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SELF-CARE PRACTICES OF BACCALAUREATE NURSING STUDENTS
AND NURSING FACULTY

A Thesis
Submitted in Partial Fulfillment
of the Requirement for the Degree of
Master of Science in Nursing
St. Catherine University
St. Paul, Minnesota

Katherine Elizabeth Hopkins

May 2014

ADVISOR'S SIGNATURE SHEET

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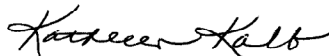
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the faculty advisor have been made.

Dr. Kathleen Kalb

Name of Faculty Advisor



Signature of Faculty Advisor

May, 21, 2014

Date

DEPARTMENT OF NURSING

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ABSTRACT

Existing research describes that nursing students report having significant stress and feelings of burnout during their nursing education program related to the academic rigor of nursing education, classroom and clinical learning experiences, high expectations, fear of hurting patients, exhaustion, and being placed in the caregiver role. Research also indicates that nursing faculty report stress as being a primary concern and that it can be related to work, family, personal health, or financial concerns. Stress negatively impacts the ability of nursing students and faculty to engage in self-care practices.

This study was conducted to learn more about the self-care practices that nursing students and nursing faculty currently engage in and the self-care practices that nursing students and nursing faculty would like to improve in order to adequately care for themselves and others in their clinical and academic practice. Nursing students and nursing faculty at a women's university completed an anonymous online survey based on Dossey and Keegan's *Circle of Human Potential* assessment (2009) to identify their current and desired engagement with self-care practices. Findings indicate that both nursing students and faculty are interested in increasing their self-care practices, specifically related to the area of choices. Based on study findings, recommendations are offered for education, practice, and further research. As patient care becomes more complex and registered nurses are expected to practice to their full scope of practice, nursing students, nursing faculty, and nurses are challenged to prioritize and integrate self-care practices as a professional and ethical responsibility to promote safe and competent patient care.

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CHAPTER I

INTRODUCTION

Significance of the Study

In order for nursing students and nursing faculty to maximize their ability to care for others, first they need to care for themselves. It is important to assess every aspect of the human person, which includes the physical, mental, and emotional status in addition to current relationships, choices, and spirit. This study was conducted to learn more about (a) self-care practices that nursing students and nursing faculty currently engage in and (b) self-care practices that nursing students and nursing faculty would like to improve in order to adequately care for themselves and others in their clinical and academic practice. This research is important because it is a growing issue, as patient care becomes more complex and registered nurses are expected to practice to their full scope of practice. Additionally, the American Nurses Association (ANA, 2014) recognizes and acknowledges the importance of self-growth and self-care in the proposed revision of the *Code of Ethics for Nurses with Interpretive Statements*. This integration into this document demonstrates the professional and ethical responsibility that nursing students, nursing faculty, and nurses have to prioritize and optimize self-care practices.

Statement of the Purpose

The purpose of this study was to investigate current and desired self-care practices of undergraduate baccalaureate nursing students and nursing faculty at St. Catherine University.

The Research Questions

This study addressed the following research questions:

1. What are the current and desired self-care practices of the undergraduate baccalaureate nursing students as they relate to the physical, mental, spiritual, emotional, relational, choices, and professional self?
2. What are the current and desired self-care practices of nursing faculty as they relate to the physical, mental, spiritual, emotional, relational, choices, and professional self?
3. Are there similarities or differences in the current and desired self-care practices of nursing faculty and students?

CHAPTER II

LITERATURE REVIEW

This section will review the literature as it relates to stress, stressors, and self-care practices for nursing students and faculty. Second, it will provide an overview Dossey and Keegan's (2009) *Circle of Human Potential* theoretical framework and its relevance to self-care practices. Third, assumptions underlying this study will be discussed. Lastly, definitions used throughout this study are clarified.

Stress, Stressors, and Self-Care Practices

Nursing Students and Stress

The current research describes that nursing students report having significant stress and feelings of burnout during their nursing education program. This can be related to the academic rigor of nursing education, classroom and clinical learning experiences, high expectations, fear of hurting patients, exhaustion, and being placed in the caregiver role and depleting personal resources and needs without adequately replenishing them. Evans and Kelly (2004) identify additional variables that contribute to stress of the student nurse. These include academic stress, clinical placement stress, negative relationships between a student and a preceptor, negative attitudes from staff at clinical placement sites, emotional stress, financial stress, the student's coping ability and hardiness to confront and manage stressful situations. These stressors have an impact on the emotional, physical, and spiritual health of an individual.

Shriver and Scott-Stiles' (2000) research using the Maslach Burnout Inventory (MBI) identified that student nurses experience levels of burnout similar to working nurses. In addition to this finding, the authors state that students reported either

unintentionally losing weight or gaining weight from stress and overeating. More specifically, students reported consuming fast food because of the convenience and the perception that they do not have time to prepare meals. Additionally, students believed that they did not have time for adequate sleep, exercise, or to socialize with friends. These self-care issues are concerning and jeopardizing for the nursing student's ability to withstand the demands of the program, provide care to others during clinical practice learning experiences, and may compromise longevity within a nursing career.

Specific to clinical practice, Khajehei, Ziyadlou, Hadzic, and Kashefi (2011) state that learning in the clinical setting is challenging and complex due to the factors that can lead to stress, the challenge of applying knowledge in a practice setting, and role conflict. They identify that working in a hospital environment with staff members can be stressful for students. In addition, Shriver and Scott-Stiles (2000) state that some nursing students travel long distances to clinical sites, which can be an additional stressor to the every day obligations, such as working a part-time job and completing clinical and academic assignments.

Physiological and Psychological Effects of Stress

Although certain levels of stress are beneficial for performance and motivation, continual exposure to stress can have negative consequences on a person's health. Chipas et al. (2012) state that harmful levels of stress can lead to decreased levels of self-esteem, psychological consequences, forgetfulness, preoccupation, depression, headaches, fatigue, diarrhea, and even suicide (p. 50).

Dossey and Keegan (2009) also state that stress can have effects on the physiological, psychological, behavioral, and spiritual health of an individual. They

report that when a person is experiencing stress, biochemical events occur to initiate the fight or flight response and then the stress response. As a person experiences stress, he or she will experience increased muscle tension, heart rate, blood pressure, and respiratory rate. Overtime, Dossey and Keegan state that the immune system function decreases, which means that a person would have a more difficult time overcoming an illness and likely becomes ill more often than someone who does not experience continuous stress. Additionally, Dossey and Keegan state, “prolonged or repeated exposure to stress has been shown to cause or exacerbate disease or symptoms of diseases, such as angina, cardiac dysrhythmias, pain, tension headaches, insomnia, and gastrointestinal complaints” (p. 174). Lastly, the authors state that the development coronary artery disease (CAD) in women may be influenced by stress.

Regarding the impact of stress on the psychological health, Dossey and Keegan (2009) state that people with stress may present with a negative mood state, anxiety, depression, hostility, and anger. They state that these emotions can negatively affect a person’s ability to concentrate and problem-solve. This is concerning for nursing students and nursing faculty who commonly practice in the clinical setting and are already experiencing a great amount of stress, so it is possible that they may make a medical or medication error within this setting if stress that they are already experiencing is not properly managed. Dossey and Keegan state that stress also affects people socially and behaviorally. They state that some people might increase their food and alcohol intake as a response to stressful situations because these behaviors provide immediate gratification. Socially, some people may turn towards social isolation. Regarding spiritual health, Dossey and Keegan state, “people can become disconnected from their life’s meaning

and purpose” (p. 175). Particular to nursing students and faculty, they may lose meaning related to why they chose to enter the nursing profession and may have less passion for the profession or possibly leave for another career opportunity.

To manage these stressors, it is essential that nursing students and nursing faculty practice self-care. Chow and Kalischuk (2008) report that it is already known that nurses who practice self-care are best positioned to provide optimal care to patients and families. This is relevant to nursing students and faculty who practice in the same settings as nurses and encounter the similar challenges of managing the caregiver role and self-care practices. Furthermore, Dossey and Keegan (2009) state that there is a need to learn how to care for self, especially in today’s healthcare system when there is a nursing shortage and increased complexity. There are high demands and stressors placed on nurses, nursing students, and nurse educators. In order to prevent burnout and provide compassionate and patient-centered care, they need to manage these stressors and demands in addition to their personal self-care needs.

Nursing Faculty and Stress

Consistent with nursing students, nursing faculty also experience stress that has an impact on their self-care. Eaton, Marx, and Bowie (2007) state that teachers in general report stress as being a primary concern and that it can be related to work, family, personal health, or financial concerns. Nonetheless, it is still important for nursing faculty to find ways to manage these stressors with effective coping mechanisms because they have an opportunity and obligation to impact the culture within an academic institution. Chow and Kalischuk (2008) discuss the impact that nurse educators have on students when they role model self-care practices. If educators neglect these self-care

practices, then students may recognize this and therefore implement those unhealthy and inadequate practices in their own lives. The authors reiterate the importance of educators to be consistent and proactive with the messages that they are sending to their students, so that students value and internalize their teachings. Furthermore, Eaton et al. (2007) state that many school already have the infrastructure in place with fitness centers, health and physical education teachers, employee wellness programs, and other professionals to assist with overall well-being. Therefore, it is essential that these resources are used within the university setting to role-model the importance of self-care practices to both students and other faculty within the community.

Summary of the Literature

Overall, the summary of the research has identified the need for nursing students and nursing faculty to practice self-care before they can adequately and compassionately care for others. It is known that acute and chronic stress can have a negative effect on the physical and mental well being of an individual, so it is essential that nursing students and faculty are aware of current stressors in their lives and tactics to manage them. By providing a self-assessment tool related to self-care needs, people are given the opportunity to identify areas in which their self-care is lacking and needs additional attention. Self-assessment, self-awareness, and reflection are the first actions that are essential to initiate a behavioral change, such as those related to self-care (Dossey & Keegan, 2013, p. 833).

Theoretical Framework

Dossey and Keegan's Circle of Human Potential

Dossey and Keegan (2009) discuss the circle of human potential and the six areas that are represented within it, including: physical, mental, emotional, relationships, choices, and spirit. Together, these six areas within a person are constantly interacting; an alteration in one area will have an effect on the remaining areas. The authors state that all that all areas need to be considered because they make up and maintain the whole human being. Dossey and Keegan state that a person is continuously evolving and that the spirit has an effect on all of the other five areas. A way to determine the status of the overall human potential is by assessing each area. Dossey and Keegan state that “assessing our human potential attunes us to our healing awareness; it is the innate quality with which all people are born” (p. 158). They state that everyone has the potential and the choice to be able to heal themselves, so conducting a self-assessment of the six areas is a way for people to understand their current status of each area and opportunities to make changes. Only then will a person have the ability to maximize the overall human potential and experience a balance between the whole being that includes the mind-body-spirit relationship. To further understand how to maximize each area within the circle of human potential, it is important to understand each area.

