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THE HOLISTIC SELF-CARE LEARNING EXPERIENCE OF RN-TO-BSN STUDENTS: A PHENOMENOLOGICAL STUDY OF MEANING AND VALUE

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A PHENOMENOLOGICAL STUDY OF MEANING AND VALUE

By

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DEDICATION

This dissertation is dedicated to the nurses who gave of their time so that I might learn from them. Despite your incredibly busy lives, you carved out time to talk with me; I am so grateful. The topics that we explored together were personal and often sensitive, yet you poured out your thoughts and feelings with authentic transparency. May each of you find the optimal balance between self-care and selflessness in your nursing practice and in your lives.

This dissertation is also dedicated to my family. To my children – you have "cheered on" your parents through many years of higher education; thank you for your support. To my oldest son Jorge – you always dropped whatever you were doing to provide me with technical support and a listening ear; you have the patience of Job. To my husband Brian – you have sacrificed on my behalf for over 30 years, and I adore you. May this dissertation stand alongside the many trophies of our marriage that evidence our unyielding commitment to each other.

Most of all, I would like to dedicate this dissertation to my Lord and Savior Jesus Christ. For from Him, through Him, and for Him are all things. To Him be the glory forever! (Romans 11:36, New International Version). You are the unrelenting lover of my soul and you have pursued me with a patience and perseverance that is beyond my ability to comprehend. Thank you, Jesus.

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Abstract

The health of the nursing workforce is a critical aspect of high-quality health care and community health promotion, but extensive research indicates that too many nurses neglect self-care and suffer negative health outcomes. While nursing education must provide self-care learning experiences to improve the health of nurses, the value and influence of a learning experience must be interpreted from the learner's point of view. The purpose of this phenomenological study was to elicit the personal value that RN-to-BSN students ascribed to a self-care learning experience within a holistic nursing course at a public university. The holistic nursing paradigm offers a unique opportunity to study self-care as a core tenet of nursing. Three themes emerged from the data analysis: (a) the value of the nursing process applied to self, (b) the belief that self-care is not selfish, and (c) the belief that a "good nurse" cares for self. This research is valuable for nursing faculty who want to develop self-care curriculum that is valuable and influential from nursing students' point of view.

Keywords: holistic nursing, Integrative Health and Wellness Assessment Tool, nurse health, nursing education, phenomenology, RN-to-BSN, self-care

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I. INTRODUCTION

Good health is a vital concern for individuals, communities, and society (World Health Organization [WHO], 2013). In the modern age, non-communicable diseases (NCDs) have replaced infectious diseases as the leading threat to health (Murdaugh et al., 2019). Since NCDs are primarily driven by unhealthy lifestyles (WHO, n.d.), individuals have considerable power to shape their health by virtue of their choices. Health promotion in the 21st century requires a partnership between health professionals and individuals who take responsibility for their health choices.

Nurses play a predominant role in health promotion (Murdaugh et al., 2019). Registered nurses are one of the largest and most trusted groups of professionals in America (Reinhart, 2020; U.S. Bureau of Labor and Statistics, 2019). Health promotion is a core tenet of nursing practice (American Association of Colleges of Nursing [AACN], 2021a; American Nurses Association [ANA], 2015). Nurses promote health by empowering patients to practice self-care behaviors (Orem, 2001). But what happens when the nurse becomes the patient due to a lack of self-care? Who will empower nurses to care for themselves?

Despite their health knowledge and resources, the health of nurses is in danger due to a lack of self-care (ANA, 2017; Perry et al., 2018). Industry leaders are calling for greater efforts to empower nurses to pursue their own health and well-being (AACN, 2021a; National Academies of Medicine, n.d.). But nursing practice is arduous and does not facilitate self-care

(Ross et al., 2017). Since preparation for nursing practice begins in educational institutions, programs of study should teach self-care for nurses (Murdaugh et al., 2019). The self-care learning experiences of nursing students must be analyzed to support evidence-based education.

Background of the Study

Nurses are frontline health promoters in the battle against NCDs. NCDs are the leading global cause of death and disability (WHO, 2020). In the United States (U.S.), an estimated 88% of all deaths result from NCDs (WHO, 2018). The most prevalent NCDs stem from a combination of biological risk factors and unhealthy behaviors (WHO, 2020). Nurses, consequently, promote self-care behaviors to help their patients prevent and manage NCDs.

The ability of nurses to promote health has been called into question in recent years (Darch et al., 2017). Health promotion relies on health education, health advocacy, and role-modeling (Murdaugh et al., 2019). Despite the expectation to model healthy lifestyles, nurses struggle with their own health management (Keele, 2019; Wills et al., 2019). Self-care deficits have produced the same poor health outcomes among nurses that are found in the general population (ANA, 2017; Blake et al., 2011; Ross et al., 2017). Poor health outcomes for nurses are a threat to the health care workforce (ANA, 2017). Further, self-care deficits among nurses send a contradictory health message to the public (Keele, 2019.)

The health and well-being of nurses has become a high priority in the nursing discipline. In 2017, the ANA launched a national initiative known as The Year of the Healthy Nurse to improve the health of U.S. nurses. The ANA was compelled by the results of its 3-year, national online survey of nurses and nursing students (n = 10,688). Respondents self-reported on aspects of their nursing practice and health behaviors that indicated self-care deficits and poor health outcomes:

- 68% put their patient's health, safety, and wellness before their own;
- 82% said they were at "significant level of risk for workplace stress";
- 51% experienced musculoskeletal pain at work;
- 56–57% came in early, stayed late, and/or worked through breaks;
- 16% ate 5 or more servings of fruit/vegetables per day; and
- the average reported BMI was 27.6 (overweight). (ANA, 2017, pp. 4–5)

The health of nurses will continue to be a prominent industry focus. In its *Future of Nursing 2020–2030 Report*, the National Academies of Medicine (2021) asserted that nurse health is a prerequisite to ensure high quality care and improve community health. Educational accreditors will also increase their focus on nurse health. The Commission on Collegiate Nursing Education (CCNE), an arm of the AACN, is the largest accreditor of baccalaureate, masters, and doctoral nursing programs in the U.S. (AACN, n.d.a). The AACN's *Essentials Series for Professional Nursing Practice* prescribes standardized requirements for nursing education (AACN, n.d.b). The latest iteration of the *Essentials* designates the development of personal health as a required nursing competency (AACN, 2021a). To answer the call for a healthy workforce, nursing programs must educate their students about self-care and healthy living for nurses.

Research indicates that curricular efforts to shape the self-care beliefs and behaviors of nursing students are sparse (Cochran et al., 2020). Researchers studied a national, random sample of CCNE-accredited nursing schools (n = 155) to identify four strongly associated curricular constructs: (a) mindfulness, (b) resilience, (c) self-care, and (d) well-being. The examination included data from each institution's website, course catalogs, and available syllabi.

The researchers found that only 9% of the nursing schools studied had adopted core curricular content associated with self-care (Cochran et al., 2020).

Programs of study for nurses are demanding and range from the diploma/associate level through the doctoral level (Pitt et al., 2012). RN-to-BSN programs are an educational path forward for licensed registered nurses who previously completed a diploma or associate program (AACN, 2019a). In the last decade, the number of RN-to-BSN programs exponentially grew in response to the Institutes of Medicine of the National Academies' (2010) recommendation to increase the proportion of nurses with a baccalaureate degree from 50% to 80% by 2020. In 2018, RN-to-BSN graduates represented 47.5% of all BSN graduates in the U.S. (AACN, 2019b). The proliferation of RN-to-BSN programs was facilitated by continued expansion of online learning that offered flexibility to working nurses (AACN, 2019a). Flexibility notwithstanding, the rigorous nature of nursing education imposes stressors on students that can negatively intersect with self-care (Ali & Ali, 2016; Darch et al., 2019; Evans et al., 2019).

The workload of an RN-to-BSN program adds to the demands already shouldered by working nurses and may further diminish self-care. In a qualitative study of associate- and diploma-prepared, hospital-based RNs (n = 41), researchers investigated barriers to baccalaureate completion (Duffy et al., 2014). The participants, 49.4–54.8 years of age, engaged in one of six focus groups and answered questions about the challenges associated with RN-to-BSN programs (Duffy et al., 2014). Confirming the results of prior studies, six barrier themes emerged including:

- sacrifices (juggling commitments and demands of adult life);
- barriers (financial limitations and navigating the academic process);
- supports (inflexibility of workplace scheduling);

- value (ambivalence toward the BSN credential);
- beginning (navigating admission and financial aid); and
- pressure (returning to school as an employer goal, not a nurse goal). (Duffy et al., 2014)

The themes represent multidimensional stressors that further threaten the self-care capacity of nurses. The diverse, yet interrelated, nature of themes suggests that self-care education for RN-to-BSN students should emerge from an integrated view of persons that is consistent with the nursing paradigm.

The nursing discipline espouses an integrated view of persons and health (Blais & Hayes, 2016). Persons are integrated beings composed of a mind, body, and spirit that require care (Erickson et al., 1983; Watson, 2010). Health is more than the absence of disease; health is a "state of complete physical, mental, and social well-being" (WHO, 2014, p. 1). Holistic nursing uniquely distinguishes itself from other nursing specialties by positioning the interconnected nature of persons and wellness as its central focus (Dossey & Keegan, 2016). Holistic nursing practice is built on five pillars, the most relevant to the current study being "holistic nurse self-reflection and self-care" (Dossey & Keegan, 2016, p. XXVII). Because of the core emphasis on self-care for nurses, a course in holistic nursing offers an intentional health promotion experience for RN-to-BSN students. Learning about self-care, however, is not the same thing as practicing self-care. The prospect of changing health behaviors is complex (Kelly & Barker, 2016).

Common misconceptions about what drives human behavior hinder health promotion efforts to produce lifestyle changes (Kelly & Barker, 2016). Kelly and Barker (2016) asserted that behavioral change initiatives are routinely impeded by six presuppositional errors (see Table 1).

Table 1

Presuppositional Errors That Impede Behavioral Changes

Type of Error	Error	Characterization of Error
Cognitive	Common sense	It is simple to make choices that are self-evidently healthy.
	Clear messages	Delivery of coherent health messages will produce healthy choices.
	Information	Filling knowledge-gaps will produce healthy choices.
Behavioral	Rationality	People always make health choices based on their own best interests.
	Irrationality	Unhealthy choices are always based on unreasoned choices.
	Predictable	Behavioral models can accurately forecast the health choices of individuals.

Note. Adapted from "Why is Changing Health-related Behavior So Difficult," by M. P. Kelly and M. Barker, 2009, *Public Health, 136*, pp. 3–7 (https://doi.org/10.1016/j.puhe.2016.03.030).

Human behavior is the result of a complex give-and-take between habits, automatic responses to environment, and conscious calculations (Michie et al., 2014). The errors that Kelly and Barker (2016) identified reflect over-simplifications that threaten the efficacy of health-promotion efforts (see Table 1). Nurses, for example, are well-versed in health knowledge; yet many nurses make unhealthy choices (ANA, 2017; Ross et al., 2017). Evaluating health-promotion efforts requires a deep examination into the perceptions, motivations, and experiences of the target audience (Kelly & Barker, 2016). Any educational effort to increase self-care among nursing students must be examined through the experiential lens of the students themselves.

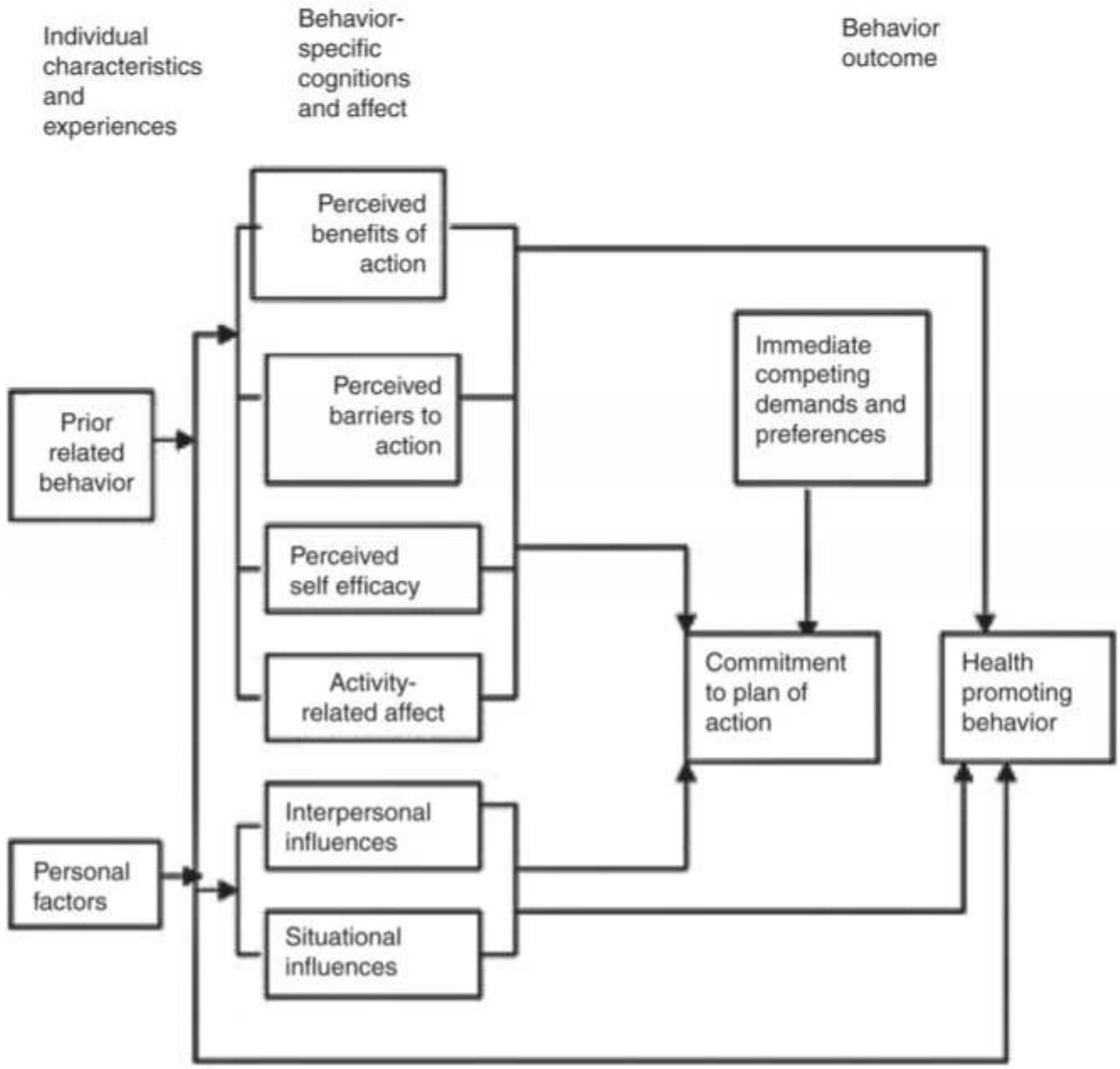
Health Promotion Model

The health promotion model (HPM) is a nursing theory that is used to analyze a health-promoting experience and predict resultant health behaviors (Pender et al., 2011). Pender's HPM has been widely implemented in nursing practice, nursing education, and health research (Aqtam & Darawwad, 2018). The HPM depicts the interplay of personal characteristics and environmental forces that precede healthy behaviors (see Figure 1). First, the model prompts the discovery of the characteristics and prior experiences that individuals bring to a new health-promoting experience (Pender et al., 2011). During or after the health-promoting experience, researchers investigate the participants' perceptions and attitudes about the relevant health behaviors (Pender et al., 2011). Finally, the researcher considers the influences and competing demands that intersect with the participants' plans to engage in health-promoting behaviors (Pender et al., 2011).

