2004; Fabbris, Mesquita, Caldeira, Carvalho, & Carvalho, 2016; Ratanasiripong, Park, Ratanasiripong, & Kathalae, 2015; Spadaro & Hunker, 2016; Song & Lindquist, 2015; van der Riet, Levett-Jones, & Aquino-Russell, 2018). Other self-care practices such as relaxation techniques and mindfulness interventions have also been

found to assist students with decreasing test anxiety and academic stress (Manansingh & Tatum, 2019; Quinn & Peters, 2017).

Research Question

The research question for the study asked, “How are self-care practices incorporated into traditional undergraduate nursing programs in the Midwest?”

Institutional Policy for Professional Advice

An extensive review of the literature revealed the absence of a systematic, standardized approach to the incorporation of self-care practices into traditional undergraduate nursing programs. The results of this study also demonstrated an absence of a systematic and standardized approach to self-care practices offered to nursing students during their education.

Nursing program administrators were queried about whether they have a policy related to nursing students who express a need for professional advice; whether they assess nursing students’ emotional health, levels of stress and sleep habits; and if the nursing program has a mental health professional on staff for nursing students to access. The results of this study support the need for having a policy in place to assist students with their levels of stress and emotional health. A majority of the nursing program administrators reported having a mental health professional on staff for all of the college students. That meant mental health services were available to all of the students, including nursing students.

Depression and Other Mental Health Issues

The presence of mental health issues such as depression, anxiety, and suicidality in university students, and specifically nursing students, is reflected in the literature (Dzurec, et al., 2007; Eisenberg, et al., 2007; & Wynaden, et al., 2014). A study conducted by Eisenberg, et al., (2007) used the Patient Health Questionnaire (PHQ-9) to assess depressive and anxiety disorders in a large public university. The study found 15.6% of undergraduates and 13.0% of graduate students who completed the PHQ screened as positive for a depressive or anxiety disorder, and females were twice as likely to screen positive for anxiety disorders (Eisenberg, et al., 2007). A systematic review completed by Fernandez, et al., (2015) evaluated setting-based interventions to promote mental health at the university level. The findings indicated the most favorable strategies to promote mental well-being at the university level included changing the manner in which students are taught and evaluated. The systematic review also found inconclusive evidence to support the value of university policies to promote mental health (Fernandez, et al., 2015), which is not consistent with the findings of this study. For example, qualitative responses to the question, “Are counseling services available to nursing students?” (NPSS, Q7) indicated counseling services were available for nursing students individually and as a group. Participants in this study also reported academic counseling and mental health counseling offered concurrently, and life coaches were also an option available to nursing students.

Stress, Anxiety and Difficulty Coping

The challenges nursing students face while completing a nursing program are extensively documented in the literature (Chernomas & Shapiro, 2013; Crary, 2013). The evidence also confirms some degree of recognition regarding the need to have policies in place to assist students who struggle with stress or mental health issues (Ashcraft & Gatto, 2015; Bernhardsdottir, 2012; Cleary, et al., 2012). A literature review of strategies to address stress, coping, and appraisal (Turner & McCarthy, 2015) warranted the inclusion of interventions such as stress management techniques through curriculum development. The qualitative responses in this study related to offering self-care practices as a way to mitigate stress indicated mindfulness was the most common self-care practice offered to nursing students, followed by relaxation sessions, yoga, guided imagery, tai chi, healing touch sessions, reiki, and massage. However, there is a lack of evidence related to the existence of policies or interventions included in nursing programs to proactively address stress, feeling overwhelmed, and emotional health issues nursing students often encounter during their nursing program. This study found that nursing programs that had a policy in place to assist students who expressed a need for professional advice were more likely to assess nursing students' levels of stress ($n = .01$). Furthermore, incorporating self-care options like those mentioned above throughout the nursing program would be relatively simple with intentional planning and commitment.

Highest Undergraduate Degree Offered and Institution Type

This study found nursing program administrators of ADN programs felt self-care was more important for an individual's well-being than nursing program administrators

of BSN programs ($n = .03$). Furthermore, the nursing program administrators of ADN programs felt it was more important to incorporate self-care practices into their nursing programs than nursing program administrators of BSN programs ($n = .04$).