Physical Potential

Dossey and Keegan (2009) explain that physical potential can be affected by the “physical awareness of proper nutrition, exercise, relaxation, and balance between work and play” (p. 165). They reiterate that this is an important potential; however unlike what others may believe, it is not more important than other areas. Rather, it does have an influence on the other areas. Dossey and Keegan state that as the body is nurtured, a person’s self-image and well-being strengthens, which positively influences the mind-

spirit connection. Inevitably, they discuss that as the physical potential is empowered and strengthened, other potentials will also be strengthened and more balanced.

Mental Potential

Dossey and Keegan (2009) explain that as a person progresses through life, his or her thoughts, behaviors, values, and perspectives are influenced by others. They state that if a person does not examine his or her new perceptions, then conflicts can develop. This might occur because a person does not want to let go of previous thoughts or beliefs that no longer stand true to him or her. In order to grow within the mental potential, a person needs to utilize his or her mental processes to develop new perceptions of the world. This includes utilizing the logical and unconscious thought processes. The authors state that a person's critical inner voice can also influence his or her self-talk and mental potential, so it is important to be in tune to this factor within this area. Dossey and Keegan state, "as we become more open and receptive to information and suggestions, mental growth can occur. Every aspect of our life is a learning experience and becomes part of a lesson in change" (p. 166). It is essential that a person is not only attentive to people and experiences that influence mental potential, but also open to the changes in behaviors and values that may occur.

Emotional Potential

Dossey and Keegan (2009) state, "within our emotional potential is our willingness to acknowledge the presence of feelings, value them as important, and express them" (p. 166). They state that people have the choice and freedom to express emotions as a response to events that happen in their lives. Some emotions may be positive, such as love and happiness; whereas others may be perceived as negative, such

as guilt, fear, and anger. An array of emotions can develop in response to what is occurring in a person's life and it can be challenging to accept them. Dossey and Keegan state, "one of the greatest challenges we face is to acknowledge, own, express, and understand our emotions" (p. 166). It may be more difficult to manage certain emotions if they are associated with a negative connotation. Regardless, they state that it is necessary to confront and find harmony with these emotions to enable emotional healing, promote well-being, and move towards wholeness and inner understanding.

Relationships Potential

Relationships and interactions with people occur every day within families, institutions, social groups, organizations, work, the community, and social media networks. Dossey and Keegan (2009) state, "healthy people live in intricate networks of relationships and are always in search of new, unifying concepts of the universe and social order" (p. 167). They reiterate that human beings need to form meaningful relationships, especially with colleagues at work because most of our time is spent with these people. By networking with friends, family members, and colleagues, a person's social network increases and provides opportunities to not only form meaningful relationships, but also work together to address issues that may be of concern. Dossey and Keegan identify the challenge of trusting others and being open to sharing feelings and a close relationship, particularly because some relationships can be superficial.

Choice Potential

Choices include those that are conscious and unconscious. Keegan and Dosey (2009) state that conscious choices involve using awareness and skills. Unconscious choices on the other hand are not known to a person; however, could be close to

becoming conscious. Jung (as cited in Dossey & Keegan, 2009) states that “the layers closest to our awareness may become known; those farther away are, in principle, inaccessible to our awareness and operate autonomously” (p. 167). The authors reiterate that everyone has the responsibility to make their own decisions because others cannot make them for us. They state that it is important to practice making decisions to move closer to the highest potential within this area even if it means making a mistake or taking a risk.

Spirit Potential

The spirit potential is an essential area within the circle of human potential. Dossey and Keegan (2009) state, “spirit comes from our roots-it is a universal need to understand the human experience of life on planet Earth. It is a vital element and driving force in how we live our lives” (p. 169). The authors refer to developing the transpersonal self, which requires actions such as meditation, reflection, organized religion, or studying philosophy or science to have a greater understanding of this area of the person. It takes time, intention, and attention to develop this potential but it is necessary because it has an effect on the entire human person.

Definitions of Terms

Baccalaureate Nursing Students: Students who are sophomore-level students in the traditional baccalaureate day nursing program at St. Catherine University.

Health: Dossey and Keegan (2013) define health as, “the actualization of inherent and acquired human potential through goal-directed behavior, competent self-care, and satisfying relationships with others, while adjustments are

made as needed to maintain structural integrity and harmony with relevant environments” (p. 827).

Health-Promotion: Dossey and Keegan (2013) define health-promotion as, “behavior motivated by the desire to increase well-being and actualize human health potential” (p. 827).

Nursing Faculty: For this research, this is defined as all nursing faculty at St. Catherine University. This includes nursing faculty in the associate degree program (ADP), RN-BSN program, baccalaureate degree program (BDP), master’s degree program (MDP), and doctor of nursing practice (DNP) program.

Self-Care: Dossey and Keegan (2013) define self-care as, “the practice of engaging in health-related activities, using health-promoting, desired behaviors to adopt a healthier lifestyle and enhance wellness” (p. 828).

Stress: Dossey and Keegan (2009) define stress as, “the felt experience of overactivity of the sympathetic nervous system” (p. 260).

Stressors: Khajehei, Ziyadlou, Hadzin, and Kashefi (2011) define stressors as, situations or events that have the potential to affect health outcomes” (p. 379).

Assumptions

The following assumptions informed this study:

1. Nursing students and nursing faculty have some knowledge of self-care as it relates to nursing care and the nursing profession.

2. Nursing students and nursing faculty have the knowledge and ability to complete an online survey using the link provided in their St. Catherine University designated email address.
3. Nursing students and nursing faculty responded honestly to the survey items requested and value self-care.
4. The survey tool is an accurate assessment of current self-care practices of nursing students and faculty.

CHAPTER III

METHODOLOGY

Overview

This chapter describes the research design that was utilized for this study. The process and techniques that were used to select study participants and collect data are explained. Lastly, the ethical considerations and limitations of the study are explained.

Research Design

The research design for this study was descriptive with the use of an online survey (Appendix A). The purpose of this research was to describe current and desired self-care practices of undergraduate baccalaureate nursing students and nursing faculty. The survey consisted of three parts: (a) the self-assessment, *Circle of Human Potential*, which was designed by Dr. Barbara Dossey and Dr. Lynn Keegan (2009, pp. 159-164); (b) demographic questionnaire for both the baccalaureate nursing students and the nursing faculty, and (c) additional questions related to professional development. Permission to use this self-assessment was obtained from Dr. Barbara Dossey (Appendix B). The professional development questions were created using *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing [AACN], 2008) as a reference.

Study Participants

The target population for this study included a total of 216 people. The first target population consisted of 119 sophomore-level undergraduate baccalaureate nursing student comprised of healthy female adults who are over the age of 18 and were currently enrolled in the first nursing course, *Introduction to Professional Nursing Practice*. A

total of 55 (46%) of these students participated in the study. The second target population consisted of nursing faculty who teach in the Department of Nursing at St. Catherine University. This target population consisted of all nursing faculty, including 97 faculty members and with an age range of 26 to 70. A total of 8 males and 89 females were invited to participate. A total of 48 (49%) of these faculty members participated in the survey. Demographic data of the students and faculty will be explained in the data analysis section.

Techniques for Data Collection

Students

To encourage participation of the baccalaureate junior nursing students, I attended their class session on November 12, 2013, which was a week prior to lecturing about complementary therapies and nursing practice on November 19, 2013. On November 12, 2013 I provided a brief overview of why they were chosen to complete the survey and strongly encouraged them to complete it, so that they could be more aware of their personal self-care needs and help me to know where I should focus the lecture to better meet their needs (see Appendix C for a copy of the script). After attending their class, a reminder email was sent one week later to all students encouraging their completion of the survey. On the day of the lecture, I again strongly encouraged them to complete the survey and stated that it is important to conduct self-assessments of self-care needs as a first step in changing behaviors and improve self-care practices. A final email was sent out on November 20, 2013 after the lecture stating that the survey will remain open until December 10, 2013, which was the last day for this class.

Faculty

To encourage participation of the nursing faculty, I spoke briefly at a mandatory Nursing Faculty Organization meeting on January 31, 2014. I provided a five-minute overview of the study and invited all faculty to participate (see Appendix D for a copy of the script). I stated that as nurse educators, we are role models for students so it is important to assess and address our personal self-care needs. The Associate Dean for Nursing, Dr. Margaret Pharris, encouraged 100% participation for this research by stating that she would like everyone to participate.

To ease the process, an email was sent to every nursing faculty on the morning of January 31, 2014 with a description of the study, the Information and Consent Form (Appendix E), and the anonymous survey link. The email instructions stated that the survey could be completed at any time within the next two weeks by February 14, 2014. Within that two-week timeframe, two more emails were sent out with the survey link to remind and encourage nursing faculty to complete it by the deadline.

Procedures for Data Collection and Analysis

The survey was created using Qualtrics that allows participants to anonymously complete the survey by clicking on an anonymous survey link. A statement of consent was included in email with the survey. Consent from the participants was implied with their completion of the questionnaire. A total of 126 items were asked; 114 of the 126 questions were related to self-care practices and 12 of the 126 questions were related to demographic data. All responses were anonymous and the data were aggregated.

Ethical Considerations and Protection of Human Subjects

Approval was obtained before requesting student and faculty participation in the study. The Institutional Review Board (IRB) at St. Catherine University approved the

study via expedited review. The survey was anonymous and there were minimal risks involved; however participants may have felt uncomfortable revealing personal and sensitive information when answering the questions in the survey. Participants completing the survey had the choice to respond or not respond to specific items included in the survey. The option was available for questions to be skipped, which was communicated via the consent form. For the demographic section, there was an option that stated “no response” if the participant chose to not respond to a question. This was especially if he or she believed that the data being requested was too personal or sensitive.

Because the survey was distributed via an anonymous survey link, participants had the opportunity to complete it at any location with Internet access. Therefore, if he or she felt that some of the questions were too personal, then it could be completed in a location without anyone else nearby. All the data were aggregated and downloaded onto my laptop computer using the Qualtrics software. Only I had access to the data and it was shared with my advisor, Dr. Kathleen Kalb, for the purpose of data analysis and interpretation of this research.