The HPM was an appropriate theoretical foundation to study the self-care learning experience of RN-to-BSN students. An apropos theory conveys logical connections between the research problem, purpose, and design (Collins & Stockton, 2018). The HPM supported a deep, rich inquiry that aligned the RN-to-BSN students' needs, characteristics, and circumstances. A suitable theory also facilitated the cohesive organization and interpretation of data (Kelly, 2010). The HPM constructs (see Figure 1) provided relevant categories under which specific data could be clustered and characterized.

Figure 1

Health Promotion Model



Note. From "Health Promotion in Nursing Practice" by C. L. Murdaugh, M. A. Parsons, & N. J. Pender, 2019, p. 41.

Problem Statement

NCDs resulting from deficient self-care represent a leading global health burden (WHO, 2020). Despite health knowledge and resources, many nurses struggle with self-care and suffer

the same health consequences as the patients they serve (ANA, 2017). To avoid perpetuating an inadequately prepared workforce, nursing faculty must facilitate the self-care learning of nursing students (Murdaugh et al., 2019).

The topic of self-care for nurses is under-represented in nursing curriculum (Cochran et al., 2020). The study of holistic nursing, however, offers a unique opportunity to study self-care as a core tenet of nursing practice (Dossey & Keegan, 2016). The value of efforts to shape health behaviors must be understood from the learner's perspective (Kelly & Barker, 2016). The value of a self-care learning experience for RN-to-BSN students in holistic nursing courses has not been fully explored.

Purpose Statement

The purpose of this phenomenological study was to elicit the personal value that RN-to-BSN students ascribed to self-care learning within a holistic nursing course at a public university. Self-care learning was defined as an educational experience that empowers individuals to act in support of their own health and well-being.

Overview of Methodology

Research Design

The study was rooted in phenomenology and further defined in interpretative phenomenological analysis (IPA). A phenomenological study interprets the common meaning or essence of individuals' lived experiences in relationship to a concept or phenomenon (Creswell & Poth, 2018). IPA emerged in the field of health psychology as a specific phenomenological method of inquiry.

IPA researchers focus on: (a) the detailed examination of experience, (b) the interpretation of experience, and (c) the significance of experience (Smith et al., 2009). IPA

requires an idiographic examination of individual cases to know what the experience is like for that person and how they are making sense of their experience (Smith et al., 2009). IPA researchers perform a double hermeneutic interpretation as they try to make sense of the individual, who is trying to make sense of their experience (Smith et al., 2009). In IPA, significance reflects the larger influence that an experience may have on the life of the individual (Smith et al., 2009). To interpret the value and influence of the self-care learning experience for the participants in the proposed study, IPA was the most fitting method of inquiry.

Research Questions

IPA asks research questions that focus on the experience(s) and understanding(s) of the participants (Smith et al., 2009). IPA research questions are exploratory and situated within specific contexts (Smith et al., 2009). To align with the IPA method of inquiry, the following research questions were addressed in the study:

1. What is the value of a self-care learning experience for RN-to-BSN students who complete a holistic nursing course?

2. How does the completion of a holistic nursing course influence RN-to-BSN students' self-care behaviors and beliefs?

Sample

Sample sizes in IPA studies are relatively small (three to eight participants). A small sample size supports IPA's idiographic commitment to each individual's case (Smith et al., 2009). IPA samples are drawn from relatively homogenous groups who experienced the same phenomenon of interest (Smith et al., 2009).

After approval by the IRBs of Southeastern University and the participating university, study participants were recruited. Study participants were selected from a purposive,

convenience sample of RN-to-BSN students at a public university who completed a holistic nursing course within the prior 1–3 months. The holistic nursing course is a 10-week, online, elective course. Self-care learning experiences in the course include: (a) the study of self-care as a pillar of nursing practice, (b) the completion of a holistic health and wellness self-assessment, and (c) the creation of an action plan to improve personal health. Participants were informed of the study purpose, study procedure, and participant rights. Participants were recruited for voluntary participation and received a $25 Amazon gift card as an incentive.

Data Collection

The role of the researcher was that of a non-participant interviewer who gathered data without direct involvement in the course experience. The researcher engaged the participants in semi-structured interviews to elicit rich, in-depth descriptions of the participants' experiences and perceptions. A qualitative interview is a "conversation with a purpose" (Smith et al., 2009, p. 57). The interview protocol utilized open-ended questions to facilitate a relaxed interaction so that each participant was able to provide a detailed account of their experience (Smith et al., 2009). The interview protocol also contained several optional prompts that were used to clarify a participant's answer as needed (see Appendix). The interviews were conducted in a virtual meeting using the Google Meet® platform. The video data was preserved using Google's recording function and stored in the researcher's password-protected Google account. A back-up recording of the interview audio was made using a digital recorder. The digital recordings were stored in the researcher's password-protected, encrypted flash drive. The recordings will be destroyed after 5 years using data destruction software.

Overview of Analyses

Data analysis in IPA focuses on the participants' attempts to make sense of their experiences (Smith et al., 2009). To prepare for analysis, the audio recording of each interview was transcribed by the researcher. All direct identifiers were replaced with substitute numerical codes that were used to refer to participants. The researcher followed Smith et al.'s (2009) six-step approach to analysis (see Table 2).

Table 2

Six-Step Approach to Data Analysis for IPA

Steps	Descriptions
1. Read and re-read	- Engage transcript data via repeated, comprehensive reading to facilitate immersion - Listen to interview recording during first reading
2. Initial notation	- Create a comprehensive set of data comments to ensure data familiarity - Data comments may be descriptive, linguistic, or conceptual
3. Develop emergent themes	- Reduce notations into concise, pithy statements that capture important topics
4. Search for connections across emergent themes	- Cluster and subsume related themes - Identify themes via abstraction, polarization, contextualization, numeration, and function
5. Move to the next case	- Repeat steps 1–4 for each transcript independently
6. Look for patterns across cases	- Compare/contrast cases, identify shared and idiosyncratic themes - Identify super-ordinate themes

Note. Adapted from "Interpretative Phenomenological Analysis: Theory, Method and Research," by J. A. Smith, P. Flowers, and M. Larkin, 2009, pp. 82–103.

Validity

Qualitative research reflects varied and evolving ideas about how to establish validity in studies (Creswell & Poth, 2018). Although a final determination of validity rests with the reader of a qualitative study, Creswell and Poth (2018) offered nine validation strategies from which to choose. In keeping with Creswell and Poth's (2018) recommendations, the researcher chose three validation strategies for the study: (a) member checking, (b) engaging in reflexivity, and (c) generating a rich, thick description. Member checking required soliciting the participants' feedback as to the accuracy and validity of the themes and conclusions. Reflexivity required the researcher to disclose the relevant values and experiences that she brought to the study. Disclosing the "position from which the researcher undertakes the inquiry" informs the reader's evaluation of validity (Creswell & Poth, 2018. p. 261). A rich, thick description required abundant, interconnected details that enables readers to determine transferability based on shared characteristics of populations (Creswell & Poth, 2018).

Limitations

The primary limitation of the study was that the researcher identifies with the participants and the self-care construct. The researcher is a nurse educator, a student, and a registered nurse. The researcher has also wrestled with self-care issues. Researchers who identify with the participants and the phenomenon of interest are at risk for producing biased research (Creswell & Poth, 2018; Smith et al., 2009). Still, researchers can be inspired by pursuing topics of personal interest (Joyner et al., 2018). Creswell and Poth (2018) suggested that researchers should bracket their prior experiences and perceptions to avoid bias. Bracketing requires the repeated practice of "intense attentiveness" (Smith et al., 2009, p. 35) to the participants and the data. The researcher earnestly committed to bracketing preconceptions during each phase of the study.

The small sample size is a limitation in some types of research because a small sample size limits the generalizability of research findings (Creswell & Poth, 2018). However, the goal of qualitative research is to gain a deep, rich understanding of a phenomenon (Creswell & Poth, 2018). A small sample size is prerequisite to the idiographic commitment of IPA (Smith et al., 2009).

Definition of Key Terms

The following words and phrases are key terms for the study.

- **associate-prepared nurse**: a graduate of a 3-year program of study that is typically offered at a community or junior college (AACN, 2019c).
- **diploma-prepared nurse**: a graduate of a 3-year program of nursing study that is typically offered in a hospital (AACN, 2019c).
- **holistic nurse**: a legally licensed nurse who uses nursing expertise to care for the totality of the human being (*i.e.*, mind, body, and spirit) within the scope and standards of their license and the holistic nursing specialty (American Holistic Nurses Association, n.d.).
- **RN-to-BSN program**: 1–2-year course of study for an associate-prepared or diploma-prepared nurse who is seeking a bachelor's degree (AACN, 2019a).
- **self-care**: the practice of activities that a person performs to support health and well-being (Orem, 2001).
- **self-care learning**: an educational experience that empowers individuals to act in support of their own health and well-being.

Significance

A healthy nursing workforce is vital ensuring high quality care and improving community health (National Academies of Medicine, n.d.) Nursing programs must provide relevant and meaningful self-care learning experiences to improve the health of nurses (AACN, 2021a; Murdaugh et al., 2019). RN-to-BSN students are a sizable population with unique self-care learning needs and challenges (AACN 2019b; Duffy et al., 2014). Learning about self-care through the study of holistic nursing may promote the health of RN-to-BSN students. A deeper understanding of the personal value that RN-to-BSN students ascribed to a holistic self-care learning experience will benefit nursing education and nursing practice.

II. REVIEW OF LITERATURE

The purpose of this phenomenological study was to elicit the personal value that RN-to-BSN students ascribed to self-care learning within a holistic nursing course at a public university. This literature review explored the conceptual underpinnings of the study including nurse health and self-care, the health promotion model (HPM), health-promotion interventions, and the holistic nursing paradigm.

Self-Care as a Nursing Concept

Self-care is a term that encompasses the practice of activities that a person performs to support health and well-being (Orem, 2001). Orem's self-care deficit theory asserts that nursing care is required when individuals are not able understand and/or to meet their own self-care needs. Orem's explanations of self-care and self-care deficit are a long-standing foundation of nursing education and nursing practice in a wide variety of clinical specialties and settings (Parker, 2006). The foundational role of the nurse is to close the self-care gap of patients to alleviate suffering. Research, however, indicates that nurses experience their own unresolved self-care deficits.

In a phenomenological study of hospital nurses (n = 12), Atkins et al. (2018) explored the self-care habits of nurses and associated perceptions of body image. Participants were recruited via snowball sampling from a hospital in northern Indiana, United States. The participants practiced in three different fields of nursing and worked a variety of 12-hour shifts. The

researchers acknowledged a lack of demographic diversity in the sample (White = 11, half White and half Korean = 1, female = 12, male = 0). An interview instrument was used to conduct 1-hour, in-depth interviews in which participants were asked to describe their self-care habits and body image perceptions in detail.

Six themes emerged from the data analysis: (a) conscious about body image, (b) not eating nutritious meals, (c) lack of exercise, (d) inconsistent sleep patterns, (e) positive and negative aspects of wearing scrubs, and (f) stress relief challenges (Atkins et al., 2018). The participants' dissatisfaction was reflected in statements such as "the bad things I don't like about myself affect the way I walk" (Atkins et al., 2018, p. 215), "I don't feel rested when I sleep; I feel like I am always tired" (Atkins et al., 2018, p. 216), and "I don't have any exercise habits; I'm trying to get started but I am always tired" (Atkins et al., 2018, p. 216). The implications of the findings are that the inherent demands of nursing practice can have a negative influence on the self-care habits and the subsequent body image of nurses (Atkins et al., 2018).

In a case study of a 25-year peri-operative nurse, Ms. Y, researchers provided an examination of nurses' health-promoting behaviors along with the intrinsic and extrinsic factors that influence those behaviors (Ross et al., 2017). Ross et al. (2017) began the study with the premise that positive health-promoting behaviors reflect self-care. Ms. Y was a 52-year-old female who worked 12-hour shifts in an 800-bed academic medical center and managed the day-to-day responsibilities of caring for a family with children and aging parents. The researchers discovered that Ms. Y associated her difficult workload and hours with chronic negative health behaviors including insufficient sleep, inadequate nutrition, and a lack of time and energy for personal relationships and leisure activities. Ms. Y stated that the complexity of her patient assignments often required her to extend her 12-hour shifts leaving her less time for food

preparation, adequate sleep, and family. Ms. Y connected her health behaviors to negative health outcomes including 20 lbs. of weight gain over 5 years, chronic low back pain, and low morale. Using Pender's health promotion model (Pender et al., 2011) the researchers evaluated Ms. Y's case and identified intrinsic influences on her health behaviors as personal beliefs, perceived barriers, and motivation-reducing fatigue. The identified extrinsic factors included a lack of time, money, and institutional support. For example, Ms. Y explained that the cafeteria was only open during a portion of her shift and that it was easy for her to miss that window of opportunity leaving her to eat vending machine offerings. The researchers recommended that administrators seek the input of nursing staff as to what would best help them to engage in self-care and then advocate for holistic workplace health initiatives (Ross et al., 2017). Ross et al.'s (2017) findings have implications for the value of self-care initiatives. Nurses may find more value in initiatives that are self-identified and that provide both physical and psychosocial support. Despite the small sample size of Atkins et al. (2018) and Ross et al. (2017), the studies are important to consider because the findings are emblematic of the larger body of research concerning deficits in nurses' self-care and subsequent health.

Poor Health Among Nurses

Studies indicate that self-care deficits among nurses are more than occasional behavioral problems—they are a lifestyle (ANA, 2017; Perry et al. 2015; Thacker et al., 2016). Researchers have identified the widespread nature of self-care deficits and some of the consequences for nurse health.

In a cross-sectional descriptive study, researchers investigated the overall health of nurses and compared nurses' health behaviors to the population of New South Wales (Perry et al., 2015). All nurses (n = 1,502) working in one of two acute care hospitals in metropolitan Sydney,

Australia were mailed a paper-based health survey and invited to participate in the study. The survey was comprised of select validated questions from the Australian Longitudinal Study of Women's Health and the Western Australian Health in Men study to allow for comparison to the New South Wales population. The chosen survey questions addressed medical history, health screening, preventative care, and lifestyle behaviors. Nurses who completed and returned the survey were enrolled in the study and asked to submit to physical measurements including blood pressure, blood glucose level, weight, height, and waist circumference (Perry et al., 2015). The participants (n = 381) were primarily female (82.7%), worked full-time (80%), were well-educated (79.6% having at least a bachelor's degree), and had a mean age of 39.9 years (Perry et al., 2015).

Perry et al.'s (2015) study results demonstrated the same problematic health risk indicators and behaviors among nurses as were found in the New South Wales population. The recommended daily intake of fruit was reported by 18.1% of nurses; recommended daily intake of vegetables was reported by 9.4% of the nurses. Risky alcohol intake (≥ 5 drinks daily, > 1 month) was reported by 32.2% of the nurses. The nurses' body measurements indicated that 44% were overweight or obese and 50.7% had a waist circumference that put them at risk for metabolic diseases. The presence of one or more chronic diseases were reported by 42.8% of the nurses. Despite the negative indicators, 94% of the nurses rated themselves as having good, very good, or excellent health. The nurses' positive subjective characterization of their own health in contrast to the negative objective indicators raises additional concern. The implication of the findings is that nurses may have developed a lack of self-awareness regarding their own health.