Although the importance of nursing students' well-being is recognized, the area of student well-being has not been extensively researched (Tuomi, et al., 2013). Studies specifically related to highest undergraduate degree offered and the incorporation of self-care practices into the nursing program were not found in the literature. However, the use of mindfulness programs, in various forms, surfaced repeatedly. An integrated literature review found that mindfulness meditation had a positive effect on nurses' and nursing students' well-being, but did not address highest degree offered (ADN or BSN) (van der Riet, Jones, & Russell, 2018). A systematic literature review addressing strategies to reduce test anxiety in nursing students found strategies such as the presence of a pet therapy animal prior to an exam, use of essential oils, playing classical music, or the use of guided relaxation reduced test anxiety in nursing students (Quinn & Peters, 2017). Future research should analyze the highest degree offered with levels of student stress and types of self-care practices offered to mitigate stress. This could yield objective data needed to support incorporating self-care practices into nursing education, and perhaps even support the need for funding.

The American Association of Colleges of Nursing (AACN, 2018) guidelines provide an educational framework for nursing curriculum at four-year colleges and universities. Most recently, the AACN has recognized the need to transform nursing education to better prepare future nurses. Currently in draft form, *The Essentials: Core Competencies for Professional*

Nursing Education (2021) identifies ten domains that contain the core competencies for professional nursing education. Domain 10: Personal, Professional, and Leadership Development is of particular relevance to this study. One of the tenets described in this domain calls for nurses to demonstrate a commitment to personal health and well-being, which involves engaging in self-care practices to promote wellness and reliance and finding a healthy work/life balance (2021).

The literature substantiates the challenges nursing students face during nursing education, which include academic stress, stress related to clinical learning experiences, anxiety related to nursing exams, difficulty coping, and depression and mental health issues. A significant finding of this research study was that nursing programs that have a policy in place to assist students who express a need for professional advice were more likely to assess nursing students' emotional health ($p = .04$) and levels of stress ($p = .01$). Determining students' emotional health and levels of stress will aid nursing programs in identifying solutions to support nursing students' engagement in self-care practices, and necessary action steps to enhance overall holistic well-being.

Relationship to Theoretical Context

The International Self-Care Foundation's aim is to promote self-care for individuals, families, and communities, and to develop evidence-based self-care concepts to support this aim (ISF, 2021). The seven Pillars of Self-Care serve as a foundation to support self-care practices in seven domains. Pillar 1— Knowledge and Health literacy includes a comprehensive list of components related to health literacy. The components most appropriate for this study were understanding self-care and knowing when to seek professional advice. Pillar 2 – Mental Well-Being, Self-Awareness and Agency were also

included in the study. Health literacy and self-awareness are essential to self-care. To promote health, one must be able to comprehend health information and know when to seek assistance from a health professional. The results of this study yielded evidence of significant correlation between nursing programs having a policy in place to assist students who express a need for professional advice and the likelihood of assessing students' emotional health ($p = .04$) and levels of stress ($p = .01$).

Pillar 3 – Physical Activity focuses on the need for, and the benefits of, physical activity and exercise. A study done by Blake, Stanulewicz and McGill (2016) found that 48% of nursing students did not achieve recommended levels of physical activity even when the nursing students reported perceived benefits of physical activity. Common barriers to physical activity identified were lack of time, facilities having inconvenient schedules, and exercise not fitting around study or clinical schedules (Blake et al., 2016). Qualitative responses of the participants reflected similar themes (time, curriculum, and faculty/student interest) related to incorporating self-care practices into the nursing program.

The value placed on self-care practices may impact the level of engagement and priority placed on self-care practices, too. Participants were asked how important it was to incorporate self-care practices into their nursing programs. An interesting finding was that 93% of ADN programs reported that incorporating self-care practices into their nursing program was important, as compared to 72% of BSN programs.

As nursing students assimilate into the professional nursing role, they are creating a new way of being which is consistent with Parse's Human Becoming Theory (Smith,

2010). The experiences they have during nursing school will influence this transition, and the process will be the result of their lived experience. Furthermore, honoring the wisdom of the student is “recognizing that the prism through which others view a situation is uniquely their perspective” (Parse, 2014, p.5). Participants were asked how important self-care was for an individual’s well-being. Interestingly, 100% of ADN nursing program administrators said self-care was important to an individual’s well-being as compared to 75% of nursing program administrators of BSN programs ($p = .03$). Incorporating self-care practices into the nursing program will substantiate the important role self-care practices have on nursing students’ well-being and hopefully influence the use of self-care practices as they enter the workforce.