Limitations

Some limitations of this study were related to the wording of the self-assessment items within the survey and the development of the survey within the Qualtrics software. First of all, one of the questions, “Do not smoke,” could have been perceived incorrectly, so participants may have answered “Almost Never” even though they meant to state “Almost Always.” A second question, “Practice safe sex,” may have been sensitive for some participants and led to false responses. A third question, “Drink in moderation,”

could have led the nursing students to falsely answer because 16 of the participants reported that they were between the ages of 18-19 and 30 participants reported that they were between the ages of 20-22. Together with the first age range, some within the second range may be 20-years-old and not of legal age to consume alcohol. Also, there are cultural factors that may influence a person's amount of alcohol consumption and lead him or her to falsely answer.

Along with these questions, there was a limitation with the survey design because the survey was set up to allow participants to choose more than one answer for each question. This may have affected the end-results of the data from the survey. For the future, it would be important to ensure that participants would only be allowed to select one response per question.

In addition to these issues with the survey, there were also major changes occurring within the nursing programs at St. Catherine University. This year was the first year that a new curriculum was implemented in which the credit load was greatly increased and faculty members were involved with both teaching roles and curriculum design. One faculty member expressed that she thought that the results of this survey might show that faculty members do not have adequate self-care because she stated that this year has been more chaotic than previous years. It is possible that this was a contributing factor, but the survey was distributed at the end of January in which many faculty members had time away from the classroom unless they were teaching a J-term course or completing outside work.

From the student's perspective, this was the first time that sophomore-level students began the nursing curriculum, so they were also experiencing great change. The

timing when this survey was administered was also after some students were told that they were not accepted into the nursing program, so this may have affected the responses in addition to the response rate. Students who were not accepted into the program may have been reluctant to complete this survey. In the future, it would be important to know these details, such as when students are being informed of their acceptance into the program, so that the results could be more accurate. However, it is impossible to control for possible stressors in each participant's life.

CHAPTER IV

DATA ANALYSIS

Survey data are presented in this chapter. Student data are described first, then the nursing faculty data. Student data include an overview of the student demographic data, then the current self-care practices of students, and finally the desired self-care practices of students. Following the presentation of student data, the faculty's demographic data are presented followed by their current self-care practices and finally their desired self-care practices. The data related to self-care practices are presented for each area included in the "Circle of Human Potential" (Dossey & Keegan, 2009) questionnaire in addition to the "Personal and Professional Integrity in Nursing" area that was developed using *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing [AACN], 2008). The areas of potential will be reported in the same order in the survey: Physical, Mental, Emotions, Relationships, Choices, Spirit, and Personal and Professional Integrity in Nursing. A total of 55 nursing students and 48 nursing faculty participated in the survey.

Survey Data from Baccalaureate Nursing Student Participants

Data from nursing student participants are presented in this section, including the student demographic data, then the current self-care practices of students, and finally the desired self-care practices of students.

Nursing Student Participants: Demographic Data

The demographic data for the nursing students are presented in Figures 4.1-4.11. The data illustrated in each figure are described in more detail below the figure.

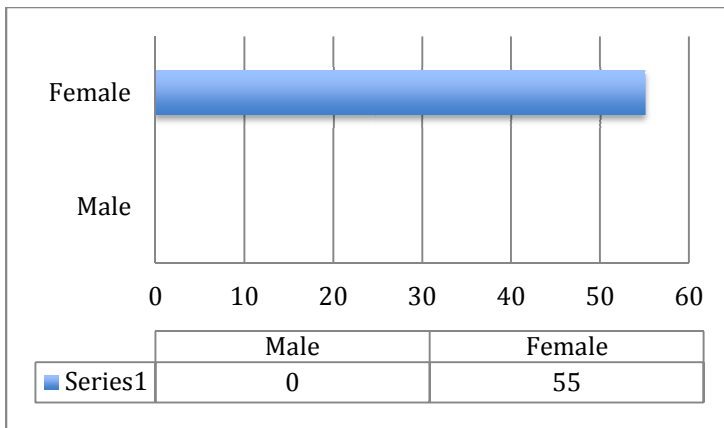


Figure 4.1. Genders of student participants. 55 of the 119 students that responded were females. Because St. Catherine University is an all-women's college, this only provided the opportunity to survey female students.

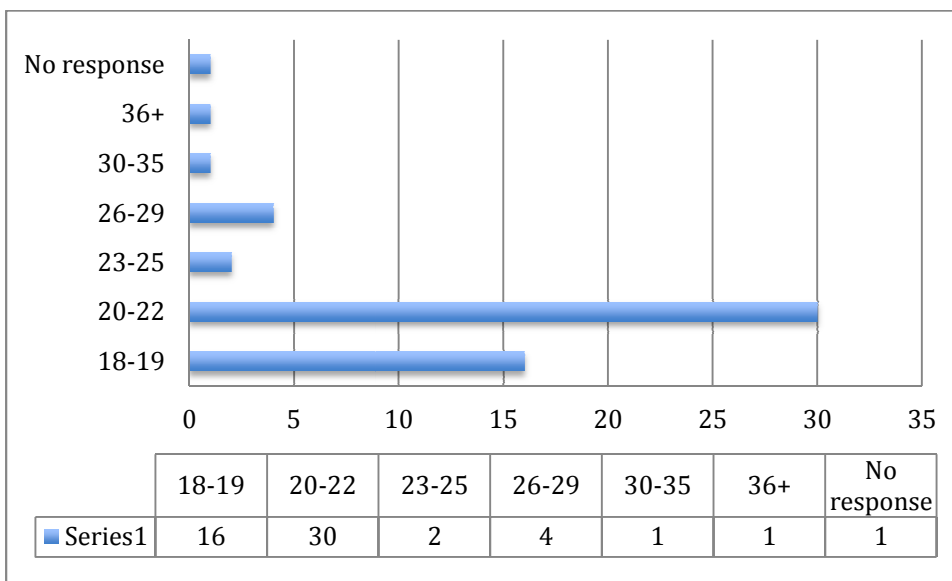


Figure 4.2. Ages of student participants. A majority of the students were within the age ranges of 18-19 and 22-22. 29% of the participants were between the age range of 18-29, 55% of the participants were between the age range of 22-22, 4% of the participants were between the age range of 26-29, 2% of the participants were between the age range of 30-35, and 2% of the participants were at or above the age of 36.



Figure 4.3. Marital status of student participants. A majority of the students are single.

Three of the 55 (5%) participants reported being married and 52 of the 55 (95%) participants reported being single.

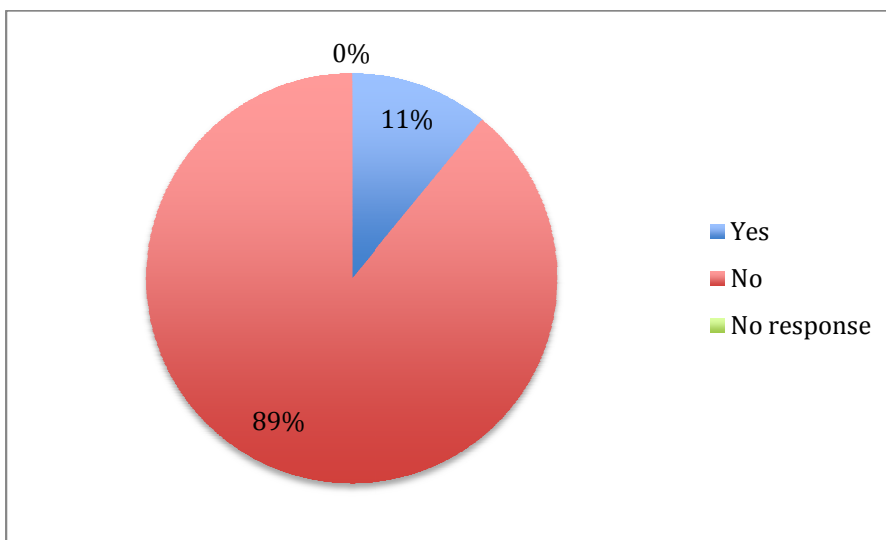


Figure 4.4. Student participants with children. A majority of the students do not have children. Six of the 55 (11%) participants report having children and 49 of the 55 (89%) participants report not having children.

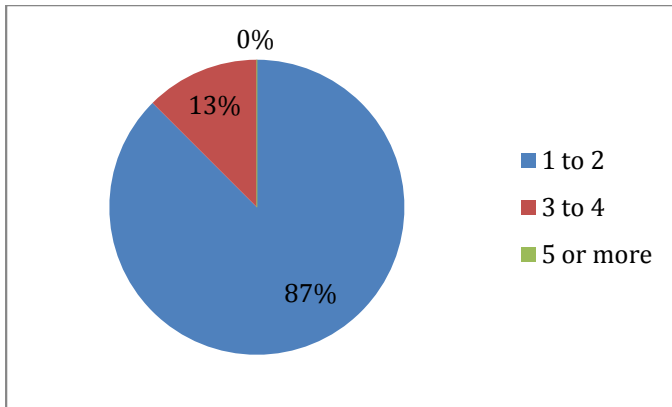


Figure 4.5. Number of children for student participants. As shown in Figure 4.4 and Figure 4.5, a majority of the students do not have children; however Figure 4.5 shows the number of children that was reported from the student participants. There may have been an error in collecting data in this section because eight students responded to this particular question. Seven of the 8 (87%) participants for this question reported having 1-2 children and 1 of the 8 (13%) participants for this question reported having 3-4 children. 44 of the 55 participants selected the answer “no response,” which may indicate that these participants do not have children at home.

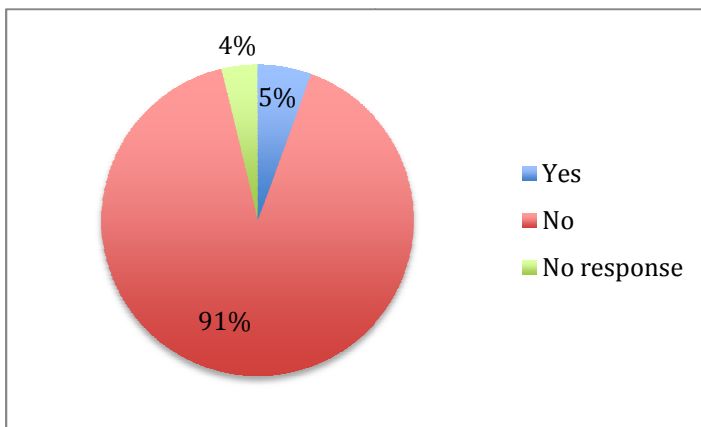


Figure 4.6. Number of student participants that care for a parent. Three of the 54 (6%) participants reported that they care for a parent. 49 of the 54 (91%) of the participants

reported that they do not care for a parent. Two of the 54 (4%) of the participants reported “no response,” so it is unknown if they do or do not care for a parent.