In a descriptive correlation study based on the health promotion model (HPM), researchers investigated the health-promoting, lifestyle practices of registered nurses and the

relationship between lifestyle practices and demographic variables (Thacker et al., 2017). As discussed in Chapter I, the HPM is a nursing theory that is used to analyze a health-promoting experience and predict resultant health behaviors (Pender et al., 2011). All registered nurses working in one of six health care or educational institutions in southeastern Pennsylvania were emailed the Health-Promoting Lifestyle Profile II (HPLPII) survey and invited to participate. Developed by HPM researchers, the HPLPII is a 52-item, 4-point ordinal scale that measures the frequency of health-promoting behaviors within six subscales: (a) health responsibility, (b) physical activity, (c) nutrition, (d) spiritual growth, (e) interpersonal relationships, and (f) stress management (Walker et al., 1995). The HPLPII has been widely used by researchers to study health-promoting behaviors (University of Nebraska Medical Center, 2007). The participant population (n = 494) was primarily female (94.6%), had a mean age of 44 years, and had 17.7 mean years of nursing practice. The participants worked an average of 40 hours weekly with the highest number of nurses working in the medical-surgical setting (Thacker et al., 2017).

Thacker et al.'s (2017) study results indicated nurse health vulnerabilities. Behavioral subscale scores on the HPLPII range from 8 (lowest frequency) to 32 (highest frequency). Among the six subscales of health-promoting behaviors, the nurses ranked themselves the lowest in the categories of physical activity (17.67), stress management (19.03), and health responsibility (22.21). The researchers found no statistically significant correlation to age or education level of the participants. Additional survey questions, however, indicated other noteworthy correlations. Despite low self-reported ranking in key health-promoting behaviors, 85.6% of the nurses considered themselves to be healthy. Further, 66.9% agreed that they had "too many competing life priorities" (Thacker et al., 2017, p. 27). The total health behavioral score for the nurses who agreed that they had "too many competing life priorities" (Thacker et

al., 2017, p. 27) was significantly lower ($M = 135.7$, $SD = 22.1$) than for the nurses who disagreed ($M = 141.8$, $SD = 23.8$), $t = 2.443$, $p = 0.015$.

Researchers' findings have implications for the perceived value of a holistic self-care learning experience for nurses. The need for increased self-care and improved health outcomes for nurses has been established (ANA, 2017; Perry et al., 2017, Ross et al., 2017; Wills et al, 2019). Nurses may find value in examining their own self-care and health status from a holistic perspective. Despite their ability to report significant negative aspects of their health, nurses may not have a congruent perception of their overarching health status (Perry et. al., 2015; Thacker et al., 2017).

Why are Some Nurses Unhealthy?

Self-care deficits and poor health outcomes among nurses persist. The factors that influence health behaviors and outcomes are known as determinants of health (Power et al., 2017). The following studies examined nurses' perceptions of the determinants of that influence nurses' health.

In a qualitative descriptive study, researchers explored the health priorities and barriers to health among public hospital nurses in Western Cape Metropole, South Africa (Phiri et al., 2014). The researchers conducted 12 focus group discussions with a purposive sample of nurses ($n = 93$) from five hospitals. The nurse participants represented both day shift ($n = 36$) and night shift ($n = 57$) employees. The researchers also conducted key informant interviews with nurse managers ($n = 10$). The same interview guide was used for the nurse participants and key informants; the guide contained questions to elicit perspectives on health concerns and the connection between aspects of health and the workplace.

Phiri et al.'s (2014) results indicated that determinants of nurses' health that were influenced by the occupational environment. A lack of organizational support was indicated by the participants' reports of increased workload, inadequate patient-caregiver ratios, and budget constraints. Despite institutional plans to improve nurse workload, one participant explained that the process of change was, "very, very slow and so, with workload and not enough staff you will find personal problems in the staff like alcoholism" (Phiri et al., 2014. p. 6). Insufficient organizational support was also indicated by participants' reports of the non-availability of healthy cafeteria food and pressure from colleagues to eat unhealthy food. For example, one of the participants stated, "You know there is not one healthy thing at that tuck shop other than a little bowl of fruit, and that's why the girls will buy the chips and the coke and whatever" (Phiri et al., 2014. p. 6). The perceived lack of organizational support indicated negative influences on the participants' personal health concerns including: (a) weight gain, (b) exhaustion, (c) limited time for healthy behaviours, and (d) living with non-communicable diseases. The participants did not perceive the existing health promotion programs in the workplace to be positive determinants of health in part because the programs were not individualized. The existing programs were also characterized as having limited self-care focus, availability, and staying power. One participant explained workplace health promotion programs:

> Yes, there is something like that, but I mean that is only once and off and most of the staff go for the freebies. But once those people are gone, then it's back to square one and there is not continuity with it. (Phiri et al., 2014, p. 7)

One implication of Phiri et al.'s (2014) findings is that nurses may find more value in health programs that provide individualized feedback and focus on self-care continuity.

In a qualitative study of hospital nurses, researchers used the theoretical domains framework (TDF) to investigate the most salient, self-reported determinants of eating and physical activity levels (Power et al., 2017). TDF consolidates a broad variety of established determinants of behavior into 14 overarching domains: (a) memory, attention, and decision processes; (b) knowledge; (c) skills; (d) social influences; (e) optimism; (f) social/professional role and identity; (g) beliefs about capabilities; (h) beliefs about consequences; (i) reinforcement; (j) intentions; (k) goals; (l) environmental context and resources; (m) behavioural regulation; and (n) emotion (Michie, et al., 2004). The researchers used the TDF to develop an interview protocol and organize data. Participants were recruited from a large teaching hospital in Scotland; any part- or full-time registered nurse was eligible. Semi-structured, face-to-face interviews were conducted to learn the participants' perspectives regarding the determinants of their health. The sample (n = 16) included participants of varied ages, shift requirements, and body weights. Among the participants, three worked day shifts and 13 worked night shifts. The participants were aged ≤ 30 years (n = 10), 31–40 years (n = 4), and 41–50 years (n = 2). In terms of body composition, six participants were of healthy body weight, nine were overweight, and one was obese (Power et al., 2017).

Data analysis included inductive and deductive strategies (Power et al., 2017). Using inductive category development, two of the researchers coded the first three interviews to identify utterances of a health determinant by the participants. The health determinants were further delineated as either a perceived barrier to health or an enabler of health. The developed categories were then deductively applied to the subsequent interviews until data saturation was achieved at interview 16 (Power et al., 2017). All reported determinants were organized within

the TDF framework to facilitate summary and reflect the frequency of utterances by the participants.

Power et al.'s (2017) results indicated the salient influences upon nurse health. As expected by the researchers, the nurses ranked "knowledge" (p. 6) and "beliefs about capabilities" (p. 6) as enablers of their health (15 of 16 nurses). Ten participants, however, indicated that while their knowledge was helpful, it was an insufficient factor for changing their behavior. One participant shared, "I know what I need to do. It's just doing that." (Power et al., 2017, p. 8). Exhaustion was viewed as a drain on motivation; "lack of motivation" (Power et al., 2017, p. 6) was the most frequently cited barrier to health (19 barrier utterances). Participants felt that shift work rendered them "exhausted", "out of sorts", and "knackered" (Power et al., 2017. p. 7) which made them less likely to engage in healthy eating or physical activity. The most frequently cited determinant of health overall was social influences (62 utterances). Social influences were viewed as both a frequent barrier (17 barrier utterances) and a frequent enabler (45 utterances).

Power et al.'s (2017) results have implications on the perceived value of a self-care learning experiences for nurses. A learning experience that emphasizes self-care knowledge may not be perceived as valuable since nurses already have requisite knowledge. A learning experience that emphasizes motivations and social influences, however, may be perceived as more valuable. The findings of Phiri et al. (2014) and Power et al. (2017) both indicate problematic determinants of health resulting in self-care deficits and negative health consequences among nurses.

Consequences of Poor Nurse Health

The consequences of poor nurse health are not limited to nurses themselves. Self-care deficits and poor nurse health produce negative consequences for health care institutions in terms of nurse retention (Perry et al., 2016). Poor nurse health can also interfere with nurses' efforts to promote the health of patients (Hurley et al., 2018).

In a cross-sectional survey study of nurses and midwives, researchers investigated if health factors contributed to intention to leave one's place of employment (Perry et al., 2016). All nurses and midwives working in New South Wales, Australia were eligible to participate. Participants were recruited by email and advertisements in trade journals and social media. The participants (n = 5,041) completed a survey that was adapted from established national and international surveys including the Australian Longitudinal Study on Women's Health.

As found in other studies (Perry et. al., 2015; Thacker, 2017), Perry et al.'s (2016) results point to a disconnect between nurses' overall characterizations of their health and specific aspects of their health. Perry et al.'s (2016) participants rated their health as "good" to "very good" (M = 2.5, SD = 0.95) even though 64.9% reported at least one chronic disease. The most commonly reported diagnoses were depression (22%), hypertension (17.2%), and asthma (15%). Participants reported experiencing negative health symptoms "sometimes" or "often" (M = 3.4, SD = 2.7). The most commonly reported symptoms were back pain (46.6%), severe tiredness (43.9%), and stiff joints (39.2%).

Perry et al.'s (2016) results also have implications for the value of nurse health in terms of workforce retention. Among the participants, 22.2% indicated an intent to leave the currently held job in the next 12 months. The researchers used chi-squared and t-test analysis to compare the participants who intended to leave to participants who did not intend to leave. Participants

who intended to leave reported significantly poorer general health [t(df5010) = 4.48; $p < 0.001$] and took more sick days [t(df5017) = 4.765; $p < 0.001$]. Participants who intended to leave were also more likely to report health symptoms including anxiety [x^2(df1) = 17.652; $p < 0.001$], moderate to severe body pain [x^2(df1) = 6.227; $p = 0.014$], back pain [x^2(df1) = 2.552; $p = 0.043$], severe tiredness [x^2(df1) = 29,414; $p < 0.001$], depression [x^2(df1) = 27.060; $p < 0.001$], and worse sleep [x^2(df1) = 7.938; $p < 0.001$]. Perry et al.'s (2016) results suggest that workforce retention efforts should include efforts to improve the holistic health of nurses.

Nurses promote patient health via health education, health advocacy, and role-modeling (Murdaugh et al., 2019). Researchers have studied nurses' perceptions of role-modeling expectations and role-modeling performance. In a concept analysis study, researchers sought to clarify the meaning of health role-modeling and health-promoting behaviors (Darch et al., 2017). The theoretical phase of analysis included systematic reviews of multidisciplinary literature for use of the term "role model" and nursing-specific literature addressing nurse role-modeling and health-promoting behaviors that were published between 1986–2015. The fieldwork phase involved focus groups and interviews to discover the meaning of role-modeling and health-promotion behavior and associated experiences. Both purposive and convenience sampling were used to recruit participants (n = 39) from a public university in the United Kingdom. Among the participants were 18 third-year nursing students, 13 registered nurses, and eight academic nurse educators.

Darch et al.'s (2017) findings indicated a disconnect between the beliefs of the nurse participants and the assertions within the nursing literature concerning nurse role-modeling expectations. The participants felt that the defining attributes of nurse role-modeling and health promotion included the nurse being caring, trustworthy, non-judgmental, motivating, and

exhibiting professional behaviors (Darch et al., 2017). The nursing literature, however, characterized nurse role-modeling as being an exemplar of personal fitness and health. A disconnect also existed concerning the antecedents of healthy nurse behaviors. The literature emphasized organizational and educational support, but the participants emphasized self-valuing. Though the literature highlighted periodic workplace and academic health initiatives for nurses, the participants felt that the development of nurse health should be a core component of academic nursing education.

Research indicates connections between nurses' health behaviors and nurses' perception of themselves as a health-promoting role model. In a correlation study, researchers surveyed a simple random sample of Tennessee registered nurses (n = 804) using the Self as Role Model of Health Promotion (SARMHEP) instrument (Hurley et al. 2018). The SARMHEP instrument is a 57-item survey used to measure nurses' perception of self as a role model of health. In a previous study in which the survey was used to study nurses as imperfect role models of health, the SARMHEP had a reported a coefficient alpha of .90 indicating reliability (Rush et al., 2005). In addition to the survey, the respondents self-reported their health behaviors and health indicators. Most respondents (63%) viewed themselves as good role models of health (Hurley et al., 2018). Yet only 32.6% followed a healthy diet, only 29% met the CDC's physical activity recommendations, and 64% were overweight or obese (Hurley et al., 2018). The researchers analyzed the relationship between the self-reported behaviors and SARMHEP results by utilizing Pearson's r correlation matrix. A statistically significant correlation was found between the SARMHEP and healthy diet ($r = .15$, $p < .000$) as well as between the SARMHEP and physical activity ($r = .11$, $p < .001$). Hurley et al. (2018) concluded that nurses who practiced healthy eating and physical activity levels were more likely to see themselves as a good role model of

health. Like other researchers (Perry et al., 2015; Perry et al., 2016; Power et al., 2017; Thacker et al., 2016), Hurley et al. (2018) also found that nurses do not always characterize their own health accurately. The researchers recommended that nurse health and role-modeling be "afforded significant time and attention in the curriculum" to increase nurse awareness (Hurley et al., 2018, p. 1144).

Wills et al. (2019) investigated the extent to which nurses are expected to be role models of health. In stage one of the Wills et al. (2019) study, convenience sampling was used to recruit Australian nurses who were currently or previously obese and had expressed an interest in the Healthy Weight Initiative for Nurses. The participants (n = 71) completed a survey designed to elicit nurses' beliefs as to whether they should be healthy role models. Among the participants, 94% were female; 79% were currently obese, and 21% were previously obese but had since lost weight. The participants were aged ≤ 30 years (6%), 31–40 years (12%), 41–50 years (28%), 51–60 years (39%), and 60 years or older (10%). The participants completed a survey of five yes-or-no questions; the majority indicated that "nurses should act as healthy role models" (94%), "all nurses should be a healthy weight" (72%), "practicing what you preach about healthy weight is important for public trust" (90%), and "it matters if nurses are obese" (83%); (Wills et al., 2016, p. 426). Based on the stage one findings, the researchers concluded that since there was such little disagreement among the participants, the results suggested that nurses would be motivated to maintain a healthy lifestyle to ensure that they were adhering to normative expectations. Based on Wills et al.'s (2016) stage one conclusions, the researchers developed a health-related pilot campaign for testing in stage two of the study.

The First Impressions Count Campaign was based on the following premise: "Yours is the most important voice patients will hear. Get healthy and show them that lifestyle change is

possible" (Wills et al, 2016, p. 426). The campaign consisted of a 2-minute film that depicted a visible dissonance between nurses' own health and the guidance that the nurses gave to patients in three different scenarios (two weight-related scenarios and one smoking-related scenario). To ascertain nurses' reaction to the campaign film, the researchers utilized a street intercept survey method to interview a convenience sample of nurses (n = 79) who were encountered while leaving the cafeteria of a large, public hospital. After viewing the campaign film, 74% of the nurses agreed that appearance matters when talking to patients. However, only 52% agreed that appearance matters in professional life and only 36% agreed that "nurses' lifestyles matter" (Wills et al., 2016, p. 428). The researchers concluded that while nurses theoretically believed that maintaining one's own health was a professional expectation, nurses were less receptive when directly confronted with real-life scenarios. In fact, ten of the stage two participants became "quite vehement and strongly opposed the campaign's aims" (p. 428). The opposing nurses cited "body-shaming/fat shaming" and rejected the premise that the employing organization had any right to exert expectations concerning personal health behaviors of staff.

The results of Wills et al. (2016) have implications on the perceived value of a self-care learning experiences for nurses. Self-care learning experiences should incorporate strategies for connecting the theoretical content that is taught with real-life applications. Further, nurses may be less likely to perceive the value of the self-care message if they do not accept the authority of the messenger to speak into their lives.

Academic Efforts to Improve Nurse Health

As discussed in Chapter I, the core curriculum of nursing schools contains a notable absence of well-being, resilience, and self-care instruction (Cochran et al., 2020). Examining the small number of self-care instructional efforts and experiences that have been implemented,

studied, and recorded in the literature is important. Understanding the outcomes of a self-care educational research has value implications for the self-care learning of nurses.