Limitations of the Study

This research study had several limitations. One limitation of the study was the small sample size. Participants were recruited from the Midwestern states of Colorado, Iowa, Kansas, Nebraska, Missouri, Montana, South Dakota, and North Dakota. A convenience sample was used to recruit nursing program administrators. The use of a convenience sample can be considered a limitation due to the inability to control for biases. The PI emailed 128 invitations and only yielded sixty-eight responses. Contributing to a small sample size was the return of several emails as undeliverable or blocked. The PI consulted with the College Network Administrator regarding possible reasons emails were being returned. It was determined the emails were returned due to the recipients’ email settings versus the PI’s email settings.

Another limitation of the study was the use of a newly developed survey tool. The Nursing Program Self-Care Survey was created by the PI and was developed based on information found in the literature, and on the tenets of the Theory of Human Becoming. Using the survey for the first time lacked any measure of reliability or validity.

Implications for Nursing Education

One significant finding of this study was that nursing programs that have a policy in place to assist students who express a need for professional advice are more likely to assess nursing students' emotional health ($p = .04$) and levels of stress ($p = .01$). In light of this finding, nursing programs that do not have a policy in place may want to consider developing a policy specific to their program's needs. Those programs that already have a policy in place may want to consider establishing a system and/or method to assess emotional health and levels of stress of students enrolled in their nursing programs. This information could be beneficial when considering how to implement self-care practices into their nursing programs.

The implications of this study for the future of nursing education are profound. This study serves as a foundation to reconsider "business as usual" and transcend current ideas of nursing education. To ensure there is an adequate nursing workforce in the future, the nursing profession needs to embrace and pivot *toward* personal accountability for one's self-care. This begins with changing the culture of nursing education to support nursing students' holistic well-being while enrolled in a nursing program. Time is of the essence, as a change of this magnitude will certainly be a marathon and not a race. Incorporating self-care practices into a nursing program will be simple, but not easy. It

will require nurse educators to challenge everything they have ever believed to be true about educating future nurses, and to be open to the possibilities of creating new ways of being as a nurse.

Qualitative responses clearly reflected some of the barriers current nursing program administrators are facing regarding the incorporation of self-care practices into their programs. The qualitative responses revealed that time, curriculum, and student/faculty interest were barriers to implementing self-care practices into the nursing program. Particularly telling were the comments related to the curriculum having too much content that needed to be taught. One respondent referred to this as “curricular bloat.” Nursing programs’ lack of responsibility in promoting self-care practices and well-being of nursing students could be considered negligent. This may be reflective of the inability of nurse educators to transcend traditional ideas of what nursing curriculum should be. Embracing innovative ways of thinking and prioritizing curriculum as it relates to current and future needs of nurses will need to be considered. To be clear, this focus would not replace the importance of preparing nurses to be safe practitioners, however, it would recognize the benefits of self-care in relationship to the ability to provide excellent patient care. It is not necessary to have a complicated self-care program; rather, it is important to identify one or two self-care practices that “fit” one’s nursing program and simply begin.

“The journey of a thousand miles begins with a single step” (Lao Tzu, 2021). Nursing programs can begin incorporating self-care practices in many ways. A simple example could be planning a “virtual walk” for students, staff, and faculty. Once a

destination is identified, “walking breaks” are given during class and the opportunity to walk is available if individuals choose. For faculty, this may mean taking a short walk during lunch or providing a break during meetings for a short walk. Progress is tracked somewhere that is visible or accessible to participants. Perhaps participants want to form teams, which would promote the collaborative nature inherent in the nursing profession. Consideration could be given to the healthcare needs or healthcare policies of the chosen destination and incorporated into course content. Health benefits of walking could be related to course content where appropriate. The first team to reach the destination would receive some sort of recognition. Prizes need not be expensive or grand, but are meant to celebrate participation in self-care practices and relate to course curriculum in some way that is meaningful to the particular nursing program.

Future Research

The literature is robust with information regarding the challenges nursing students face during a nursing program. A systematic means of incorporating self-care practices into nursing programs to promote nursing students’ holistic well-being has yet to be realized. The meaning and definition of well-being is not conceptually defined in the literature. This provides an opportunity to further develop a conceptual definition of well-being in relationship to self-care practices and their influence on nursing students. The effects of self-care practices in connection to student success is another important topic to consider. Future research regarding how nursing programs can support holistic well-being of their nursing students would add to the body of evidence regarding this

important topic and may impact the health and well-being of the future nursing workforce.