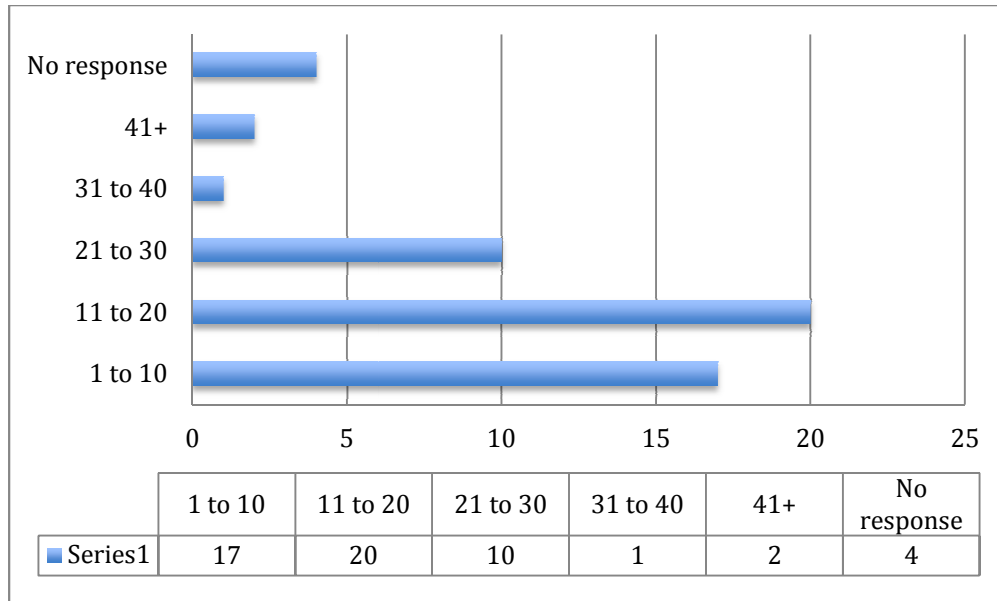


Figure 4.7. Average hours worked per week. A majority of the students reported working between and average of 11-20 or 1-10 hours per week. Seventeen of the 54 (31%) participants reported working 1-10 hours per week. Twenty of the 54 (37%) participants reported working 11-20 hours per week. Ten of the 54 (19%) participants reported working 21-30 hours per week. One of the 54 (2%) participants reported working 31-40 hours per week. Two of the 54 (4%) participants reported working 41 or more hours per week. Four of the 54 participants did not provide a response to this answer.

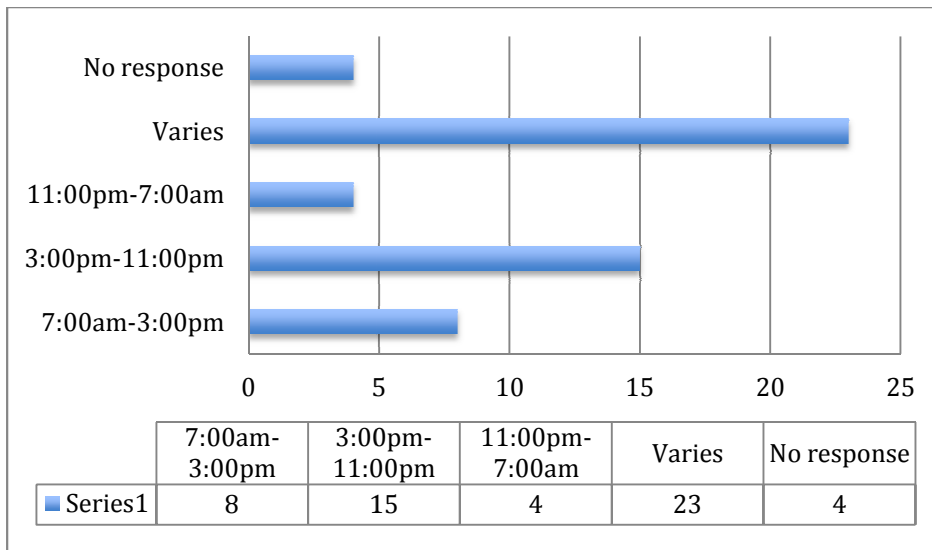


Figure 4.8. Time of the day when hours are worked. A majority of the students work during a variety of hours. 23 of the 54 (43%) students work varying hours. Fifteen of the 54 (28%) students work between the hours of 3:00 pm-11:00 pm. Eight of the 54 (15%) students work between the hours of 7:00 am-3:00 pm. Four of the 54 (7%) students work overnight between the hours of 11:00 pm-7:00 am. Four of the 54 (7%) students reported “no response,” which may indicate that they do not work in addition to attending school.

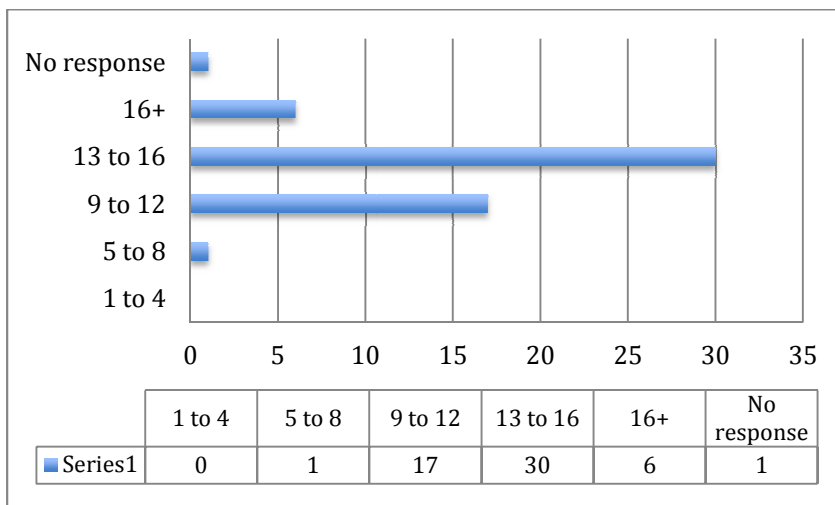


Figure 4.9 Enrolled credit hours. A majority of the students are enrolled in 13-16 credits at the university. 30 of the 55 (55%) students report being enrolled in 13-16 credits.

Seventeen of the 55 (31%) students report being enrolled in 9-12 credits. Six of the 55 (11%) students report being enrolled in 16 or more credits. One of the 55 (3%) students reports being enrolled in 5-8 credits. One of the 55 (3%) students responded with “no response.” Zero of the 55 (0%) students reported being enrolled in 1-4 credits.

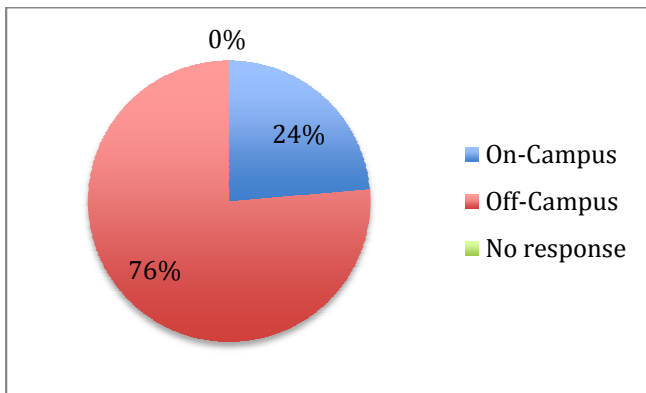


Figure 4.10. Current living situation. A majority of the students report living off-campus. 41 of the 54 (76%) students report living off-campus. Thirteen of the 54 (24%) students report living on-campus.

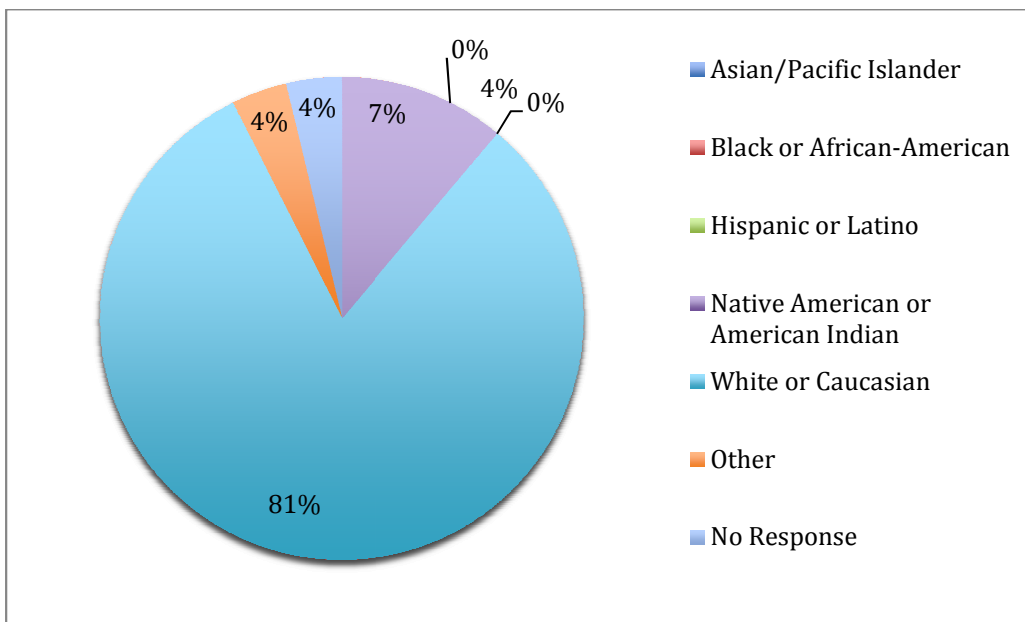


Figure 4.11. Ethnicity origin. A majority of the students reported being White or Caucasian. 44 of the 54 (81%) students reported being White or Caucasian. Four of the 54 (7%) students reported being Asian/Pacific/Islander. Two of the 54 (4%) students reported being Hispanic or Latino. Two of the 54 (4%) students reported being Other. 2 of the 54 (4%) students reported “No Response.” Zero of the 54 (0%) students reported being Black or African American. Zero of the 54 (0%) students reported being Native American or American Indian.