In a cross-sectional survey study, Jenkins et al. (2019) investigated nursing students' responses to a self-care assignment. The assignment was integrated into the core curriculum of an accelerated, 20-month BSN program in Western Canada. The self-care assignment required students to "identify and examine experiences, challenges, or situations in their lives that may cause distress of feelings or anxiety" (Jenkins et al., 2019, p. 14). Next, each student developed a personalized, evidence-based toolkit of resources to support their mental health. The toolkit was to include both new and previously practiced mental health activities. Finally, students reflected on the implications of applying the identified mental health activities during their education and future nursing practice. The self-care assignment took the form of an academic paper, but also offered an optional creative project (*e.g.*, art, poetry, video, scrapbook, journals). Two student cohorts engaged the required assignment during either the first-term foundations course or the upper-level mental health course.

All students who completed the assignment were invited to participate in the study by completing a survey (Jenkins et al., 2019). The survey was completed by 89 BSN students (foundations course, $n = 57$; mental health course, $n = 32$). Among the participants, 88% were female, 9% were male, and 3% identified as genderqueer (Jenkins et al., 2019). Most of the respondents (96%) were between the ages of 18–33; only 4% were over the age of 33. The survey prompted students to rate their own engagement in self-care practices before and after the assignment using a 0–10 scale for comparison. Jenkins et al.'s (2019) use of paired samples *t*-test revealed an increase in self-care practices after the assignment ($M = 7.1$, $SD = 1.8$) versus before the assignment ($M = 6.6$, $SD = 1.9$) that was statistically significant, $t(88) = 2.3$, $p = 0.023$. The

respondents also completed a 16-item survey designed to elicit the impact and efficacy of the assignment upon their own self-care as it relates to mental health (Jenkins et al., 2019). The survey questions included open-ended qualitative questions as well as three to four 5-point, Likert-style questions from each of the three Bloom's (1956) learning domains: cognitive, psychomotor, and affective. Notably, 82% of the students indicated that the assignment improved their self-care knowledge "moderately or extremely," and 76% indicated that the assignment enhanced their ability to identify personal stressors (Jenkins et al., 2019. p. 16). In terms of the students' change in their capacity to manage stressors, 72% indicated that the assignment helped them "moderately or extremely" (Jenkins et al., 2019. p. 16). One student said that the assignment helped them to identify their stressors, which was useful for communicating with their support people (Jenkins et al., 2019, p. 16). Other students indicated that the assignment helped them to identify a range of self-care activities that afforded them more options to choose from in different circumstances. In terms of well-being, 72% of respondents indicated that the assignment supported their well-being "moderately or extremely" (Jenkins et al., 2019. p. 16). Although 60% of the respondents indicated that the assignment did not detract from their well-being, some students did feel the assignment detracted from their well-being moderately (21%) or extremely (4%). The qualitative answers revealed that some students felt negatively impacted by the sense that they were being graded on their health choices. Further, students who received lower grades felt that their efforts to engage in self-care were devalued; others expressed concerns about the authenticity of the self-care behaviors reported by their classmates (Jenkins et al., 2019).

Some qualitative responses revealed that the assignment resulted in the opposite of its intended effect to increase self-care practices. One student said, "this put a sour taste in my

mouth, and I haven't really revisited my assignment since, or used it the way I was planning" (Jenkins et al., 2019, p. 16). Other students reported that the assignment contributed to feelings of guilt over their perceived inability to engage in more self-care practices. Some students indicated that the assignment felt like an "added stressor" that increased their workload (Jenkins et al., 2019, p. 16). Jenkins et al.'s (2019) findings have implications for the value of self-care learning experiences of nursing students. A single self-care assignment has some capacity to increase self-care knowledge and practices. Due care must be taken, however, to monitor and guide students' perceptions of a self-care assignment. Students who perceive a self-care assignment as busywork are less likely to find value. Worse, students who infer that they are being judged or chastised for their self-care choices may come away from the learning experience with bitter feelings that influence their self-care beliefs and behaviors.

In contrast to required self-care learning experiences (Hurley et al., 2018; Jenkins et al., 2019), Green (2019) studied the benefits of voluntary self-care education for nursing students in an accelerated program. During the summer of 2017, Green (2019) invited 32 students who were taking an adult health class to voluntarily engage in self-care learning experiences before or after class. The self-care learning experiences were offered at a table that was set up in a hallway, approximately 20 feet from the students' classroom. Participants were not required to complete any assignments and did not receive any course credit. The participants simply obtained educational materials, engaged in educational interviews, and were offered reinforcing activities to engage in their daily lives (Green, 2019). As in many other studies in nursing education, the participants (n = 25), were primarily female (80%), White (92%) and young adults < 34 years (88%). The learning experiences were offered for five weeks with a different self-care focus each week: (a) sleep, (b) healthy eating, (c) exercise, (d) aromatherapy, and (e) positive affirmations.

Various incentives were offered during the 5-week pilot including healthy snacks and several raffles to win health-related prizes of nominal value (< $100).

At the end of the 5-week pilot, the participants completed a 3-item questionnaire (Green, 2019). The questionnaire was designed elicit the participants' self-care plans, self-care learning, and self-care beliefs. The questionnaire was constructed with 5-point Likert scale questions with 1 indicating "not at all" and 5 indicating "very much so" (Green, 2019, p. 233). When the participants were asked if they planned to use some of the stress and anxiety techniques that were learned, 92% selected 4 or 5 on the scale ($M = 4.48$, $SD = 0.770$). When asked if they found the educational materials helpful, 100% of the students selected 4 or 5 on the scale ($M = 4.48$, $SD = 0.510$). Finally, when the participants were asked if they believed that they could use the stress-reduction techniques that were learned, 84% selected 4 or 5 on the scale ($M = 4.12$, $SD = 0.927$). Although Green (2019) concluded that the voluntary self-care learning experiences were a benefit to nursing students in accelerated programs, important limitations to the self-care benefits should be noted. Despite glowing reports about the value of the self-care learning and plans for implementation, Green's (2019) participants expressed considerably less confidence in their ability to apply what they had learned. Transferability of knowledge to real-world practice is one of the ultimate goals of teaching and learning (Hajian, 2019). Additionally, Green (2019) engaged entirely self-selected participants. Those who self-select to participate in health-improvement programs may have characteristics that distinguish them from non-participants resulting in self-selection bias (Institute for Work and Health, n. d.).

Rather than investigating the influence of self-care learning that occurred over a matter of weeks (Green, 2019; Hurley et al., 2018; Jenkins, 2019), Ashcraft and Gatto (2018) conducted a 4-year longitudinal study of BSN students. Ashcraft and Gatto (2018) wanted to evaluate if

curricular interventions during the sophomore, junior, and senior years of BSN students would improve self-care behaviors and perceptions related to alcohol consumption, mental health, and physical health. On the first day of freshman orientation, baseline data were gathered from a convenience sample (n = 66) of students enrolled in the nursing program. Despite program attrition, Ashcraft and Gatto (2018) were able to gather post-intervention data from 49 of the cohort students on the final day of class in the senior year. The final survey participants were primarily female (86%), ages 21–25 (84%), and White (92%). Portions of the American College Health Association National College Health Assessment II (ACHA-NCHA-II) were administered to gather the pre- and post-intervention data. The ACHA-NCHA-II is a 66-item national survey tool in use since 2000 to collect data concerning the health habits, behaviors, and perceptions of college students. Ashcraft and Gatto (2018) chose an unspecified number of ACHA-NCHA-II questions from the alcohol, mental health, and physical health sections; the chosen questions included Likert-style, yes/no, and short answer formats.

Similar to other self-care researchers (Hurley et al., 2019), Ashcraft and Gatto's (2018) self-care curricular interventions followed a pattern of planning, evaluating, and reflecting. In a Concepts for Professional Nursing course, occurring during the sophomore year, all enrolled students self-identified areas of their health that needed improvement and developed a personalized self-care plan. During the junior year, the students evaluated outcomes of the self-care plan that was previously developed and identified one or more continuing deficits for further focus. Within the context of the Nurse as Educator course, the students then developed a teaching plan to address the identified topics and delivered the plan to a classmate via role play. During the Senior Immersion experience, students again evaluated their self-care progress and reflected on how self-care improvements might impact their future nursing practice.

Ashcraft and Gatto (2018) analyzed the pre- and post-intervention data using non-parametric testing for two related samples. The participants' self-ratings of general health increased from 43.2% to 52.3%, though no information regarding statistical significance was provided. Regarding alcohol consumption, the percentage of students who reported "not drinking within the previous 30 days" (Ashcraft & Gatto, 2018, p. 142) decreased from 36.7% to 30.6% ($Z = 1.995$, $p = .046$). Also, the percentage of students who reported consuming less than or equal to two alcoholic drinks at the last social event attended increased from 43.8% to 56.3%. It is important to note, however, that all participants were of legal drinking age at the time of the post-intervention survey and that most were underage (71.4%) at the time of pre-intervention data collection (Ashcraft & Gatto, 2018). Regarding mental health, the researchers found no statistically significant changes in students' feelings of hopelessness, sadness, or depression. The students did, however, report a statistically significantly ($Z = -2.048$, $p = .041$) increase of "more than average stress" (Ashcraft & Gatto, 2018, p. 142) between the freshman survey (36.7%) and the senior survey (61.2%). The researchers' acknowledged that self-reported stress results were likely skewed due to conducting the senior survey during the week of final examinations and during preparation for the NCLEX-RN exam.

Though the researchers discovered an increased percentage of students who consumed more fruits and vegetables and engaged in more aerobic exercise, the only statistically significant change was in strength training. The percentage of students who reported weekly engagement of greater than or equal to 5 days of strength training increased from 8.1% to 14.2% ($Z = -2.405$, $p = .016$). Despite the lack of statistically significant results, Ashcraft and Gatto's (2018) research stands out in the nursing literature as a rare effort to gather longitudinal data on the impact of curricular self-care interventions. More may have been learned about the value of the self-care

learning experience through additional qualitative data. Qualitative data analysis can help to illuminate the meaning of an experience by incorporating the voice of the participants in their own words (Creswell & Poth, 2018).

Most of the self-care learning research within an academic setting focuses on self-care activities that students performed outside of the classroom setting with a few exceptions (Nevins et al., 2019; Snyder, 2020). Snyder (2020) studied the effects of teaching self-care practices to nursing students in the didactic classroom setting. Nevins et al. (2019) studied the effects of self-care strategies in the clinical learning environment. As in other self-care curriculum studies (Ashcraft & Gatto, 2018; Jenkins et al., 2019), nursing students in the Snyder (2020) and Nevins et al. (2019) studies were informed of the need for self-care and introduced to specific self-care practices. Snyder's (2020) and Nevins et al.'s (2019) studies are unique, however, because the participants directly engaged in the self-care activities during class time. Since class time is a finite resource, it is important to investigate the value of engaging in self-care activities during class for nursing students.

Snyder (2020) used a thematic analysis to investigate the influence of introducing self-care strategies and positive coping skills to undergraduate nursing students in a classroom setting. The participants (n = 79) were second semester nursing students enrolled in a 4-semester baccalaureate program at a mid-sized university in the mid-Atlantic region of the United States. During the semester, the participants were enrolled in a 14-week psychiatric-mental health nursing course that met once weekly for three hours. During the last 10 minutes of each class, the students were introduced to self-care practices including guided meditation, breathing exercises, gratitude lists, and creative journaling (Snyder, 2020). Beyond hearing about the self-care

activities and receiving handouts, the students spent class time directly engaging in the activities as facilitated by the instructor. The self-care activity engagements were not graded.

Participant feedback data were gathered at the end of the semester via the university's standard course evaluation form. Snyder (2020) gathered feedback data from four cohorts of students (n = 79) who completed the psychiatric-mental health nursing course. The data were drawn from three optional free-text questions at the end of the survey:

1. What did you like about this course?
2. What could be improved about this course?
3. Would you recommend this course to others? (Snyder, 2020, p. 44).

Though the questions were not specific to the course or the self-care content, Snyder (2020) analyzed all comments that specifically related to the self-care learning. In response to the question about improving the course, none of the 142 comments related the self-care learning. In response to the questions about what students liked about the course, 20% of the 139 total comments were about the self-care learning. In response to the question about recommending the course to others, 7.8% of the 89 comments were about the self-care learning. Snyder (2020) acknowledged the limitations of the non-specific course evaluations for the study purpose. Snyder (2020), however, expressed an inherent value in the somewhat unprompted student mentions of the self-care learning considering the relatively small amount of class time spent.

Having used the Braun and Clarke (2006) framework for qualitative data analysis, Snyder (2020) identified four major themes within the students' self-care learning comments: (a) stress levels, (b) use of self-care strategies and coping skills, (c) self-reflection, and (d) perception of instructor. Despite reporting high levels of stress, the students specifically indicated having found value in the learned self-care strategies as stress reducers. One student stated that the self-care

strategies "made nursing school seem like an achievable journey" (Snyder, 2020, p. 43). Some students specifically appreciated the facilitated engagement in the self-care activities during class time indicating that they would not likely have tried the strategies "on their own" (Snyder, 2020, p. 43). The researcher found that many students reported regularly employing the learned self-care strategies outside of the psychiatric-mental health course and found stress-reduction value when feeling challenged in other nursing courses. In terms of self-reflection, the students discussed an increased self-awareness of their own mental health status. As a result of the self-care learning, the students felt more capable of identifying when they were extremely stressed and how the self-care strategies improved stress levels. The students' comments also indicated that the facilitation of the self-care activities during class demonstrated the instructors' care for the students' well-being and success. One student commented "the de-stress activities show that [the instructor] truly cares about us as individuals and wants us to do well in all aspects of our lives" (Snyder, 2020, p. 44). Another student remarked that the instructor "understands what is valuable in learning and creates a safe space to practice positive coping skills" (Snyder, 2020, p. 44). The students' statements suggested that feeling cared for and supported contributed to the ability to manage stress and remain enrolled in nursing school.

Nevins et al. (2019) took a unique approach to health promotion by studying the effect of self-care interventions for undergraduate nursing students in the clinical setting. Although clinical learning opportunities are a pervasive element of nursing education, prohibitive shortages of clinical sites and preceptors make clinical time a precious commodity (AACN, 2021b). Careful decision-making about the best way to spend clinical time is important. The purpose of clinical learning opportunities is to allow nursing students to "understand, perform, and refine professional competencies" in an authentic nursing practice setting (CCNE, 2013, p.

21). Therefore, the effect of health promotion in the clinical setting is valuable because personal health development is a professional nursing competency (AACN, 2021a).

Nevins et al.'s (2019) study is based on the health promotion model (Pender et al., 2011) and limited the self-care focus to exercise and hydration with water. In a prior study, the researchers found that though nursing students valued their own well-being, students reported an 80% decrease (p = .15) in exercise and water consumption during clinical instruction days (Nevins & Sherman, 2016). The health promotion model values the assisted development of self-efficacy over time as a component of achieving well-being (Pender et al., 2011). Nevins et al. (2019) hypothesized that facilitated engagement in walking and water consumption during clinical days for a period of eight weeks would result in a perceived improvement of health among the participants.

Participants for Nevins et al.'s (2019) study were recruited from the main campus and a satellite campus of a public university. Recruitment was limited to sophomore- and senior-level nursing students because the 16-week clinical segments for these students cleared the 8-week study period threshold. Eligible students (n = 73) received a recruitment email consisting of a consent form and a pre-intervention survey. Each of the eligible students also received intervention emails and flyers. The intervention communications were brief, consisting of only three topics. First, the researchers put out a call for a "leader or champion of health" within the clinical groups that would serve as a facilitator of the health intervention during clinical time (Nevins et al., 2019, p. 143). Second, the students were encouraged to take 5- to 15-minute walks during lunch break or post-clinical conference; the students were also encouraged to walk in pairs or groups. Third, the students were invited to bring two 16-ounce bottles of water to

clinicals and to hydrate at specific times throughout the clinical day. Reminder emails were also sent during week four and week six of the study.