Summary

The challenges of nursing school are well documented in the literature; nursing students report feeling overwhelmed, stressed, depressed, and they struggle to cope with the rigors of nursing education. It is time for the nursing profession, a profession so fervently committed to the excellent care of others, to recognize and embrace the importance of caring for oneself beginning with the incorporation of self-care practices into nursing programs. Nursing education would be remiss to believe the implications of these issues on a nursing student's lived experience will magically disappear upon graduation. Nursing students who struggle to manage feelings of being overwhelmed and stress, depression, and the ability to cope may become licensed nurses with the same struggles.

Next steps to promote self-care practices during nursing education is the *recognition*, by nurse educators, of the importance of incorporating self-care practices into nursing education. This must be followed by a *commitment* to transcend the status quo of the current nursing education environment, and to create *innovative* methods to support nursing students' holistic well-being. It is imperative that nursing programs emphasize the importance of self-care practices during nursing education in order to create nursing professionals who recognize and embrace the important responsibility of caring for oneself, thereby enhancing the ability to care for others.

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Appendix A

Invitation to Participate

Dear Nursing Program Administrator,

My name is Cathy Tierney, and I am a doctoral student at Bryan College of Health Sciences Education Doctorate Program. I am cordially requesting your participation in my dissertation research study. The purpose of this quantitative study using descriptive design is to discover how self-care practices are incorporated into traditional undergraduate nursing programs in the Midwest as reported by nursing program administrators. You are being selected to participate because you are a nursing administrator or serve in a similar role in a nursing program that offers either an ADN and/or BSN degree. Participation involves completing the Nursing Program Self-Care Survey (NPSS), a survey I developed for this research study. The items were written from information grounded in the study's theoretical framework. The survey was sent out to a cohort of peers for feedback, which was incorporated into the survey. Information about the framework is provided at the end of the survey.

The primary risk is to participating is breach of confidentiality though the risk is minimal. Steps will be taken to protect your privacy, which will include housing the data in a private Google Drive. The study is anonymous. Other demographic information will be de-identified. Analysis and report of the demographic information will be as aggregated data. De-identified data will be shared with my dissertation committee members and results from this study may be used in future presentations and/or publications.

The primary benefit of participation is to pique your interest in approaches nursing programs use to support self-care of nursing students during their nursing program. Participation is completely voluntary, and you may withdraw at any time without consequence. Completing the survey serves as consent to participate.

If you would like to participate in the study, you may begin the Nursing Program Self-Care Survey (NPSS) in Google Forms by clicking this link: _____ The survey should take you 10 minutes to complete.

I have attached a copy of your rights as a research participant. If you have questions about your rights, please contact the IRB Chair at IRB@bryanhealthcollege.edu. Please contact me if you have questions regarding the study.

Because I know you are busy with multiple obligations and may be unable to complete the survey at this time, I will be sending follow-up reminders with a link to the survey twice a week for three weeks.

Thank you for your time and consideration.

Warm Regards,
Cathy Tierney RN, MSN, Doctoral Candidate
cathy.tierney@bryanhealthcollege.edu
Bryan College of Health Sciences

Appendix B

Invitation to Participate, Email Reminder

Dear Nursing Program Administrator,

If you have completed the Nursing Program Self-Care Survey (NPSS) thank you for providing vital information for this important topic. If you haven't completed it, please use the following link to complete it now. It will only take approximately 10 minutes. The data you provide will be analyzed to better understand how traditional nursing programs are incorporating self-care practices for their students in the Midwest. If you can't complete it now, please know that I will be sending further reminders so you may complete the survey at a time convenient for you.

You may begin the Nursing Program Self-Care Survey (NPSS) in Google Forms by clicking this link: _____ The survey should take you approximately 10 minutes to complete.

I have attached a copy of your rights as a research participant. If you have questions about your rights, please contact the IRB Chair at IRB@bryanhealthcollege.edu. Please contact me if you have questions regarding the study.

Thank you for your time and consideration.