Average Sophomore Nursing Student Participant

Given these data, the average sophomore level nursing student presents with the following demographic characteristics: 20-22 year-old, single, Caucasian/White female who does not have children and does not care for a parent. She lives off campus. She works an average of 11-20 varying hours per week and is enrolled in 13-16 credit hours per semester, which is considered to be full-time status.

Nursing Student Responses: Current Self-Care Practices

Physical Potential

Table 4.1

Physical Potential: Where Student Participants are Now (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess my general health daily	19	41	4	1.23
Exercise 3 to 5 times a week for 20 minutes	17	25	25	0.88
Eat nutritious foods daily	27	34	4	1.35
Play without guilt	26	31	6	1.32
Practice relaxation	17	35	11	1.10

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
daily				
Energy level is effective for daily activities	29	30	6	1.35
Do not smoke	49	4	12	1.57
Drink in moderation	43	18	3	1.63
Have regular physical and dental checkups	51	10	3	1.75
Practice safe sex	53	10	1	1.81

Note. 55 participants with 63 to 67 responses per each behavioral question. The mean score for the physical area of current self-care practices was 1.40. The standard deviation was 0.29. In total, the mean score for this category was 13.99, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Mental Potential

Table 4.2

Mental Potential: Where Student Participants are Now (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Am open and receptive to new ideas and life patterns	44	16	0	1.73
Read a broad range of subjects	25	29	7	1.30
Am interested in and knowledgeable about many topics	35	24	1	1.57
Use my imagination in considering new choices or possibilities	34	24	1	1.56

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Prioritize my work and set realistic goals	43	17	1	1.69
Enjoy developing new skills and talents	44	14	1	1.73
Ask for suggestions and help when I need it	40	19	2	1.62

Note. 55 participants with 51 to 53 responses per each behavioral question. The mean score for the mental area of current self-care practices was 1.60. The standard deviation was 0.15. In total, the mean score for this category was 11.20, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Emotions Potential

Table 4.3

Emotions Potential: Where Student Participants are Now (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess and recognize my own feelings	34	22	2	1.55
Have a nonjudgmental attitude	16	43	2	1.23
Express my feelings in appropriate ways	23	34	2	1.36
Include my feelings when making decisions	36	21	3	1.55
Can remember and acknowledge most events of my childhood including painful as well as happy	41	14	3	1.66
Listen to and respect the feelings of others	49	9	0	1.85
Recognize my intuition	36	21	2	1.58

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Listen to inner self-talk	31	25	1	1.53

Note. 55 participants with 50 to 51 responses per each behavioral question. The mean score for the emotions area of current self-care practices was 1.54. The standard deviation was 0.19. In total, the mean score for this category was 12.31, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Relationships Potential

Table 4.4

Relationships Potential: Where Student Participants are Now (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
I share my opinions and feelings without seeking approval of others or fearing outcomes	14	40	5	1.15
Create and participate in satisfying relationships	37	22	0	1.63
Sexuality is part of my relationships	30	21	6	1.42
Have a balance between my work and family life	23	27	8	1.26
Am clear in expressing my needs and desires	20	32	6	1.24
Am open and honest with people without fearing the consequences	20	31	8	1.20
Do my part in establishing and maintaining relationships	29	28	1	1.48
Focus on positive topics in relationships	30	28	1	1.49

Note. 55 participants with 57 to 59 responses per each behavioral question. The mean score for the relationships area of current self-care practices was 1.36. The standard deviation was 0.17. In total, the mean score for this category was 10.87, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Choices Potential

Table 4.5

Choices Potential: Where Student Participants are Now (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Manage my time to meet my personal goals	17	34	7	1.17
Am committed and disciplined whenever I take on new projects	29	26	4	1.42
Follow through and work on decisions with clarity and action steps	33	22	3	1.52
Am usually clear on decisions	26	30	4	1.37
Take risks	8	37	13	0.91
Can accept circumstances that are beyond my control	21	34	4	1.29
Take on no more new tasks than I can successfully handle	16	38	4	1.21
Recognize shortcomings of people and events for what they are	26	30	0	1.47

Note. 55 participants with 56 to 60 responses per each behavioral question. The mean score for the choices area of current self-care practices was 1.30. The standard deviation was 0.20. In total, the mean score for this category was 10.36, which Dossey and Keegan

(2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Spirit Potential

Table 4.6

Spirit Potential: Where Student Participants are Now (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Operate from the perspective that life has value, meaning and direction	36	19	0	1.65
Know at some level a connection with the universe	26	26	3	1.42
Know some Power greater than myself	36	16	2	1.63
Feel a part of life and living frequently	35	18	1	1.63
Recognize that the different roles of my life are expressions of my true self	34	19	2	1.58
Know how to create balance and feel a sense of connectedness	23	27	6	1.30
Know that life is important and I make a difference	37	19	0	1.66

Note. 55 participants with 54 to 56 responses per each behavioral question. The mean score for the spirit area of current self-care practices is 1.55. The standard deviation is 0.14. In total, the mean score for this category was 9.24, which Dossey and Keegan (2009) categorize this in the 6 to 9 score range and state that the “your stressors are showing and you need more information about these life areas and what changes you can make” (p. 165).

Personal and Professional Integrity in Nursing Potential

Table 4.7

*Personal and Professional Integrity in Nursing: Where Student Participants are Now**(N=55)*

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Practice self-respect	48	8	0	1.86
Value my own worth and dignity	48	8	0	1.86
Express moral point of view and perspectives	44	12	0	1.79
Respect the views of others, even when they are different than my own	42	12	1	1.75
Aware of my personal boundaries	40	17	1	1.67
Am committed to lifelong learning	46	8	0	1.85
View myself as being non-judgmental of other persons	31	25	2	1.50
Strive to create an open environment where diverse opinions may be expressed	43	11	1	1.76
Value opportunities to collaborate and consult with others	42	14	0	1.75

Note. 55 participants with 54 to 58 responses per each behavioral question. The mean score for the personal and professional integrity in nursing area of current self-care practices is 1.75. The standard deviation is 0.11. In total, the mean score for this category was 15.79. To be consistent with Dossey and Keegan's (2009) scoring scale, this mean would be categorized in the 14 to 20 score range. The authors state, "your score shows that you are aware of the important areas of your life and you are using

knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Nursing Student Responses: Desired Self-Care Practices

Physical Potential

Table 4.8

Physical Potential: How Student Participants Want It to Be (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess my general health daily	50	12	1	1.78
Exercise 3 to 5 times a week for 20 minutes	60	4	0	1.94
Eat nutritious foods daily	62	1	0	1.98
Play without guilt	51	9	2	1.79
Practice relaxation daily	55	8	1	1.84
Energy level is effective for daily activities	62	2	0	1.97
Do not smoke	53	1	10	1.67
Drink in moderation	51	10	4	1.72
Have regular physical and dental checkups	60	4	0	1.94
Practice safe sex	61	2	1	1.94

Note. 55 participants with 54 to 58 responses per each behavioral question. The mean score for the physical area of desired self-care practices is 1.86. The standard deviation is 0.11. In total, the mean score for this category was 18.57. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state,

“your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Mental Potential

Table 4.9

Mental Potential: How Student Participants Want It to Be (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Am open and receptive to new ideas and life patterns	57	2	0	1.97
Read a broad range of subjects	50	8	1	1.83
Am interested in and knowledgeable about many topics	53	5	1	1.88
Use my imagination in considering new choices or possibilities	56	2	0	1.97
Prioritize my work and set realistic goals	59	0	0	2.0
Enjoy developing new skills and talents	57	2	0	1.97
Ask for suggestions and help when I need it	57	1	0	1.98

Note. 55 participants with 58 to 59 responses per each behavioral question. The mean score for the mental area of desired self-care practices is 1.94. The standard deviation is 0.06. In total, the mean score for this category was 13.60. Dossey and Keegan (2009) categorize this mean in the 10 to 13 score range. When in this category, the authors state, “your life patterns in this area are good, but there is room for improvement” (p. 165).

The authors recommend reflecting on the “sometimes” or “almost never” answers and

state “even the slightest change can make a difference to improve the quality of your life” (p. 165).

Emotions Potential

Table 4.10

Emotions Potential: How Student Participants Want It to Be (N=55)

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess and recognize my own feelings	56	2	0	1.97
Have a nonjudgmental attitude	55	3	0	1.95
Express my feelings in appropriate ways	55	3	0	1.95
Include my feelings when making decisions	44	10	4	1.69
Can remember and acknowledge most events of my childhood including painful as well as happy	54	4	0	1.93
Listen to and respect the feelings of others	58	0	0	2.00
Recognize my intuition	56	2	0	1.97
Listen to inner self-talk	51	6	1	1.86

Note. 55 participants with 58 responses per each behavioral question. The mean score for the emotions area of desired self-care practices is 1.92. The standard deviation is 0.10.