The pre-intervention survey was completed by 21 students; the post-intervention survey was completed by 12 students (Nevins et al., 2019). The survey tool was adapted from a previously validated and reliable tool used to measure self-care behaviors pre- and post-intervention (Chow & Grant Kalischuk, 2008). The survey adaptations focused the participants' responses on perceived changes in health related to walking and water consumption. Among the participants who completed both surveys, 83.3% were seniors and 16.7% were sophomores, 41.6% were White, 33.3% were Hispanic, 16.6% were Asian/Pacific Islander, and 8.3% were African American. A matched-pairs *t*-test was used to compare pre- and post-intervention survey responses. The post-intervention number of minutes per day spent on walking were higher (M = 120, SD = 82.902) than pre-intervention (M = 101.43, SD = 83.504) although the difference was not significant (p = .15). The post-intervention glasses of water consumed per clinical day were significantly higher (M = 4.75, SD = 3.646) than pre-intervention (M = 2.71, SD = 2.432), p = .032. Moreover, the number of post-intervention glasses of water consumed per non-clinical day was also significantly higher (M = 8.25, SD = 2.379) than pre-intervention (M = 6.43, SD = 2.619), p = .028 (Nevins et al., 2019). The results indicated value in facilitated self-care health practices during clinical days. The results also imply that facilitated self-care during clinical days may increase the self-efficacy of nursing students to engage in self-care on non-clinical days.

Holistic Nursing Paradigm

Despite the need for improving nurse health from a holistic perspective (Perry et al., 2016; Ross et al., 2017), interventions based on the holistic nursing paradigm have not been studied in nursing education. The effects of a holistic nursing health program in the workplace,

however, have been studied (McElligott et al., 2010). The collaborative care model (CCM) program was adapted from Dossey and Keegan's (2009) *Holistic Nursing Handbook*. The CCM program content was based on the five pillars of holistic nursing paradigm which includes "holistic nurse self-reflection and self-care" (Dossey & Keegan, 2016, p. XXVII). The purpose of the 8-hour CCM program was to promote a culture of caring by focusing on relationships, a healing environment, and a culture of safety (McElligott et al., 2010). In addition to learning about the holistic nursing paradigm, CCM program participants also created an individualized self-care plan. McElligott et al. (2010) hypothesized that program participation would result in improved health-promoting behaviors, interpersonal relations, and nutrition scores as reflected on the HPLPII.

McElligott et al. (2017) used a quasi-experimental, pre-test/post-test design to study the effects of the CCM on nurse participants. The CCM was a required program for all nurses working in a 900-bed academic medical center located in the northeastern U.S. region. A convenience sample of the hospital's RNs was divided into experimental and control groups. The control group nurses had not yet attended the CCM program or completed a self-care plan at the time of participation in the study. The experimental group completed the HPLPII survey tool prior to CCM program engagement. As described earlier in this chapter, the HPLPII is a well-established tool that is widely used in research to measure the frequency of health-promoting behaviors on a 4-point ordinal scale (University of Nebraska Medical Center, 2007). Experimental group participants received their HPLPII scores prior to completion of a self-care plan and were encouraged to consider the results in their planning. Three months after CCM program completion, the experimental group participants were again invited to complete the HPLPII. The experimental group generated 52 matched pairs of HPLPII scores that were

included in the study results. Control group participants also completed the HPLPII twice with an interim period of three months. The control group participants generated 51 matched pairs of results that were included in the study. The overall HPLPII score for both groups increased over the 3-month interim. The increase in the experimental group (from $M = 2.81$, $SD = .36$ to $M = 2.62$, $SD = .38$) was significantly higher, however, than the increase in the control group (from $M = 2.72$, $SD = .43$ to $M = 2.67$, $SD = .44$), $p = .02$. Similarly, the experimental group reported significantly higher increases than the control group on the spiritual growth, interpersonal relations, and nutrition subscales of the HPLPII (McElligott et al., 2010).

McElligott et al.'s (2010) results have implications for the value of holistic paradigm learning in academia. The holistic nursing paradigm portrays the professional identity of a nurse, in part, by valuing nurse self-care as a core tenet (Dossey & Keegan, 2009). The professional socialization and professional identity formation of nurses begins in nursing school (Murdaugh et al., 2019). Since the study of holistic nursing paradigm has been shown to increase health-promoting behaviors in hospital nurses (McElligott et al., 2010), the effect should also be explored in academia with nursing students.

Summary

Helping patients to meet self-care needs is a foundational role of nursing practice (Orem, 2001). However, the same self-care assistance that nurses extend to patients is not always extended to self. Despite extensive knowledge regarding health and self-care, many nurses suffer from self-care deficits and poor health outcomes (ANA 2017; Phiri et al., 2014; Power et al., 2017). Furthermore, a chronic disregard of self-care needs has contributed to a lack of self-awareness concerning nurses' own health status (Perry et al., 2015; Thacker et al., 2017). The

poor health of nurses has negative consequences for nurse employers and for the health promotion of patients (Hurley et al., 2018; Perry et al., 2016).

Effective professional preparation and support is needed to promote self-care behaviors among nurses and to improve nurse health. By the very nature of the work, nursing practice is arduous and can pose a threat to nurses' health (Atkins et al., 2018; Phiri et al., 2014). Professional preparation and support must begin in academia and continue in the workplace (Darch et al., 2019; Hurley et al., 2018; Ross et al., 2017). Unfortunately, self-care instruction is largely absent from nursing curriculum (Cochran et al., 2020) and workplace initiatives do not often align with nurses' needs and expectations (Phiri et al., 2014; Wills et al., 2019). In addition, the literature that informs well-intended health initiatives for nurses does not always align with nurses' concerns and beliefs (Darch et al., 2017). The value of health initiatives that are directed toward nurses must be considered from the perspective of nurses themselves.

The multi-faceted demands of nursing practice necessitate a holistic approach to self-care and the pursuit of health (Dossey & Keegan, 2016; Perry et al., 2016; Ross et al., 2017). The holistic nursing paradigm indicates that the nurse's responsibility to self-care is equal to that of patient care (Dossey & Keegan, 2016). Limited research indicates that the study of the holistic nursing paradigm and self-care planning within the workplace has a positive effect on the health-promoting behaviors of nurses (McElligott et al., 2010). Though a small number of studies regarding self-care instruction in the academic setting show promise (Ashcraft & Gatto, 2018; Green, 2019; Nevins et al., 2019; Snyder, 2020), the value of self-care learning within a holistic nursing course has not been studied.

III. METHODOLOGY

Despite health knowledge and resources, many nurses neglect self-care and suffer poor health outcomes (ANA, 2017). Nursing education must include self-care learning to adequately prepare a workforce for the rigors of nursing practice (Murdaugh et al., 2019). Nursing curriculum, however, offers few self-care learning opportunities (Cochran et al., 2020). Learning about the holistic nursing paradigm can convey the essential lesson that self-care is just as important as patient care (Dossey & Keegan, 2016), but the value of self-care learning must be examined from the learner's perspective (Kelly & Barker, 2016). The purpose of this phenomenological study was to elicit the personal value that RN-to-BSN students ascribed to self-care learning within a holistic nursing course at a public university.

Description of Research Design

A phenomenological approach was used to explore the value that RN-to-BSN students ascribed to self-care learning within a holistic nursing course. The central purpose of a phenomenology is to draw out the common meaning or essence of the lived experiences of individuals in relationship to a phenomenon (Creswell & Poth, 2018). Other research methods were ruled out because the central features of the alternate approaches did not align to the research questions and context as closely as phenomenology. For example, the central feature of a narrative approach is the life of the individual and not the lived experience of the individual.

Interpretative phenomenological analysis (IPA) was utilized for the study. IPA emerged in the field of health psychology as a specific phenomenological method of inquiry. IPA researchers focus on (a) the detailed examination of experience, (b) the interpretation of experience, and (c) the significance of experience (Smith et al., 2009). To know what an experience is like for an individual and how they are making sense of their experience, IPA requires an idiographic examination of individual cases (Smith et al., 2009). In IPA, significance reflects the larger influence that an experience may have on the life of the individual (Smith et al., 2009). To interpret the value and influence of the self-care learning experience for the participants in the study, IPA was the most fitting method of inquiry.

Participants

IPA samples are drawn from relatively homogenous groups who experienced the same phenomenon of interest (Smith et al., 2009). Study participants were selected from a purposive, convenience sample of RN-to-BSN students at public university who had completed a holistic nursing course online within the prior 1–3 months. Convenience sampling was used, in part, because of concerns about recruiting a sufficient number of participants. Sample sizes for IPA studies are small (three to eight participants) to support a deep and idiographic commitment to each individual's case (Smith et al., 2009), but enrollment in the holistic nursing course was relatively low at the time of the study. Traditionally, RN-to-BSN students are practicing nurses with competing adult responsibilities that also reduce students' availability (Duffy et al., 2014). A purposive, convenience sample of six eligible students participated in the study (see Table 3 for participants' information).

Table 3

Participants' Information

Participant Number	Age	Sex (M/F)	Race	Number of Years in Nursing	Current Nursing Specialty
1	46	F	White	22	Radiation Oncology
2	30	F	White	3	Intensive Care
3	58	M	African American	16	Long Term Care
4	55	F	White	26	Health Coach
5	37	F	White	9	Intensive Care
6	35	F	White	10	Float Pool

Role of Researcher

The researcher is a faculty member in the RN-to-BSN program of the participating public university. The researcher does not teach the holistic nursing course from which participants were recruited nor did the researcher instruct the participants in any prior courses within the program of study. Permission was obtained from the Dean of Nursing to apply for IRB approval and recruit participants from the holistic nursing course. The instructor of record for the holistic nursing course mentioned the upcoming study opportunity to students during week eight of the 10-week term. After the course ended, the instructor of record sent an email reminder about the study opportunity. The role of the researcher was that of a non-participant interviewer who gathered data by conducting recorded, semi-structured interviews, but without direct involvement in the course experience. The researcher transcribed each of the interviews directly from the recordings.

Like the participants, the researcher is also a registered nurse. A personal struggle with self-care has been a periodic experience and interest of the researcher. Reflexivity requires disclosure of the relevant values and experiences that researchers bring to a study so that the

reader may evaluate for bias (Creswell & Poth, 2018). Despite the risk for bias, research can be inspired by pursuing topics of personal interest (Joyner et al., 2018). In additional to reflexivity, bracketing was performed to separate the experience of the participants from those of the researcher and thereby reduce bias.

Measures for Ethical Protection

IRB approval was first granted from Southeastern University. The Dean of Nursing at the participating university granted permission to apply for IRB approval and to recruit student participants from the holistic nursing course. Approval and permissions were then obtained from both the IRB and legal department of the participating university. Contact emails of potential participants were obtained from the course instructor of record. Students were recruited for voluntary participation via email that included the purpose of the study, study procedures, and participant rights. After consenting to participate, all direct identifiers of the participants were replaced with substitute numerical codes. All data was merged into one digital file and stored in the researcher's password-protected, encrypted flash drive. The researcher transcribed all participant interviews.

Research Questions

IPA research questions focus on participants' experience(s) and understanding(s) of a phenomenon in a manner that is exploratory and situated within specific contexts (Smith et al., 2009). In accordance with the IPA approach, the following research questions were addressed in the study:

1. What is the value of a self-care learning experience for RN-to-BSN students who complete a holistic nursing course?

2. How does the completion of a holistic nursing course influence RN-to-BSN students' self-care behaviors and beliefs?

Data Collection

Instrument Used in Data Collection

The interview protocol was comprised of open-ended questions that were designed to focus the participants on their self-care learning experiences and to facilitate a relaxed interaction between the participant and the interviewer. A relaxed interaction allowed each participant to offer a detailed perspective of their experiences (Smith et al., 2009). Several optional prompts were also available in the interview protocol and were utilized to clarify or further explore the participants' answers as needed (see Appendix).

Procedures

After successful completion of the holistic nursing course, the instructor of record provided the names and email addresses of the students. One month after course completion, the instructor of record emailed the students to remind them of the study opportunity. Students were then emailed an invitation to participate in the study. The invitation included the purpose of the study, study procedures, and a consent form. A follow-up invitation email was resent to each non-respondent after two weeks. As previously discussed, RN-to-BSN students are practicing nurses with limited availability due to competing responsibilities (Duffy et al., 2014). Limited availability did prove to be problematic despite offering a $25 Amazon gift card as participation incentive. Recruitment for the study occurred during the COVID-19 pandemic which was a season of high demand upon the time and functional capacity of nurses (Arnetz et al., 2020). After recruiting only two participants from the initial holistic course cohort, the study period was

extended for 6 months to invite eligible students from two subsequent course cohorts. The extra time allowed for four additional participants to respond.

Six participants were engaged in semi-structured interviews to elicit rich, in-depth descriptions of the participants' experiences and perceptions. The interviews were conducted in a virtual meeting using the Google Meet® platform. The video data was preserved using Google's recording function and on a password-protected Google account. A back-up recording of the interview audio was made using a digital recorder. After completion of the interview, each participant was emailed a thank you message that included a $25 Amazon gift card.

Reliability and Validity

Reliability and validity of qualitative research can be established in a variety of ways (Creswell & Poth, 2018). A high-quality device was used to record the interviews in keeping with Creswell and Poth's (2018) recommendations. Accuracy was exercised during transcription, and each completed transcript was compared to the recording to identify and rectify any discrepancies. The participants were also encouraged to determine transcript credibility and provide any feedback concerning inaccuracies (Creswell & Poth, 2018). No inaccuracies were reported.

Validity was established by providing rich, thick descriptions with abundant interconnected details that allow the reader to determine transferability based on shared characteristics of populations (Creswell & Poth, 2018). Validity was further established by member checking to solicit the participants' feedback as to the accuracy and validity of the themes and conclusions (Creswell & Poth, 2018). Finally, the researcher engaged in reflexivity by disclosing the relevant values and experiences that she brought to the study (see Role of the

Researcher, Chapter III). Disclosing the "position from which the researcher undertakes the inquiry" informs the reader's evaluation of validity (Creswell & Poth, 2018. p. 261).

Data Analysis

IPA data analysis requires focus on the participants' attempts to make sense of their experiences (Smith et al., 2009). As described in Chapter I, Table 2, Smith et al.'s (2009) six-step approach to qualitative data analysis was followed. Analysis required immersion in the data. After the completion of all interviews, immersions began by transcribing the interviews. Following batch transcription, the next steps of Smith et al.'s (2009) analysis approach were applied to transcripts individually until each transcript was independently analyzed.

Individual transcript analysis began with again listening to the interview recording during the first reading of the transcript. To enhance immersion, the audio recordings were also repeatedly reviewed without concurrent reading of the transcripts. Each transcript was further reviewed by repeated comprehensive reading. During the readings, a set of descriptive comments and conceptual data comments were initially noted on the transcripts. Descriptive comments required the identification of key phrases, explanations, descriptions, and emotions (Smith et al., 2009). Conceptual comments then required the identification of preliminary concepts that reflected the participants' understanding of their experiences (Smith et al., 2009). Initial notions were reduced into concise codes to capture important topics. Similar codes within each transcript were clustered and narrow codes were subsumed into broader, emergent themes. Emergent theme identification was facilitated by abstraction, polarization, contextualization, numeration, and function in keeping with Smith et al.'s (2009) guidance for analysis. Once themes were identified within an individual case, the next case transcript was then analyzed using the same sequence of steps until all transcripts were analyzed.

In the final phase of analysis, the findings from the individual cases were analyzed as a group. The individual cases were compared and contrasted to look for patterns across cases; shared and unique themes were identified. Finding patterns within the emergent case themes allowed for identification of superordinate themes across cases.