Warm Regards,

Cathy Tierney RN, MSN, Doctoral Candidate
cathy.tierney@bryanhealthcollege.edu
Bryan College of Health Sciences

Appendix C

Survey Tool

Nursing Program Self-Care Survey (NPSS)

Introduction: The NPSS was created specifically for this study. Each question or item was written from the evidence within the study's theoretical framework. The theoretical framework is an amalgamation of the underpinnings of Parse's Theory of Human Becoming and the Seven Pillars of Self-Care. Specific underpinnings are stated within the survey with a detailed explanation following. Self-care practices, for the purposes of this study, are engaging in any activity with the intended purpose of positively enhancing one's feelings of physical, emotional, and spiritual well-being.

Section 1

1. How important is self-care is for an individual's well-being?

Please select the number that best represents your answer.

1 2 3 4 5
 (Very Unimportant) (Unimportant) (Neutral) (Important) (Very Important)

2. How important is it to incorporate self-care practices into your nursing program?
Please select the number that best represents your answer.

1 2 3 4 5
 (Very Unimportant) (Unimportant) (Neutral) (Important) (Very Important)

3. Have you considered the role of self-care as it relates to overall health and well-being?

☐ Never
☐ Sometimes
☐ Often

4. What factors influence the incorporation of self-care practices into the nursing program?

Section 2

1. Does your nursing program have a policy in place to assist students who express a need for professional advice?

☐ Yes
☐ No

2. Does your nursing program have a mental health professional on staff for nursing students to access?

- ☐ Yes
☐ No
☐ Other (Please explain)

3. Are counseling services available to nursing students?

- ☐ Yes, all students
☐ Yes, but only those students requesting help
☐ No

If yes, briefly describe:

(*Study framework, Pillar 1; Parse's theory; Meaning #1, 2, 3; Transcendence #3; Assumptions About Man #2)

Section 3

1. Does your nursing program assess nursing students' emotional health?

- ☐ Yes, all students
☐ Yes, but only those students requesting help
☐ No

If yes, what assessment survey(s) do you use?

- ☐ Patient Health Questionnaire 9 (PHQ-9)
☐ Other (Please Specify)

2. Does your nursing program assess nursing students levels of stress?

- ☐ Yes, all students
☐ Yes, but only those students requesting help
☐ No

If yes, what assessment survey(s) do you use?

- ☐ Perceived Stress Scale
☐ Other (Please Specify)

3. Does your nursing program assess nursing student's sleep habits?

- ☐ Yes, all students
☐ Yes, but only those students requesting help
☐ No

If yes, what assessment survey(s) do you use?

- ☐ PROMIS—Sleep Disturbance
☐ Other (Please Specify)

4. Does your nursing program provide opportunities for students to engage in self-care practices to mitigate stress? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Mindfulness | <input type="checkbox"/> Reiki Sessions |
| <input type="checkbox"/> Relaxation Sessions | <input type="checkbox"/> Healing Touch Sessions |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Guided Imagery | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Tai Chi | |

(*Study framework, Pillar 2; Parse's Theory - Assumptions About Man #1, 2, 3, 4; Assumptions About Becoming #1, 3, 4, 5; Meaning #1, 2, 3; Rhythmicity #1, 2; Transcendence #2, 3)

5. Does your program of nursing encourage/provide your students opportunities to participate in aerobic exercises?
- ☐ Aerobic exercise programs are not available for nursing students
- ☐ Aerobic exercise programs are available for nursing students (please specify type)

(*Study framework, Pillar 3; Parse's Theory - Assumptions About Man #1, 2, 3, 4; Assumptions About Becoming #1, 3, 4, 5; Meaning #1, 2, 3; Rhythmicity #1, 2; Transcendence #2, 3)

Section 4

Please complete the following demographic information

- (A) Type of institution (select all that apply)
- ☐ For profit
- ☐ Not for profit
- ☐ Private
- ☐ Public
- (B) Number of students admitted in your nursing program each year.
- ☐ 0-25
- ☐ 26-50
- ☐ 51-75
- ☐ 76 and above
- (C) What degrees do you offer in your institution (select all that apply)
- ☐ LPN
- ☐ ADN
- ☐ BSN
- ☐ RN to BSN
- ☐ Accelerated
- (D) How often do you admit students into your nursing program?
- ☐ Annually

____Biannually

* The survey was constructed specifically for the research study. Specific items were written according to the **Seven Pillars of Self-Care (International Self-Care Foundation, 2021)**, using Pillar 1, 2 & 3, along with **Parse's Theory of Human Becoming (2010) as the theoretical framework.**

Seven Pillars of Self-Care (International Self-Care Foundation, 2021)

-Pillar 1: Knowledge and Health Literacy; knowing when to seek professional advice.