In total, the mean score for this category was 15.32. Dossey and Keegan (2009)

categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Relationships Potential

Table 4.11

Relationships Potential: How Student Participants Want It to Be (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
I share my opinions and feelings without seeking approval of others or fearing outcomes	53	5	0	1.91
Create and participate in satisfying relationships	57	1	0	1.98
Sexuality is part of my relationships	41	13	2	1.70
Have a balance between my work and family life	57	1	0	1.98
Am clear in expressing my needs and desires	55	3	0	1.95
Am open and honest with people without fearing the consequences	50	8	0	1.86
Do my part in establishing and maintaining relationships	57	1	0	1.98
Focus on positive topics in relationships	56	1	0	1.98

Note. 55 participants with 56 to 58 responses per each behavioral question. The mean score for the relationships area of desired self-care practices is 1.92. The standard deviation is 0.10. In total, the mean score for this category was 15.34. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Choices Potential

Table 4.12

Choices Potential: How Student Participants Want It to Be (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Manage my time to meet my personal goals	55	1	0	1.98
Am committed and disciplined whenever I take on new projects	54	2	0	1.97
Follow through and work on decisions with clarity and action steps	55	1	0	1.98
Am usually clear on decisions	52	4	0	1.93
Take risks	37	17	2	1.63
Can accept circumstances that are beyond my control	54	2	0	1.97
Take on no more new tasks than I can successfully handle	48	6	2	1.82
Recognize shortcomings of people and events for what they are	50	6	0	1.89

Note. 55 participants with 56 responses per each behavioral question. The mean score for the choices area of desired self-care practices is 1.90. The standard deviation is 0.12. In total, the mean score for this category was 15.17. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Spirit Potential

Table 4.13

Spirit Potential: How Student Participants Want It to Be (N=55)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Operate from the perspective that life has value, meaning and direction	51	4	0	1.93
Know at some level a connection with the universe	46	8	1	1.82
Know some Power greater than myself	50	5	0	1.91
Feel a part of life and living frequently	52	3	0	1.95
Recognize that the different roles of my life are expressions of my true self	51	4	0	1.93
Know how to create balance and feel a sense of connectedness	52	3	0	1.95
Know that life is important and I make a difference	53	2	0	1.96

Note. 55 participants with 55 responses per each behavioral question. The mean score for the spirit area of desired self-care practices is 1.92. The standard deviation is 0.05. In total, the mean score for this category was 13.45. Dossey and Keegan (2009) categorize this mean in the 10 to 13 score range. When in this category, the authors state, “your life patterns in this area are good, but there is room for improvement” (p. 165). The authors recommend reflecting on the “sometimes” or “almost never” answers and they state, “even the slightest change can make a difference to improve the quality of your life” (p. 165).

Personal and Professional Integrity in Nursing Potential

Table 4.14

Personal and Professional Integrity in Nursing Potential: How Student Participants Want It to Be (N=55)

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Practice self-respect	55	0	0	2.00
Value my own worth and dignity	55	0	0	2.00
Express moral point of view and perspectives	55	0	0	2.00
Respect the views of others, even when they are different than my own	55	0	0	2.00
Aware of my personal boundaries	55	0	0	2.00
Am committed to lifelong learning	54	1	0	1.98
View myself as being non-judgmental of other persons	54	1	0	1.98
Strive to create an open environment where diverse opinions may be expressed	53	2	0	1.96
Value opportunities to collaborate and consult with others	51	4	0	1.93

Note. 55 participants with 55 responses per each behavioral question. The mean score for the personal and professional integrity of nursing area of desired self-care practices is 1.98. The standard deviation is 0.02. In total, the mean score for this category was 17.85. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Table 4.15

Desired Areas that Student Participants Would like to Improve in Ranked Order (N=103)

Area	Where I am Now	How I Want It to Be	Statistical Significance <i>p</i>-value ≤ 0.05
Choices	1.30	1.90	0.000
Spirit	1.32	1.92	0.000
Relationships	1.36	1.92	0.000
Physical	1.40	1.86	0.002
Emotions	1.54	1.92	0.001
Mental	1.60	1.94	0.000
Personal and Professional Integrity in Nursing	1.75	1.98	0.000

Note. 55 participants with 47 to 54 responses per each behavioral question. The top area that students have a desire to improve is the choices area. The lowest desire to improve is the personal and professional integrity in nursing area.

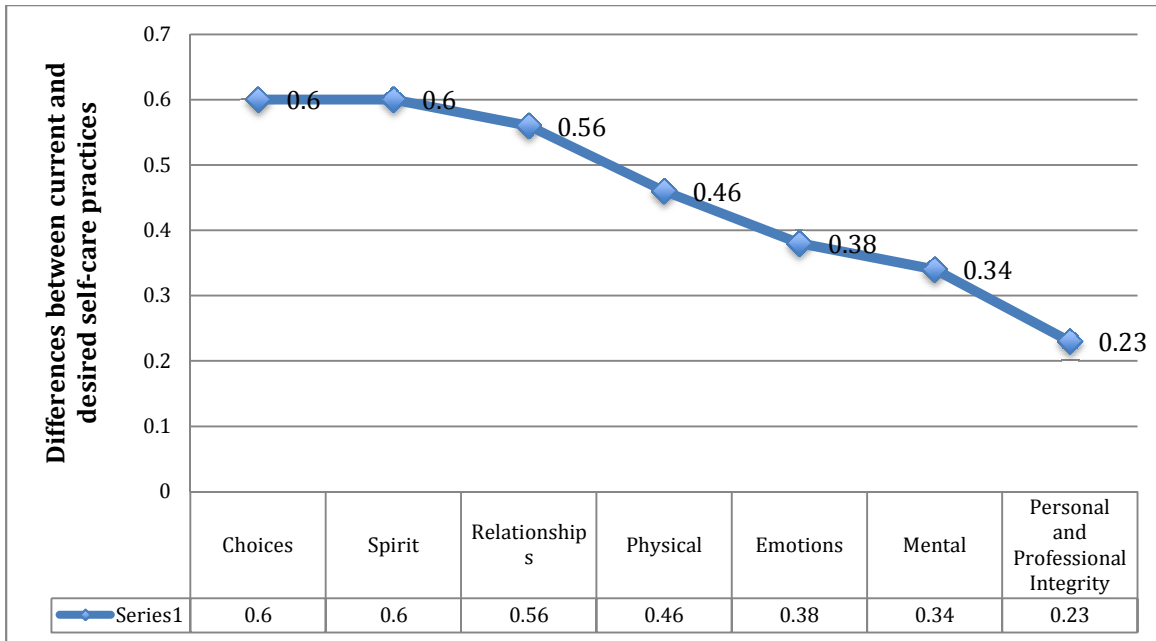


Figure 4.12. Ranked areas for desired self-care practices. The ranked areas that students have a desire to improve in their self-care practices based on the calculated differences between the mean current self-care practices and mean desired self-care practices.

Survey Data from Nursing Faculty Participants

Data from nursing faculty participants are presented in this section, including the faculty demographic data, then the current self-care practices of faculty, and finally the desired self-care practices of faculty.

Nursing Faculty Participants: Demographic Data

The demographic data for nursing faculty are presented in Figures 4.13-4.23. The data illustrated in each figure are described in more detail below the figure.

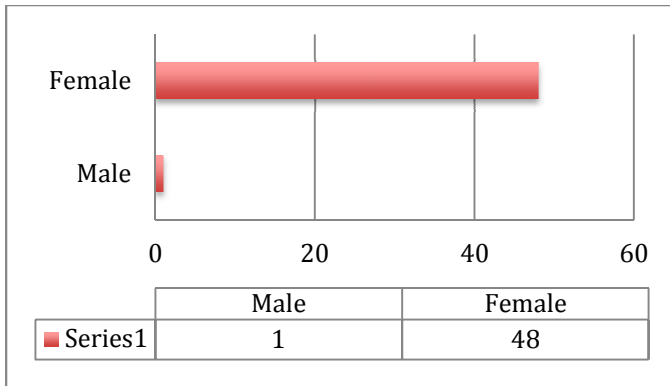


Figure 4.13. Genders of faculty participants. One of the 49 (2%) participants was a male and 48 of the 49 (98%) participants were females. Because a total of only 48 participants took the survey, there is an error in this data because one participant probably chose more than one option.

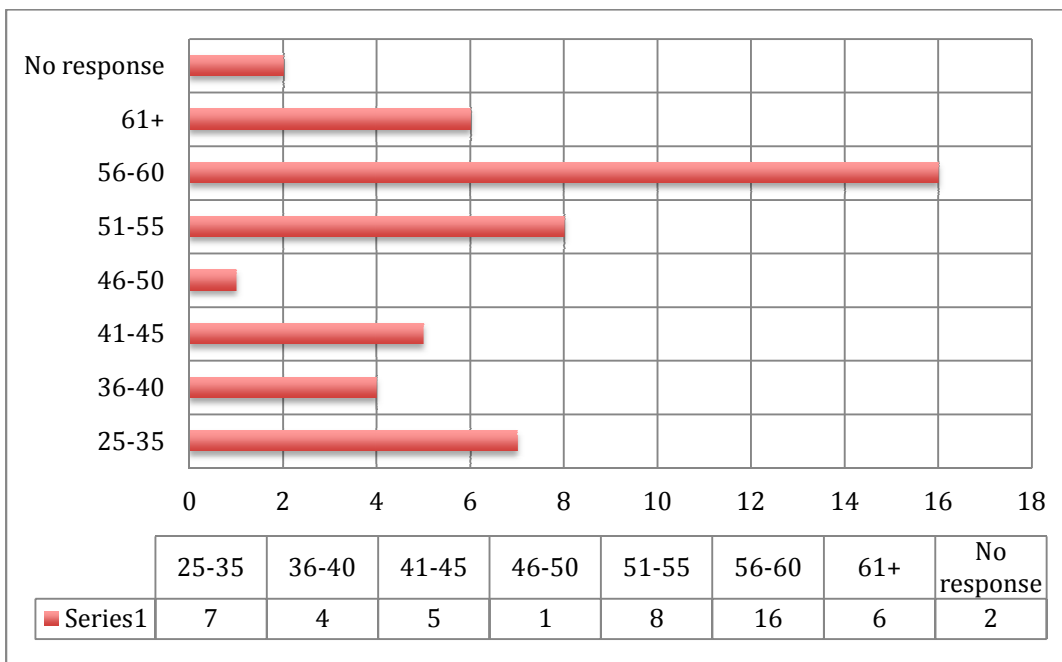


Figure 4.14. Ages of faculty participants. The majority of nursing faculty is between the ages of 56-60. Sixteen of 49 (33%) participants are between the ages of 56-60. Eight of the 49 (16%) participants are between the ages of 51-55. Seven of the 49 (14%) participants are between the ages of 25-32. Six of the 49 (12%) participants are 61 years

or older. Five of the 49 (10%) participants are between 41-45. 4 of the 49 (8%) participants are between 36-40. Two participants chose not to respond to this question. One of the 49 (2%) participants is between 46-50 years old. Again, because only a total of 48 participants completing this survey, one participant chose more than one answer for this question.