Summary

A phenomenological approach was used to study the experiences and perceptions of RN-to-BSN students who completed a holistic nursing course. Smith's (2009) IPA model aligned with the research questions and the context of the study elements. Despite barriers to recruitment, six participants were engaged over a period of 6 months. An in-depth analysis of each individual case culminated in the identification of superordinate themes across cases that are discussed in the Chapter IV results.

IV. RESULTS

The purpose of this phenomenological study was to elicit the personal value that RN-to-BSN students ascribed to self-care learning within a holistic nursing course at a public university. The study was an exploration of the self-care learning experiences of students who completed the holistic course within the prior 30 to 90 days. The phenomenological approach was applied to discover the common meaning and significance of the participants' experiences through a detailed examination of firsthand accounts.

Six RN-to-BSN students who completed the same holistic nursing elective agreed to participate in the study. The participants included primarily white females ages 30–55 years and one African American male age 58 years. The participants worked in a variety of nursing specialties at the time of the study and held 3–26 years of nursing experience (see Chapter III, Table 3). Each participant experienced the self-care learning phenomena including: (a) the study of self-reflection and self-care as a pillar of nursing practice (Dossey & Keegan, 2016), (b) the completion of a holistic health self-assessment and evaluation, and (c) the development of a health-improvement action plan.

Methods of Data Collection

The central purpose of a phenomenology is to draw out the common meaning or essence of the lived experiences of individuals in relationship to a phenomenon (Creswell & Poth, 2018). Drawn from the field of health psychology, interpretative phenomenological analysis (IPA) was

utilized for the study. In IPA studies, significance reflects the larger influence that an experience may have on the life of the individual (Smith et al., 2009). Learning the larger influence that the self-care learning experience had on the participants was a primary motivation for the study.

After approval from the respective IRBs of Southeastern University and the participating university, study participants were recruited. Recruits who signed a consent form were engaged in semi-structured, recorded interviews using an open-ended question protocol (see Appendix). Each interview recording was transcribed and returned to the participants for content validation. Recordings were stored in the researcher's password-protected, encrypted flash drive and will be destroyed after five years using data destruction software.

Data analysis in IPA is focused on the participants' attempts to make sense of their experiences. As described in Chapter I, Table 2, Smith et al.'s (2009) six-step approach to qualitative data analysis was followed. Both the audio recordings and the written transcripts were repeatedly reviewed to facilitate data immersion. Interview data was independently coded for each participant to identify conceptual and descriptive codes consisting of key phrases, explanations, descriptions, and emotions. The 81 resulting initial codes were then applied across transcripts to ensure comprehensive capture. A Microsoft Excel® spreadsheet was used to organize the initial codes, which appeared 141 times in the statements by the participants. Next, the initial codes were grouped into 18 Level 1 categories that reflected similar or related responses or concepts. A third round of code analysis resulted in 10 Level 2 categories. The final round of coding was distinctly focused on the original research questions and resulted in three overarching themes that contained all subsumed codes and categories.

Table 4

Coding Hierarchy

Themes	Level 2 Categories	Level 1 Categories	Initial Codes
Value of the Self-Care Learning (SCL)	Assessment	Self-reflection	Self-reflection Self-reflection without bias
		Stressors Negative	Anxiety, worry, fear Boundary setting gaps COVID-19 Demands professional Demands school Multiple nurse household Responsibilities family Responsibilities professional
		Stressors positive and/or negative	Changes personal Changes professional Family Family dynamics Goal-oriented School Time family
	Diagnosis	SC deficits	SC deficit manifestations
		SC difficulties	SC difficulties SC facilitation academic gaps SCL gaps Time as SC barrier
		Self-awareness facilitation	SC desires unrealized SC guilt SC hesitancy SC sadness Self-awareness discomfort Self-awareness facilitation Self-blame
	Planning	SC planning	SC deferment SC planning SCL benefits, how to
		SC support	Faith Instructor Instructor encouragement SC support academic SC support personal SC support professional SC support family
	Implementation	SC action	SC action SC action facilitated SC action new SC facilitated academic
	Evaluation	SC/SCL benefits	Boundary setting gains SC benefits SC gains and gaps SC outcomes positive SCL benefits

Themes	Level 2 Categories	Level 1 Categories	Initial Codes
			SCL value
Influence of the Self-Care Learning (SCL)	Evidence of influence	Health promotion	SC advice (giving) SC dissemination personal SC dissemination to others
	Potential reasons for influence	Desires (alignment with)	Accountability Authenticity Holistic interests Holistic perspectives Holistic practices Life balance Personal responsibility SC desires
		Motivations (alignment with)	Motivations Others as motivation for SC Others as motivation for SCL Patient as motivation Patient as motivation for SCL Patient empathy SC facilitation nurse-to-patient Significant others as motivation for SCL
	Results of influence	SC Insight	SC is not selfish SC insights SC realizations SCL benefits (importance of) True self
Being a Good Nurse	Good nurse	Good nurse	Good nurse
		Good nurse SC requirement	SC as a requirement to be a "good nurse" SC to care for others SC to empower nursing practice
	Nurse identity	Nurse identity	Nurse group identification Nursing (love of)
		Nurse SC deficits	Nurse SC deficits SC neglect among nurses

Findings by Research Question

In alignment with the IPA approach of focusing on participants' experience(s) and understanding(s) of a shared phenomenon, the following research questions were addressed in the study:

1. What is the value of a self-care learning experience for RN-to-BSN students who complete a holistic nursing course?
2. How does the completion of a holistic nursing course influence RN-to-BSN students' self-care behaviors and beliefs?

Research Question 1

What is the value of a self-care learning experience for RN-to-BSN students who complete a holistic nursing course?

Assessment

The participants expressed value in conducting a holistic self-assessment. Each of the participants reported increased self-awareness as a result of the self-assessment. When asked about self-care, Participant 4 stated, "So it is at my forefront, more so than it would have been if I didn't do the assessment. I would say that the assessment did help me to recognize changes that I need to make."

Some participants were surprised by how difficult it was to assess themselves considering the routine nature of patient assessment that is inherent to their nursing practice. Participant 1 said, "It's so easy to just ask questions of other people and just wait for their response. And then for me to think- oh gosh, do I have that? Do I have that balance? Do I make time?" Participant 6 expressed the difficulties associated with authentic self-assessment saying,

> There were certain questions I had to be like, "Alright. Are you really doing that, or does it just look good on paper?" I had to put myself aside. I had to say, "No you're not doing that every week." It wasn't easy. If you're trying to be 100% sincere and honest, it wasn't easy. You want to present it a certain way. If someone else is looking at it and evaluating it, you want them to think that everything's okay, even if it's not okay.

Diagnosis

Self-assessment resulted in self-diagnoses of self-care deficits for each of the participants. Some self-diagnoses were general; "I didn't realize how much I don't self-care until I took the

class" (Participant 6). Other self-diagnoses were more specific and widely shared. All participants reported insufficient physical exercise and inadequate nutrition as self-care deficits. Participants 1, 4, and 5 also reported insufficient water intake.

Self-care deficit diagnoses were not limited to acts of omission. One participant shared concern about the coping mechanisms that she was utilizing saying,

> So, I am definitely like a drinker. I like to drink. And I could tell that if I was stressed that would be my go-to. So if I had a long day I would be like, "I need to go home and have a drink." So when you fill out that assessment you realize "oh, that's a really poor coping mechanism." And at first, I just thought, "oh I just need to get the edge off." When in reality, it was something a little bit deeper than that. I wouldn't say I have like a drinking problem. It just kind of made me reflect on how I handled certain areas of my life. (Participant 2)

Facing the manifestations of their own self-care deficits was disconcerting for the participants. Negative feelings included sadness (Participant 1), self-blame (Participant 3), and disappointment (Participants 1–6). Participant 6 tried to express the reasons behind her discomfort, "We are so quick to judge ourselves! I guess it's just a matter of wanting… I don't know how to explain it. Like, if I look at all the questions, I just want things to be okay, I guess."

Planning

Despite the cognitive health knowledge that is inherent to nursing, the participants found planning value in the cognitive self-care content from the holistic nursing course. When asked what self-care learning value they would share with another RN-to-BSN student who was inquiring about the course, Participant 4 shared, "I would tell them that it taught me how to do self-care." When referring to her new focus on financial planning and quality time with her

children, Participant 5 said, "It gave me more ways that I can take better care of myself that I didn't realize were part of self-care. It's not just a course. It's stuff you can actually use for your life and life skills."

As an aspect of their planning, the participants identified sources of self-care support. Some support sources required financial investments such as yoga classes (Participants 1 and 2) or the delivery of healthy meal starters to facilitate home cooking (Participant 6). Others identified human sources of self-care support including family members and the holistic course instructor. Participant 1 shared,

> My husband and I, we talked about it too. About getting that balance in our life. You know, eating better, exercising. We actually have a neighbor who lives down the road and he's making a walking trail in our backyard because we have about 2 acres that we can utilize to make a walking trail. And so my sister-in-law, she lives next-door and she's going to be walking with me in the evenings once we get the walking trail done.

Four of the six participants cited the course instructor as a valued source of self-care support.

> "I loved our instructor. She was so very much like, 'How are you guys today? Really, how are you all, with what's going on?' To have an instructor who started off every class just wanting to make sure our mental health was in the right place, so we are okay with life and what's going on around us was really so special to me." (Participant 4)

Regarding the instructor, Participant 1 recalled, "She always said that if we ever needed her, we should reach out…a lot of instructors say, 'Hey if you ever need anything let me know.' But I really feel like she meant it."

Research Question 2

How does the completion of a holistic nursing course influence RN-to-BSN students' self-care behaviors and beliefs?

Implementation

The course required each student to identify and develop a health-improvement action plan to address three areas of holistic health deficits. Though not all areas of the action plans were implemented, each participant described at least one health-improvement action taken during the 30–90 days following course completion (see Table 5).

Table 5

Implementation of Select Health-Improvement Action Plan Activities

Participant Number	Activity Examples	Significant Statements
1	Walking	At that time I started walking more at work with my coworker every day at lunch. And we did that about 4 days out of the week because Thursdays are just crazy and there's no way we can do it.
2	Yoga	Since I started the course, I have at least gone double the number of times I initially had gone.
3	Exercise	I was not taking exercise too seriously. I would exercise sometimes, but now I do it nearly every day. Now, it's part of my schedule. When I come back from work I do some pushups, I jump around for 5–10 minutes, then I have myself a shower. I also do some mental exercise. I get up sometimes at around 5 a.m. and between 5 a.m. and 6 a.m. I have quiet time keep my brain functioning.
4	Self-Care Night	Instead of getting up and taking care of something, I'll say "Family, dinner is going to be a little bit later tonight because this is self-care night." This interview night is actually my self-care night, so being a part of this conversation is actually my self-care.
5	Music/Audio Therapy	I try to listen to music now. I feel like it helps me stay focused when I'm studying or trying to sleep. I've even used the Calm® app. While I was taking the class, I couldn't sleep one day. I work nights. I just couldn't sleep. I downloaded the Calm® app, started listening to the music.
6	Self-Care Breaks	So, little things like making sure I take a lunch, or if I need to step away for 10 minutes, like, if I need to get my mind clear.

Evaluation

The evaluation of action plan outcomes was not part of the holistic nursing course. As part of the interview protocol, however, participants were asked to describe what happened when

they tried to implement any of their action plans. The participants' evaluations were characterized by new self-care gains and lingering self-care gaps.

Table 6

Evaluation of Select Health-Improvement Action Plan Activities

Participant Number	Significant Statements
1	The walking, we did start that. My husband and I, we did start eating more salad and more fruit. So that has been better. I wish I could say we were eating less pizza (laughs). But we're not.
2	Prior to the course I could count the number of times I did it on one hand. I enjoyed it. But I felt guilty spending $25 to go there for one session. Then after taking the course I felt like, "you really should take care of yourself better." So then probably since I started the course, I have at least gone double the number of times I initially had gone.
3	My blood pressure is going down because I've been getting enough sleep, getting exercise, and now I can get away from the medication. That is holistic nursing! That is self-care.
4	My nutrition I still need to work on. As far as fluids, I'm doing better with that, I would say. As far as watching myself from getting upset, I know it's at my forefront. I'm like, "Remember. Remember… Remember that this is your goal. You don't have to say how you feel; you can just walk away."
5	(referring to exercise implementation) I notice I wasn't tired at work. I was sore, but I had a positive attitude -- which I normally do, but somehow it was better.
6	I would say better. Exercise- I'm off and on. It depends on my schedule. I think I've been doing better these past few months than I have done at the beginning of the year, and especially better since last year. It's just a challenge. I have to keep myself motivated.

Self-Care Insights

Beyond the cognitive and behavioral benefits of self-care learning, participants emerged from the self-care learning experience with new and deep insights. Some insights reflected a foreshadowing of potential health decline that would result from continued self-care deficits. Participant 3, who has hypertension said,

> If you stay as a couch potato, what happens? You gain weight. You become obese. Then there's illness. Then you start spending money. But you could have instead used self-care. And you can add 10–20 more years to your life…what I say to my wife is, "If you want your husband to live longer, let's do these foods."

Other insights revealed a deep and troubling level of self-awareness. Participant 6 reflected, "it just kind of hits you…I've been in health care since 2010 – so a while – long enough to know that you have let yourself go." Participant 1 reasoned, "If you give everything to your job, you have nothing to give to your family. That stuck with me, and I thought – you know what? I'm killing myself at work – killing myself at work."

Some participants came to differentiate between occasional self-care behaviors versus a self-care lifestyle. Participant 5 shared that before the course she counted an occasional shopping trip or manicure as self-care. She then realized,

> That's not really self-care, if you think about it after taking this class. That's not self-care…getting your nails done after two months of doing nothing. No, you really have to do it every day, or very frequently, to make time for yourself.

Each of the participants expressed a deepened awareness of the importance of self-care. The ramifications of self-care deficits are foundational knowledge in nursing practice (Orem, 2001). The participants, however, described a new level of awareness using significant phrases including "I realized" (Participants 1–6), "I see it" (Participants 1–4), "it hits you" (Participant 6), and "true self" (Participant 3).

Health Promotion

An unexpected influence of the self-care learning experience was the dissemination of self-care instruction and support within the participants' circles of influence. The self-care

learning experience caused the participants to organically engage in their nursing roles as promoters of health. Some participants spoke about drawing their family members into new self-care behaviors. Participant 5 talked about getting her daughter to join her in using the Calm® app for sleep enhancement. Participants 1, 3, and 6 reported improved nutritional intake that extended beyond themselves and to the members of their households. Participants often became animated when sharing their new health promotion efforts, "Now my wife is getting habits from me! My family is gaining habits from me. Self-care has been radiating from me – not only into myself, but onto others!" (Participant 3).

New health promotion efforts also flowed from the participants into their professional relationships. Participant 1 spoke about instituting a practice of walking during the lunch break with her nurse colleague. In the context of the 2020 COVID-19 pandemic, Participant 5 recalled,

> This past year has been crazy. Everyone I've come across, all my respiratory therapist friends and nurses, I feel like they're traumatized, almost going through PTSD from this past year. One of my really close friends, she says she can't take anymore. For her, the past few months are a blur. She doesn't remember anything. And I said to her, "That's because you need to take care of yourself!" So I'm like, reiterating it to her and everyone else. "You need to make time for yourself. It's important."

Themes

Following the application of Smith et al.'s (2009) steps of qualitative analysis, three overarching themes emerged from the data. The themes were supported by significant statements found within the firsthand accounts of the participants. The participants' rich, thick descriptions

of their experiences yielded the significant statements that reflected the meaning they ascribed to the self-care learning phenomenon (Creswell & Poth, 2018).