-Pillar 2: Mental Well-Being; Elements of mental well-being include areas of life such as satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support. Mental well-being is defined by the World Health Organization (WHO) as a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. The WHO's definition of health is contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

-Pillar 3: Physical Activity; defined by the WHO as any bodily movement produced by skeletal muscles that requires energy expenditure. It is considered essential to good health, and regular exercise can reduce the risk of many non-communicable diseases.

Parse's Theory of Human Becoming (Parse, 2011)

Structured around three abiding themes: meaning, rhythmicity, and transcendence.

Meaning

1. Human Becoming is freely choosing personal meaning in situations in the intersubjective process of living value priorities.
2. Man's reality is given meaning through lived experiences.
3. Man, and environment cocreate.

Rhythmicity

1. Human Becoming is cocreating rhythmical patterns of relating in mutual process with the universe.
2. Man, and environment cocreate (imaging, valuing, languaging) in rhythmical patterns.

Transcendence

1. Human Becoming is cotranscending multidimensionally with emerging possibles.
2. Refers to reaching out and beyond the limits that a person sets.
3. One constantly transforms.

Assumptions about Man

- The human is coexisting while coconstituting rhythmical patterns with the universe.
- The human is open, freely choosing meaning in situation, bearing responsibility for decisions.

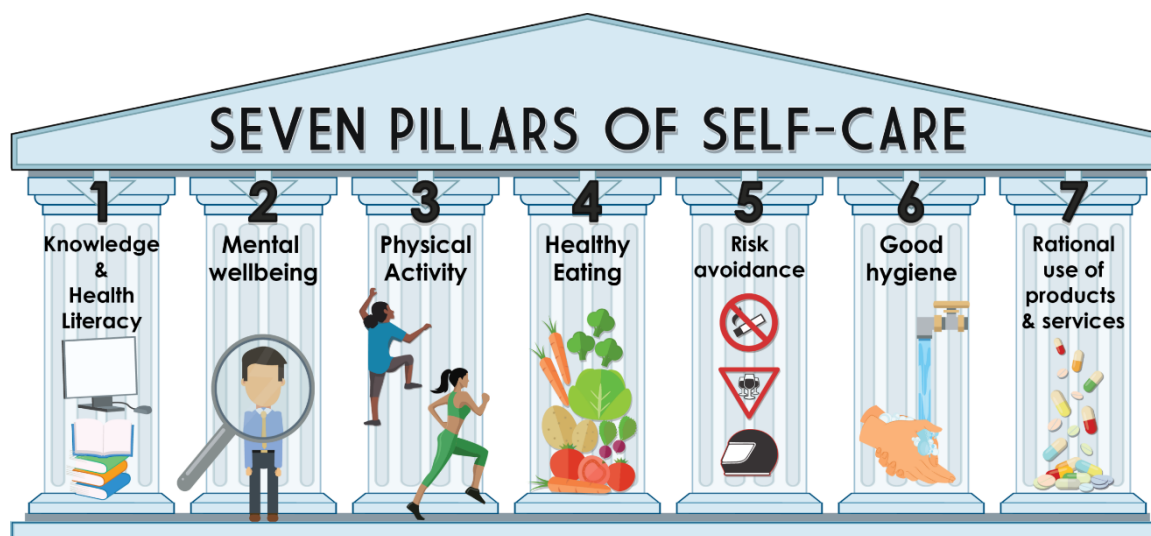
- The human is unitary, continuously coconstituting patterns of relating.
- Transcending multidimensionally with the possible.

Assumptions About Becoming

- Becoming is unitary human-living-health.
- Becoming is a rhythmically coconstituting human-universe process.
- Becoming is the human's patterns of relating value priorities
- Becoming is an intersubjective process of transcending with the possibles.
- Becoming is unitary human's emerging.

Appendix D

The International Self-Care Foundation - 7 Pillars of Self-Care



Citation for the figure found in the public domain: The Seven Pillars of Self-Care. (2021). Retrieved from <https://isfglobal.org/practise-self-care/the-seven-pillars-of-self-care/>