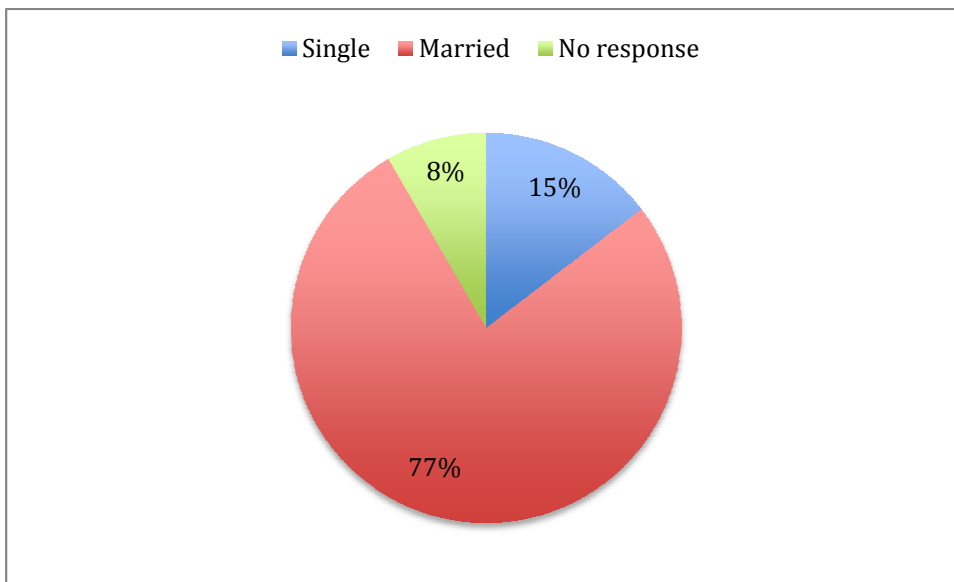


Figure 4.15. Marital status of faculty participants. A majority of the faculty is married. 37 of the 48 (77%) participants are married. Seven of the 48 (15%) are single. Four of the 48 (8%) chose “no response” for this question.

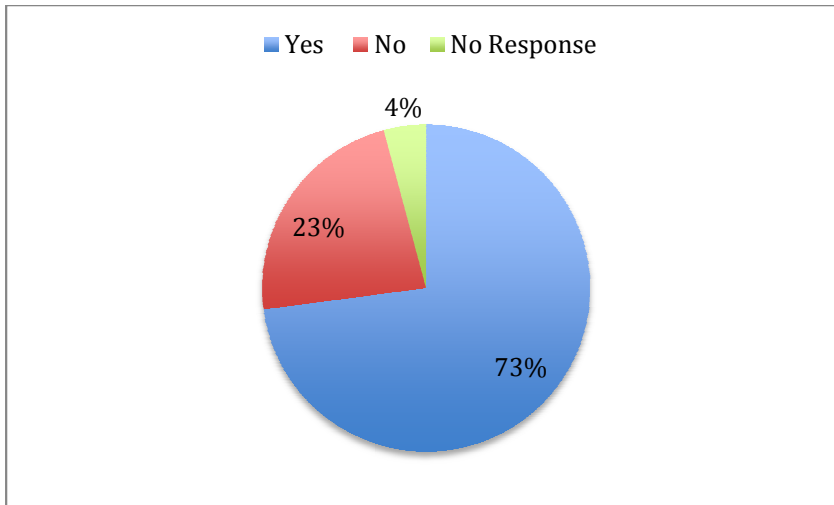


Figure 4.16. Faculty participants with children. A majority of the faculty has children.

35 of the 48 (73%) have children. Eleven of the 48 (23%) do not have children. Two of the 48 (4%) chose “no response for this question.

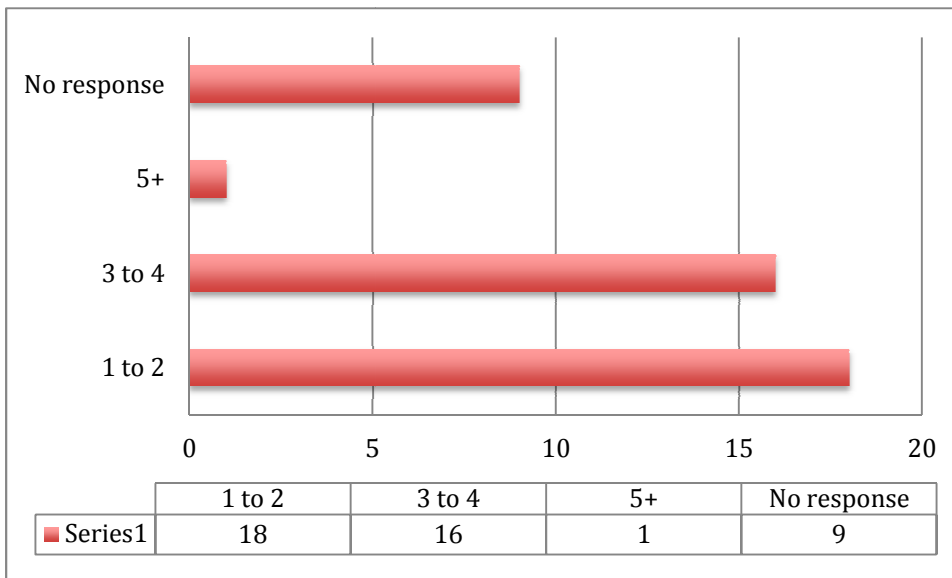


Figure 4.17. Number of children for faculty participants. A majority of the faculty that have children have 1-2 or 3-4 children. Eighteen of the 44 (41%) participants have 1-2 children; 16 of the 44 participants (36%) have 3-4 children, and 1 of the 44 (2%) participants has 5 or more children. Nine of the 44 (20%) participants chose “no

response,” which may indicate that either they do not have children or that they prefer to not respond.

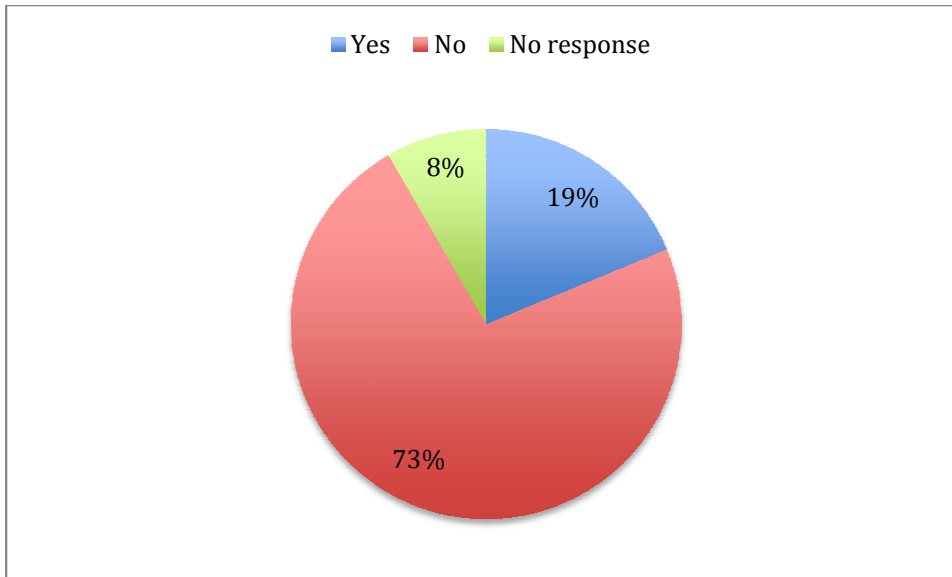


Figure 4.18. Number of faculty participants that care for a parent. A majority of faculty does not care for a parent. 35 of the 48 (73%) participants do not care for a parent. Nine of the 48 (19%) do care for a parent. Four of the 48 (8%) chose “no response.”

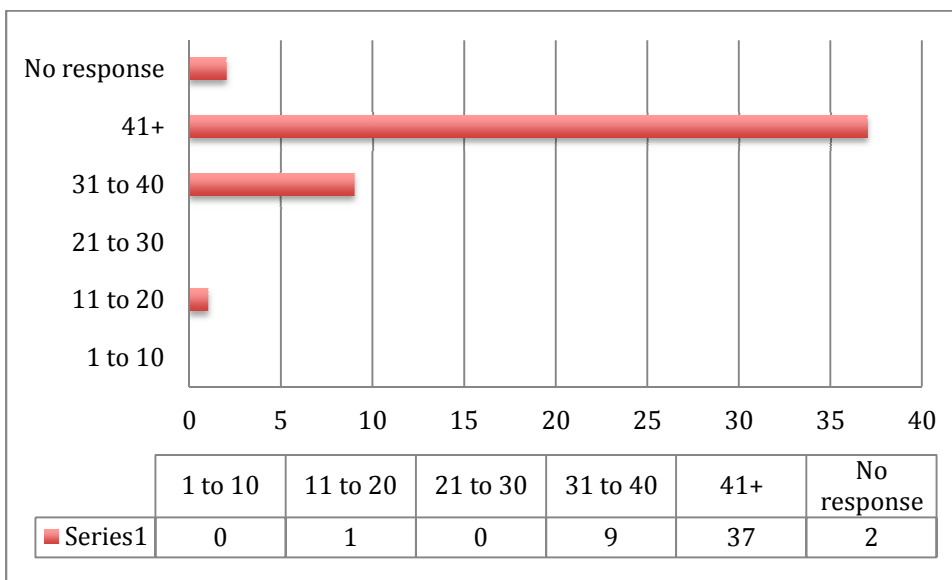


Figure 4.19. Average hours worked per week. A majority of the nursing faculty participants work on average 41 or more hours per week. 37 of the 49 (76%) participants reported working 41 or more hours per week. Nine of the 49 (18%) participants reported working 31-40 hours per week. One of the 49 (2%) participants reported working 1-10 hours per week. Two of the 49 participants chose “no response” for this question. For this question there was one participant that chose more than one answer, as there were only a total of 48 participants that completed the survey.