Theme 1: The Value of the Nursing Process Applied to Self

Though there are many different kinds of nurses and nurse practice settings, the shared thread that unites them is the nursing process. The nursing process is a continuous cycle that outlines the steps that nurses commonly take to deliver patient care. The nursing process consists of assessment, diagnosis, planning, implementation, and evaluation (American Nurses Association, n.d.). Nurses are accustomed to applying the nursing process to patients as a valued tool that promotes comprehensive care and positive health outcomes. The self-care learning experience required the nurse participants to take the time to apply the nursing process to themselves.

The participants' self-assessments were conducted using the Integrative Health and Wellness Assessment Tool (McElligott &Turnier, 2020). The tool required the participants to rank the frequency of their health-related behaviors and beliefs in ten broad domains. The holistic nature of the 36-item assessment tool afforded the participants a rare opportunity to examine their own health and wellness as they would for a patient. Participants 1, 3, and 4 spoke about how the self-assessment empowered them to evaluate themselves objectively and without bias.

Though participants expressed a general awareness of their health needs, the self-care learning experience provided new specificity. As a result of the assessments, each participant self-diagnosed specific self-care deficits. Despite negative feelings about the state of their health, the participants found value in their self-diagnoses: "It really opened my eyes to the facts…when you put it on paper, and you see it, and you're like – oh – that's really bad" (Participant 1).

In response to self-diagnoses, the participants engaged in planning to address identified self-care deficits. In addition to identifying specific behavioral changes to support health, the participants assessed their level of readiness to make the changes. Planning based on readiness for change helped the participants formulate realistic timelines for change. For example, Participant 5 identified increased exercise as her highest priority. Due to short-term life demands, however, her confidence to make an immediate change was low. Participant 5 felt it was important to plan for change that was realistic and achievable and so she opted to progressively implement exercise changes over the next month.

Since self-care planning occurred at the end of the course, the implementation of self-care plans was not part of the self-care learning experience. During the interviews, however, participants discussed the self-care plans that were implemented after the course, as well as those that were not. The most commonly implemented behavioral changes among the participants were increased physical activity (Participants 1–6) and improved nutritional intake (Participants 1, 3, 5, and 6). When asked if there was any value in self-care plans that had not yet been implemented, Participant 1 said, "Yes. It holds you a little more accountable. Yeah. So I think seeing it in black and white and then having to turn it into your teacher. I think that makes a difference. I really do."

The evaluation of new self-care efforts occurred during the interviews and not as part of the course. The participants expressed frustration and disappointment with short-falls in some of their outcomes but still maintained a sense of hopefulness: "Do I think I'm where I want to be? No. But I think it's a matter of time, too. I don't want to make excuses. I'm working on it" (Participant 6). Despite the relatively short period of time since implementing behavioral changes (30–90 days), some participants were already experiencing improved health outcomes

such as reduced alcohol intake (Participant 2). Participant 3 was excited to report: "My blood pressure is going down because I've been getting enough sleep, getting exercise, and now I can get away from the medication. That is holistic nursing! That is self-care."

Theme 2: The Belief That Self-Care Is Not Selfish

The professional image of a nurse is commonly characterized by selflessness (Lee & Kim, 2019; Summers & Summers, 2014). A professional identity image serves as a model and benchmark of performance during the professional socialization of nurses (Blais & Hayes, 2016). Selflessness is defined by Merriam Webster (n.d.) as "having no concern for self"; however, a lack of concern for oneself results in self-care deficits and negative health outcomes (Orem, 2009).

Despite an interest in their health outcomes, the nurse participants described the struggle to prioritize their health needs: "You know that as nurses, we always put everyone else first." (Participant 4). Participant 1 said that she was less likely to drink sufficient water on workdays because of the time that it would take to go to the bathroom. Forgoing self-care needs was not limited to putting patients first. Participants 1 and 6 spoke about obligation to co-workers: "Nurses do feel guilty because you feel like you're a team and if you need a day, you have let down the team and there are people that work harder than you" (Participant 6). Professional guilt even extended into the home life of Participant 2.

> I always felt guilty. You know my husband is also a nurse... I felt like his job was harder so I should have to do everything. And I would not take care of myself, and I started getting annoyed and burned out and very short, very irritable.

When reflecting back on the self-care learning experience, however, each of the participants made significant statements that reflected a paradigm shift in their perspectives on

selfishness. Regarding the self-care learning experience, Participant 4 said, “It taught me -- it’s okay. It’s okay to be selfish. It’s okay to take care of yourself, because if you don’t take care of yourself then you can’t take care of your patients.” Similarly, Participant 2 shared, “I think that that’s another thing that really helped me. Taking time for myself and realizing that you shouldn’t feel bad for needing time.” Participant 3 cited his faith as a reminder that taking care of self is at least as important as taking care of others: “The Bible says: ‘Love thy neighbor as thyself.’ Which means, you should already love yourself! If you don’t love yourself, then why should you be loving of others? It’s simple. So treat yourself good”.

Theme 3: The Belief That a “Good Nurse” Cares for Self

In addition to selflessness, the professional image of a “good nurse” is often stereotyped as an angel of mercy or a superhero (Stokes-Parish et al., 2020). Nurses derive their professional identity, in part, from their public image and traditional social and cultural values (Hoeve et al., 2013). Angels and superheroes, however, are not human and are not subject to human needs including the need for self-care. The participants expressed professional and personal expectations to forgo or disregard their own self-care needs because they are nurses: “nurses always put everyone else first” (Participant 4). Self-care was not part of the participants’ professional nurse image: “During my nursing career, I never ever felt that taking care of myself was super important. It never occurred to me. I was looking at all of my patients” (Participant 3).

Education can correct harmful stereotypes. But despite the identity-forming role of nursing education (Blais & Hayes, 2016), Participants 1 and 2 observed that they were not taught to prioritize self-care during their associate-level studies. “When I was in nursing school…they did not tell us to do self-care. Caring for yourself was absolutely not anything that they even mentioned… It’s not engrained in me to do that” (Participant 1). During the interviews, each

participant did identify with the professional nurse image by referring to themself as a member of the collective "we". Unfortunately, identification with the nurse image included self-care deficits as a characteristic of nursing: "Gosh. I mean- As nurses, we really suck (emphasis) at taking care of our own selves" (Participant 1).

After the self-care learning experience, each of the participants came to view self-care as a requirement of being a "good nurse". Participant 2 reflected, "I think that it was very beneficial to see that for us to be a good nurse, we have to take care of ourselves." Participant 4 cited the need for holistic self-care saying,

> I can't take care of these patients until I take care of myself. I can't take care of my family until I take care of myself. I have to be mentally, physically, and emotionally, you know, okay. I have to take care of myself in a holistic approach.

Participant 3 even challenged the authenticity of referring to oneself as a "good nurse" in the absence of self-care.

> What I see from my own perspective, is that it helped me to better prepare to take care of others. In a nutshell, "Charity begins at home." If you don't take care of yourself, then the truth is that you cannot take care of others. If you are sick, you'll not give good care out there. Whether we want to say we are the best nurses or not, this is my obsession. This is the truth for me. I see it like, "If I don't take care of myself, then I'll be pretending."

Evidence of Quality

The established methods for conducting valid and quality phenomenological research that were employed in the study included bracketing, abundant details, and member checking (Creswell & Poth, 2018). Researcher experiences and perspectives that had the potential to

generate bias were disclosed and bracketed. Rich, thick descriptions with abundant interconnected details of the phenomenon were obtained from the participants. Member checking was utilized to establish accuracy and validity of the data. Additionally, Smith et al.'s (2009) six-step approach to qualitative data analysis was followed (see Chapter I, Table 2).

Summary

The phenomenological study was designed to discover the value and influence of a holistic self-care learning experience for RN-to-BSN students. Firsthand accounts revealed the meaning and significance of the self-care learning phenomenon. Data immersion facilitated four rounds of data coding that yielded three overarching themes. The themes that emerged from the study were: (a) the value of the nursing process applied to self, (b) the belief that self-care is not selfish, and (c) the belief that a good nurse cares for self.

V. DISCUSSION

The purpose of this phenomenological study was to discover what personal value RN-to-BSN students ascribed to self-care learning within a holistic nursing course at a public university. Self-care is the practice of activities that a person performs to support health and well-being (Orem, 2011). A healthy nursing workforce is essential to the provision of quality health care and community health promotion (AACN, 2021; National Academies of Medicine, 2021). Unfortunately, many nurses suffer from the same self-care deficits and poor health outcomes as the patients they serve (ANA 2017; Perry et al., 2015; Perry et al., 2018; Phiri et al., 2014; Power et al., 2017). Since the work of nursing is arduous, it is incumbent on nurse educators to prepare nursing students to engage in the discipline of self-care. RN-to-BSN students are practicing nurses who are at unique risk for self-care deficits (Duffy et al., 2014). The holistic nursing paradigm, however, offered students a unique opportunity to study self-reflection and self-care as a core pillar of nursing practice (Dossey & Keegan, 2016).

Methods of Data Collection

The self-care learning experiences of six RN-to-BSN students who completed the holistic course within the prior 30–90 days were explored. Participant demographics were primarily homogenous in terms of race and gender, but diverse in terms of years of nursing experience and practice settings (see Chapter III, Table 3). During one-on-one interviews, the participants provided rich, firsthand accounts of their learning experiences including the study of self-

reflection and self-care as a pillar of nursing practice (Dossey & Keegan, 2016), the completion of a holistic health self-assessment and evaluation, and the development of a health-improvement action plan. Participant interviews were conducted using a nine-question protocol with additional probing questions to clarify participants' points of view as needed. Interviews were conducted in a Google® virtual meeting platform and lasted for approximately 30 minutes. The transcribed, coded, and analyzed interview data resulted in three emergent themes.

Summary of Results

The participants shared clear and perceptive views as to the value and influence of the self-care learning experience in the holistic nursing course. The value of the learning experience was evidenced by the first emergent theme – the value of the nursing process applied to self. The participants spoke about the personal importance of what they learned about themselves by utilizing the nursing process. The second theme – the belief that self-care is not selfish, reflected the influence of the self-care learning experience upon the participants' beliefs. Further influence upon beliefs was evidenced in the final theme which was the participants' conclusion that a good nurse cares for self. Each of the three themes that resulted from data analysis is further explained in the Discussion by Research Question.

Discussion by Research Question

Research Question 1

What is the value of a self-care learning experience for RN-to-BSN students who complete a holistic nursing course?

The participants identified specific value in the self-care learning experience. During the interviews, it became apparent that participants organized their value statements within the

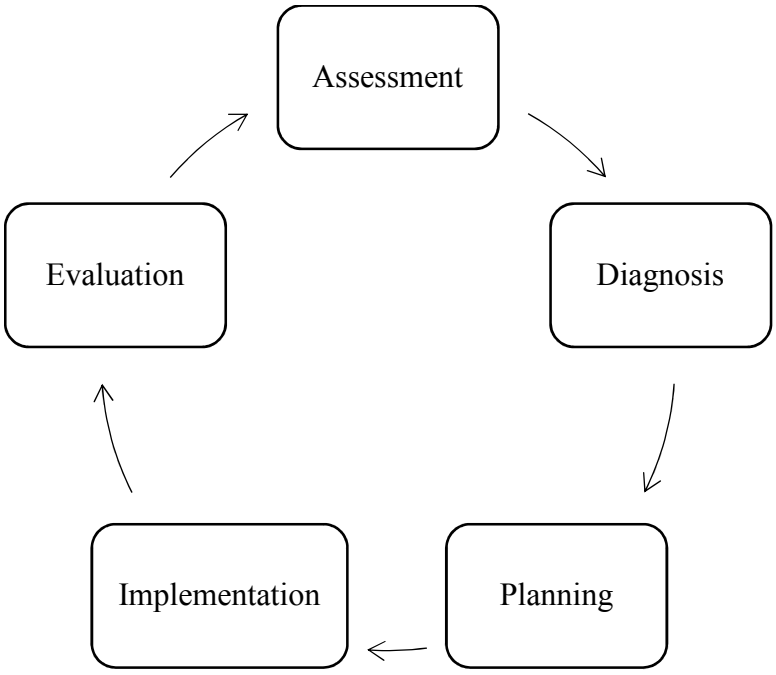
framework of the nursing process. This thematic organization of value statements was not surprising considering the fundamental presence of the nursing process within nursing practice.

Theme 1: The Value of the Nursing Process Applied to Self

As depicted in Figure 2, the nursing process is a five-step systematic approach to care consisting of assessment, diagnosis, planning, implementation, and evaluation (ANA, n.d.). Though nurses extol the nursing process as an approach to patient care, the holistic course required the participants to apply the nursing process to themselves in the interest of self-care. Self-application of the nursing process empowered the participants to examine their own health behaviors and outcomes with the same due care and consideration that is routinely applied to patients.

Figure 2

The Nursing Process



Note. Adapted from "The Nursing Process" by L. J. Hood, & S. K. Leddy, 2006, p. 145.

Assessment and Diagnosis

As one part of the self-care learning experience, participants utilized McElligott and Turnier's (2020) Integrative Health and Wellness Assessment (IHWA) tool to examine their health. The IHWA required the participants to rank the frequency of their health-related behaviors and beliefs in ten broad domains. The holistic nature of the 36-item assessment tool afforded the participants a rare opportunity to examine their own health and wellness as they would for a patient. One participant explained that it was unusual for him to devote time to a self-assessment because most of his focus and energy was directed toward patient assessment. Self-assessment was important for the participants because authentic self-examination of health behaviors and outcomes is a professional requirement of nursing practice (AACN, 2021; Dossey & Keagan, 2016; National Academies of Medicine, 2021).

Assessment findings were both interesting and disconcerting to the participants. The IHWA tool provided individualized feedback that resulted in self-diagnosis of self-care deficits for each of the participants. Previous researchers (Phiri et al., 2014) have also found that nursing students have an interest in diagnostic feedback that is personalized. Participants described new realizations of self-care deficits as a result of the self-assessment:

> We did a self-assessment which was really interesting because I found that I really neglect myself. Or at least I don't focus on taking care of myself as a whole. So I now feel like because of that I was able to have a better insight into myself. (Participant 2)

Self-assessment was of vital importance to the participants who self-identified some of the same self-care deficits and poor health outcomes that previous researchers have identified among broader nurse populations. Participants 1–6 all reported concerns about their nutrition and exercise. Inadequate nutritional intake and insufficient physical activity among nurses is widely

established in the literature (ANA, 2017; Keele, 2019; Perry et al., 2015; Perry et al., 2018; Ross et al., 2017; Thacker et al., 2016).

Facilitated self-assessment and self-diagnosis was valuable for the participants who reported that they had become disconnected from their own health status. Participant 6 explained, "I didn't realize how much I don't self-care and how important it is until I took the class". Participant 5 described being "shocked" by low scores of mental, spiritual, and relational health as reflected by the IHWA feedback. Previous researchers have also found that despite their professional knowledge and skills, many nurses have developed a lack of self-awareness regarding their own health (Hurley et al., 2018; Perry et al., 2015; Thacker et al., 2017).

Planning

After acknowledging self-care deficits and resultant health outcomes, the participants developed plans for the specific self-care changes that they felt were the most important. Developing a personalized health action plan was valuable because it required the RN-to-BSN students to strategize how to adapt their complex lives in response to self-diagnosed health deficits. For example, Participants 1 and 5 both spoke about planning for incremental steps to facilitate self-care behaviors. Examples of incremental steps included building a walking trail on the home property (Participant 1) and getting re-settled in a new town after a move (Participant 5).

The application-oriented nature of the planning component of the learning was in keeping with best practices since learning should include strategies for connecting theoretical content with real-life applications (Wills et al., 2016). One application strategy of the planning component required the learners to enhance their health action plans by identifying and enlisting sources of self-care support. Participants 1 and 5 enlisted the support of co-workers. Each of the

participants identified the value of family and instructor support. Enlisting self-care support was of critical important because self-awareness and nursing knowledge alone are not enough to change health behaviors and outcomes. Nurses have previously reported psychosocial supports to be critical determinants of health (Power et al., 2017; Ross et al., 2017).

Implementation and Evaluation

The holistic course learning experience only included the assessment, diagnosis, and planning phases of the nursing process. During the post-course interviews, however, participants discussed implementation and evaluation phases. Though not all self-care plans were implemented, each participant reported the implementation of some self-care plans during the 30–90 days following course completion. The most commonly implemented self-care plans included increased physical activity (Participants 1–6) and improved nutritional intake (Participants 1, 3, 5, and 6). The value of these select interventions that were implemented was noteworthy because of the high degree of physical inactivity and poor nutrition among nurses previously established in the literature (ANA, 2017; Perry et al., 2015; Perry et al., 2018; Thacker et al., 2016).

The participants' evaluations of their short-term outcomes were both positive and negative. Examples of positive self-care evaluation findings included increased sleep (Participant 3) and stamina (Participant 5) as well as decreased alcohol intake (Participant 2) and blood pressure (Participant 3). When describing their short-term outcomes, all participants quickly vacillated between self-care gains and continued self-care gaps. The participants expressed disappointment with self-care plans that were not implemented or that were only partially implemented. Participant 1 captured the essence of self-care gains and gaps by saying, "…we did start eating more salad and fruit. So that has been better. I wish I could say we're eating less

pizza, but we're not. And drinking more water? I was going to do that, but it hasn't happened." Despite continued self-care gaps, the participants still found value in their health planning and viewed their self-care journey as a work in progress. Some participants described the value of simply seeing their own self-care plans in writing independent of any implementation.

Research Question 2

How does the completion of a holistic nursing course influence RN-to-BSN students' self-care behaviors and beliefs?

Behaviors

As previously discussed in Research Question 1 and Theme 1, the holistic course learning positively influenced students' self-care behaviors during the course by required engagement in self-assessment, self-reflection, and health action planning. A positive behavioral influence that occurred during the self-care learning experience was consistent with the findings of similar studies with nursing students (Green, 2019; Hurley et al., 2018; Jenkins et al., 2019; Nevins et al., 2019; Snyder, 2020). Self-care learning for nurses is a form of health promotion. Though it is helpful to understand the short-term influences of health promotion efforts, intermediate- and long-term influences are critical to the prevention and management of non-communicable diseases.

Intermediate influences on the RN-to-BSN students' self-care behaviors were discovered by interviewing the students 30–90 days after course completion. Despite any formal mechanism of accountability, the course learning influenced all participants to implement some of their health action plans – especially in the areas of nutritional intake (Participants 1, 3, 5, and 6) and physical activity (Participants 1–6). The intermediate behavioral influences that were discovered are an important contribution to the literature because efforts to study intermediate- or long-term

behavioral influences among nursing students have been very limited. For example, Ashcraft and Gatto's (2018) 4-year longitudinal study of undergraduate nursing student health promotion is an important landmark in the literature. Unlike Ashcraft and Gatto's (2018) undergraduate students, however, the RN-to-BSN population consists of practicing nurses who experience increased and unique threats to self-care and to health (Duffy et al., 2014). Threats to the health and well-being of practicing nurses were particularly relevant during the study period due to the COVID-19 pandemic. Participant 2, who worked as a school nurse, illustrated these increased and unique threats to her own health when she described high demands on her time and energy associated with implementation of new and shifting COVID-related policies.

Each participant also engaged in behaviors to disseminate their new self-care learning to others, thereby promoting health. Health promotion behaviors that resulted from the self-care learning experience reflected a natural outpouring of the participants' motivations to care for others. For example, Participant 1 explained that if nurses learn different ways to care for self, "you can then teach your parents, your brother, your sister, your husband, your child, and most importantly your patients, how to care for themselves." The new health promotion behaviors exhibited by the participants were a valuable finding because the health-promotion ability of nurses has been called into question in recent years due to inconsistencies in health role-modeling (Darch et al., 2017; Wills et al., 2019).

Beliefs

Beyond self-care behaviors, it was essential to understand the self-care beliefs of the study participants. The health promotion model (Pender et al., 2011) highlights individual beliefs as core predictors of behavioral outcomes. The holistic course learning influenced the participants to adapt their beliefs about self-care. Before the self-care learning experience, the

participants had developed aspects of a professional nursing image that are consistent with harmful nurse stereotypes. Said stereotypes included the portrayal of nurses as entirely selfless angels of mercy and/or superheroes who are not subject to the physical limitations and needs of human beings (Hoeve et al., 2013; Stokes-Parish et al., 2020). Nurses who have developed a professional image that dispels their own human needs are less likely to prioritize self-care and more like to experience self-care guilt. By engaging in facilitated self-assessment and self-reflection during the holistic nursing course, the participants were empowered to acknowledge their own human needs and invited to adapt their professional image perspectives. The RN-to-BSN students emerged from the self-care learning experience believing that self-care is not selfish (Theme 2) and, moreover, that self-care is a requirement of being a good nurse (Theme 3).

Theme 2: The Belief That Self-Care is not Selfish

The self-care learning experience positively influenced the participants' beliefs as manifested by new self-care insights. New insights included the belief that it was not selfish to perform self-care. Prior to the self-care learning, the participants adopted a professional nurse image characterized by a problematic degree of selflessness that is consistent with the "angel of mercy" stereotype (Hoeve et al., 2013). Even thinking about prioritizing self-care needs over the needs of others triggered feelings of guilt and cognitive dissonance among the participants.

Participants expressed a universal understanding that nurses were expected to put "everyone else's needs first". Guilty feelings were triggered by planning to take allotted vacation days from work because that would leave nurse colleagues "all alone" to care for patients in smaller practice settings. One participant experienced guilt when attempting to set personal boundaries; she described an inability to say "no" to excessive tasks because of the feeling that

other nurses were working harder than her. Even performing simple self-care needs such as adequate hydration throughout the workday were forfeited by some participants because hydrating would result in the needs to spend time in the bathroom.

The self-care learning within the holistic course, however, resulted in a paradigm shift among the participants. Participants were relieved of guilty feelings associated with their self-care needs because they came to view personal needs to be at least as important as the needs of others. In regard to the self-care learning, Participant 2 stated, "That really helped me – learning about taking time for myself and realizing that you shouldn't feel bad for needing time." Participant 3 explained that the course learning reconnected him to a relevant tenet of his faith that requires him to "Love thy neighbor as thyself." Participant 4 capture the essence of the theme when she said "It taught me – it's okay. It's okay to be selfish. It's okay to take care of yourself, because if you don't take care of yourself then you can't take care of your patients."

Theme 3: The Belief That a Good Nurse Cares for Self

An additional self-care insight that emerged from the learning experience was the belief that a good nurse cares for self. Before the course, the nurse participants learned to prioritize the needs of others over their own self-care needs as a necessity of limited time and energy resources. Needs that took precedence over the self-care needs of the participants included the needs of patients, co-workers, and family members. Self-care deficits were, to some extent, believed to be a standard part of being a good nurse. For example, Participant 1 explained that "nurses always put everyone else first." Denial of one's own human frailties and self-care needs is consistent with the superhuman, superhero nurse stereotype (Stokes-Parish et al., 2020). As a result of the self-care learning, however, the participants' professional image of a good nurse expanded to incorporate self-care as a fundamental requirement of nursing practice. Participant 2

captured the essence of the self-care requirement, “I think that it was very beneficial to see that for us to be a good nurse, we have to take care of ourselves.”

Engaging in new efforts to care for self also reconnected the participants with their role as health promoters. As discussed in Chapter I, good nurses are expected to be frontline health promoters in the battle against non-communicable diseases (NCDs); the appearance and development of NCDs are heavily influenced by self-care behaviors. The ability of nurses to promote health has been called into question in recent years, however, due to short-falls in health role-modeling by nurses (Darch et al., 2017; Wills et al., 2019). The participants did not feel authentic in their nursing practice when they perceived incongruity between the lives they were living versus the instructions that they were giving to patients.

As a result of implementing new self-care behaviors into their own lives, the participants took pleasure in role-modeling healthy behaviors for others. Further, the participants were motivated to engage in health promotion by disseminating self-care knowledge and support to others. Amid the activities of day-to-day life, both during and after the course, the participants organically shared their new self-care strategies and perspectives with others. Participants communicated the importance of self-care to professional colleagues who were observed to be struggling with health (Participants 1, 5). Participants 1, 3, 5, and 6 all encouraged household members to join in new efforts to improve nutritional intake within the home. Participant 3 described enlisting his wife’s support since she acquires food for the household members, “I don’t want to force anyone, but, for example, what I say to my wife is, ‘“If you want your husband to live longer, let’s do these foods.’” Family members and professional colleagues were enlisted to join the participants in new physical activity routines in support of their own health (Participants 1, 3, 5). The dissemination of self-care content by the participants was consistent

with a positive professional image of nurses as health promoters (AACN, 2021; Murdaugh et al., 2019).

Study Limitations

Recruitment of RN-to-BSN student participants was impeded by the COVID-19 pandemic. The pandemic created an unusually high demand on the time and functional capacity of nurses (Arnetz et al., 2020). The COVID-related demands encountered by the nurse participants during and after the self-care learning experience created additional barriers to the implementation of their self-care action plans. The value and influence of a holistic self-care learning experience that occurs outside of the COVID-19 phenomenon remains unknown.

A primarily homogenous sample, in terms of race and gender, was an additional limitation of the study. With the exception of one African American male, the study participants were exclusively White females. More racial and gender diversity among the participants may have resulted in additional experiential perspectives that should be heard.

Implications for Nursing Education

The objective of this study was to discover the value and influence of a holistic self-care learning experience from the perspective of RN-to-BSN students. The results of this study indicate that the self-care beliefs and behaviors of nursing students can be positively influenced via nursing curriculum. In light of the troubling evidence on nurse health, educators must do more to prepare students to care for themselves and to sustain the arduous work of nursing. The study findings, therefore, have important implications for nursing faculty in terms of curriculum development and classroom leadership. Two recommendations for nursing education resulted from the study of RN-to-BSN students' self-care learning experiences. Namely, that self-care for nurses must be an intentional part of both formal and informal nursing curriculum.

Recommendation 1: The Formal Curriculum

Holistic self-care for nurses must be a formal and recurring part of the nursing curriculum. In large part, a nurse's understanding of what is important to their profession is shaped by the formal curriculum. Therefore, an absence of self-care curriculum is problematic because absence transmits a lack of relevance to the learner. Since the goal of self-care instruction is to develop self-care behaviors in the learner, educators must acknowledge the power of habit formation over time. Self-care content must be woven throughout the nursing curriculum because isolated self-care learning experiences have limited value (Green, 2019; Hurley et al., 2018; Jenkins et al., 2019).

Holistic self-care must be a required part of the formal curriculum. Students in the holistic course found personal value in the self-care aspects of the formal curriculum including holistic self-assessment and health action planning. The holistic paradigm allowed the students to consider their health assets and liabilities from a multidimensional perspective in much the same way that they would for a patient. Inviting the students to see themselves as both capable and vulnerable human beings provided a critical counter-narrative to superhuman nurse stereotypes – especially during the COVID-19 pandemic. Some participants felt that studying self-care for nurses generated value because it was a distinct departure from their prior educational journeys in which self-care was not even discussed. It is important to note, however, that the holistic course in this study is a program elective, not a required course. Though all nursing practice is based on a holistic view of human beings, holistic nursing is also a specialty area of practice. RN-to-BSN students at the participating university who choose alternate specialty electives do not receive the holistic self-care content. Self-care content in elective nursing courses is an important step to closing the self-care curriculum gap identified by researchers (Cochran et al.,

2020), but limiting self-care content to elective courses has negative implications. Since all nursing practice requires continuous self-care that is informed by self-reflection, self-care must be a recurring and required feature of the formal curriculum.

Recommendation 2: The Informal Curriculum

In addition to formal curriculum, nursing faculty must understand that self-care is an informal part of the curriculum whether or not it is acknowledged. Informal, or hidden, curriculum consists of the values and behavioral expectations that are, in part, implicitly transmitted to students by instructors and by the classroom culture (Martin, 1976). In the health professions, informal curriculum facilitates professional identity development among students (Raso et al., 2019).

Faculty members in the holistic nursing course made positive use of the informal curriculum to promote self-care among their students. The participants described influential written and verbal self-care communications with their instructors that occurred outside of the formal curriculum. By taking time to communicate a personal interest in the health of their students, the faculty members developed rapport. A strong faculty-student rapport enhanced the educational platform from which the faculty member could then deliver the formal self-care curriculum. Conversely, the students were freed to acknowledge their self-care needs and deficits because they felt no personal judgement from the faculty member. These findings are in keeping with previous research in which nursing students have reported more value in self-care learning experiences when they believed that the instructor cared for their personal welfare and created a safe space to be transparent about self-care needs (Jenkins et al., 2019; Snyder, 2020). The implication is that all nursing faculty must create a classroom culture where informal, authentic self-care conversations can be leveraged to develop a healthy professional image and to combat

superhuman nurse stereotypes.

Recommendations for Future Research

Further qualitative research concerning the value of self-care learning experiences for nursing students should be conducted. Repeating the study with RN-to-BSN students at a time that is not characterized by pandemic may result in a more diverse sample. Additionally, a longitudinal study of RN-to-BSN students would illuminate the influence of self-care learning experiences over an extended time. Future short-term and longitudinal qualitative research would provide nursing faculty with a deep, rich understanding of the value of self-care curriculum from the learner's point of view.

Beyond the RN-to-BSN level, nurses at every level of practice must engage in self-reflection and self-care to support their own health. Therefore, additional qualitative studies to discover the value that associate-, masters-, and doctoral-level nursing students ascribe to holistic self-care learning should be conducted to inform curriculum planning and development. Associate-level nursing students have not yet entered nursing practice; self-care instruction at the associate level could prevent the development of habitual self-care deficits among practicing nurses. Masters and doctoral students must be prepared for advanced levels of self-care responsibility including self-care leadership. Self-care instruction at the advanced level could contribute to practice environments that promote health and well-being for all nurses.

Conclusion

The health of the nursing workforce is a critical aspect of high-quality health care and community health promotion. Extensive research indicates that too many nurses neglect self-care and suffer the same negative health outcomes as the patients that they care for (ANA 2017; Perry et al., 2015; Perry et al., 2018; Phiri et al., 2014; Power et al., 2017). The health of nurses can be

supported through educational content that emphasizes holistic self-reflection and self-care as key aspects of the nurse identity. Nurse educators shoulder a critical responsibility to dispel unhealthy nurse stereotypes and to facilitate a healthy professional identity among their students that rightly values the self and self-care.

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Appendix

Interview Protocol

1. Tell me about your nursing practice.

2. Tell me about yourself outside of your nursing practice.

3. Why did you choose to take an elective course in holistic nursing?

4. Tell me about your course experience.

5. In what ways did your course experience influence your ideas about self-care?

6. Please describe your experience completing the holistic self-assessment.

7. What lifestyle changes did you include in your Action Plan?

8. Tell me about any efforts that you have made to implement your Action Plan.

*Option A Prompts (for those who **did** try to implement Action Plan)*	*Option B Prompts (for those who **did not** try to implement Action Plan)*
8.1A. What was your experience when you tried to implement your Action Plan?	8.1B. Why do you think that you have not tried to implement your Action Plan?
8.2A. Did the course learning help you to implement your Action Plan? Why/why not?	8.2B. Was there any value in creating the Action Plan even if you did not implement the plan?
8.3A. How could the course learning have better prepared you to implement your Action Plan?	8.3B. How could the course learning have better prepared you to implement your Action Plan?

Focusing Statement: To wrap up our conversation- I would like for you to imagine that you are talking to a fellow RN-to-BSN student. How would you respond if they asked you the following question?

9. What is the value of the self-care learning experience in a holistic nursing course?