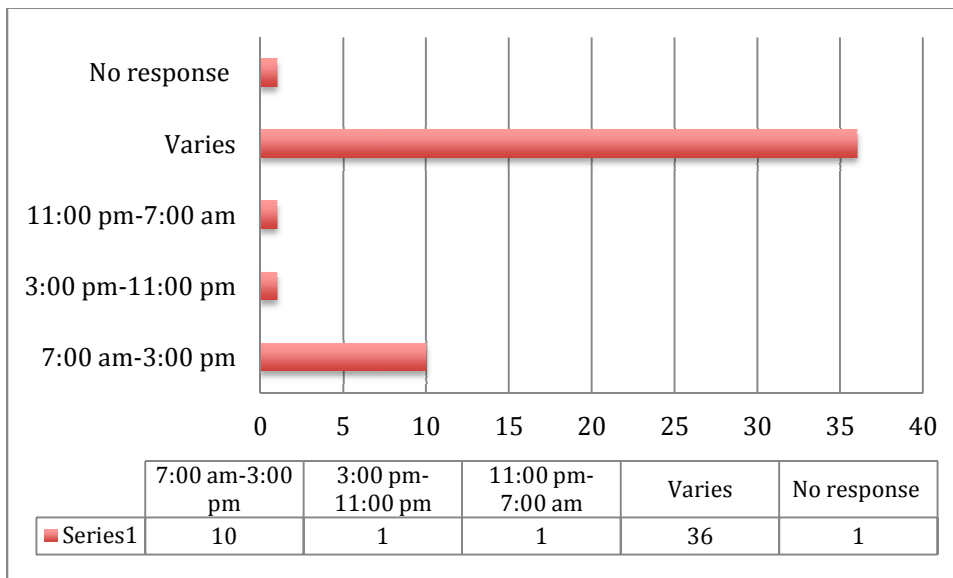


Figure 4.20. Time of the day when hours are worked. A majority of the faculty that responded work varying hours. 36 of the 49 (73%) participants work a variety of hours. Ten of the 49 (20%) participants work 7:00 am- 3:00 pm. One of the 49 (20%) participants works during the night from 11:00 pm to 7:00 am. One of the 49 (20%) participants chose “no response” for this question.

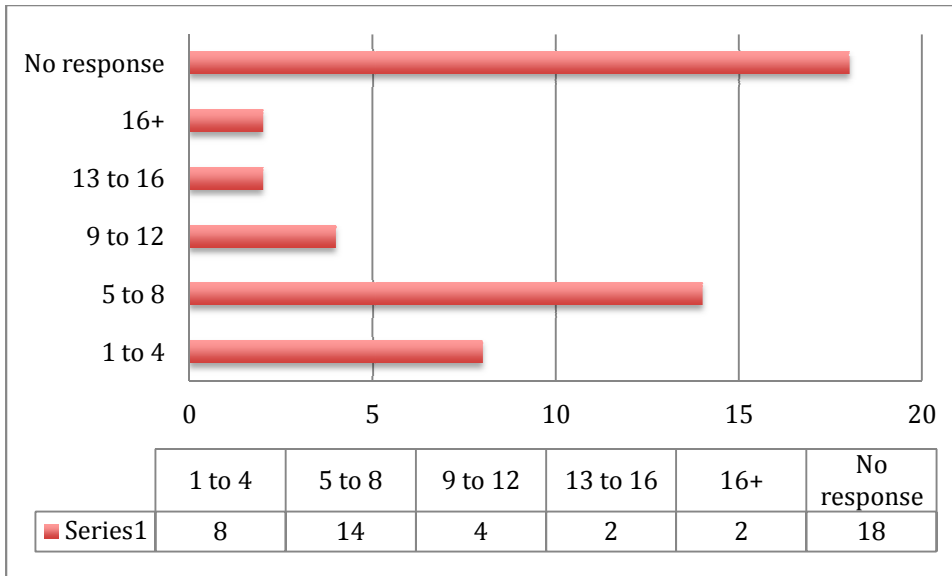


Figure 4.21. Current credit load. A majority of the faculty participants chose “no response” for this question. Eighteen of the 48 (38%) participants chose “no response.” 14 of the 48 (29%) participants teach 5-8 credits. Eight of the 48 (17%) participants teach 1-4 credits, 4 of the 48 (8%) participants teach 9-12 credits, 2 of the 48 (4%) participants teach 13-16 credits, and 2 of the 48 (4%) participants teach 16 or more credits.

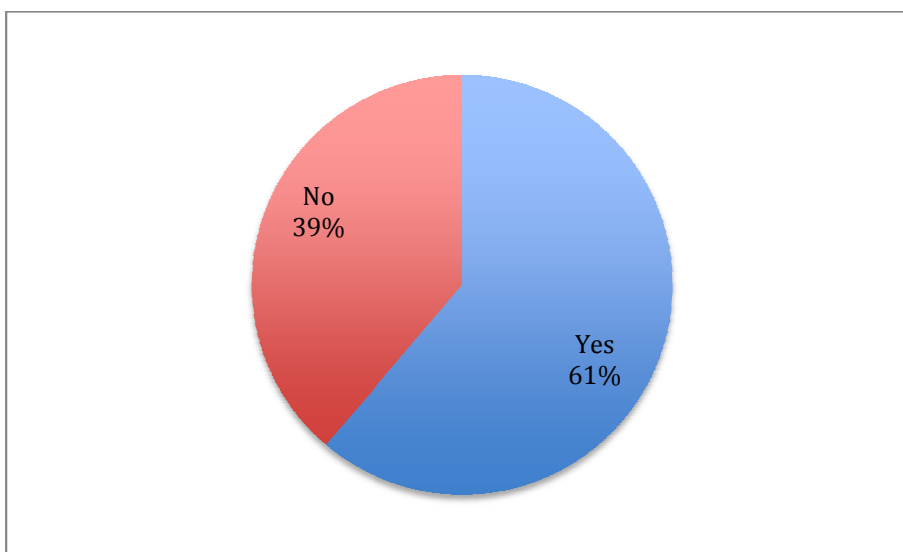


Figure 4.22. Number of faculty that teach in the clinical setting. A majority of the participants teach in the clinical setting. 30 of the 49 (61%) participants teach in the clinical setting. Nineteen of 49 (39%) participants do not teach in the clinical setting. There is an error in this report, as there are a total of 48 participants in this survey and this question had 49 responses.

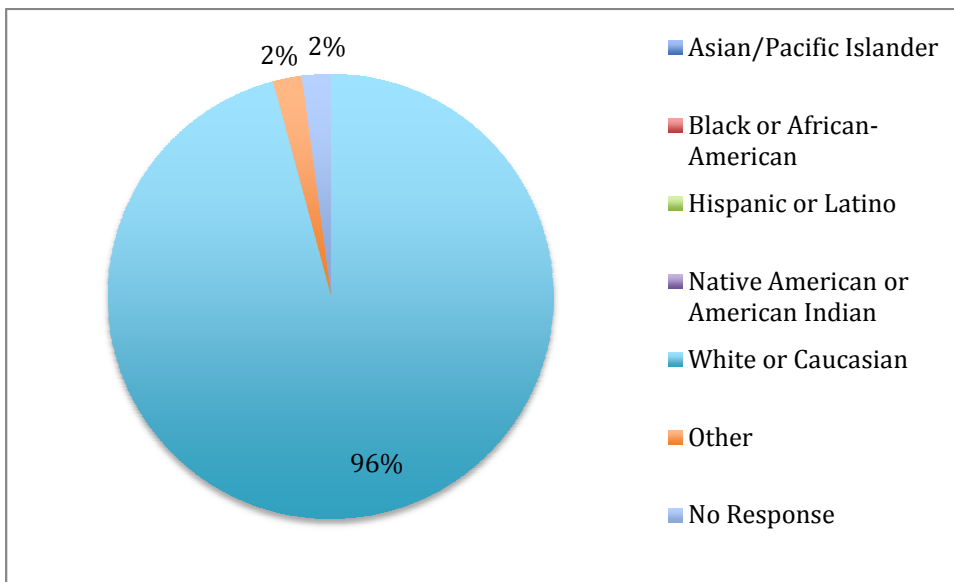


Figure 4.23. Ethnicity origin. A majority of the faculty who responded is White/Caucasian. 46 of the 48 (96%) participants are White/Caucasian. One of the 48 (2%) participants reported “other.” One of the 48 (2%) participants chose “no response.” There are no faculty who are Asian/Pacific, Black or African-American, Hispanic or Latino, or Native American or American Indian.

Average Nursing Faculty Respondent

Given these data, the average nursing faculty at St. Catherine University presents with the following demographics and characteristics: A married, 56-60 year-old Caucasian/White female who has 1-2 children and does not care for a parent. She teaches

5-8 credits and directs student-learning experiences in the clinical setting. On average she works 41 or more varying hours per week.

Nursing Faculty Participants: Current Self-Care Practices

Physical Potential

Table 4.16

Physical Potential: Where Faculty Participants are Now (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess my general health daily	31	20	0	1.61
Exercise 3 to 5 times a week for 20 minutes	23	19	10	1.25
Eat nutritious foods daily	37	16	0	1.70
Play without guilt	17	27	8	1.17
Practice relaxation daily	13	27	14	0.98
Energy level is effective for daily activities	30	21	1	1.56
Do not smoke	43	1	9	1.64
Drink in moderation	39	5	7	1.63
Have regular physical and dental checkups	45	6	1	1.85
Practice safe sex	49	0	1	1.96

Note. 48 participants with 50 to 54 responses per each behavioral question. The mean score for the physical area of current self-care practices is 1.54. The standard deviation is 0.31. In total, the mean score for this category was 15.35, which Dossey and Keegan (2009) categorize in the 14 to 20 score range. When in this category, the authors state,

“your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Mental Potential

Table 4.17

Mental Potential: Where Faculty Participants are Now (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Am open and receptive to new ideas and life patterns	41	10	0	1.80
Read a broad range of subjects	27	18	6	1.41
Am interested in and knowledgeable about many topics	36	15	0	1.71
Use my imagination in considering new choices or possibilities	35	15	1	1.67
Prioritize my work and set realistic goals	28	24	0	1.54
Enjoy developing new skills and talents	31	21	0	1.60
Ask for suggestions and help when I need it	36	14	3	1.62

Note. 48 participants with 50 to 54 responses per each behavioral question. The mean score for the mental area of current self-care practices is 1.62. The standard deviation is 0.13. In total, the mean score for this category was 11.35, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Emotions Potential

Table 4.18

Emotions Potential: Where Faculty Participants are Now (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess and recognize my own feelings	37	13	1	1.71
Have a nonjudgmental attitude	25	26	0	1.49
Express my feelings in appropriate ways	32	19	0	1.63
Include my feelings when making decisions	31	19	2	1.56
Can remember and acknowledge most events of my childhood including painful as well as happy	36	14	0	1.72
Listen to and respect the feelings of others	41	10	0	1.80
Recognize my intuition	38	13	0	1.75
Listen to inner self-talk	33	16	2	1.61

Note. 48 participants with 50 to 52 responses per each behavioral question. The mean score for the emotions area of current self-care practices is 1.66. The standard deviation is 0.10. In total, the mean score for this category was 13.27, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Relationships Potential

Table 4.19

Relationships Potential: Where Faculty Participants are Now (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
I share my opinions and feelings without seeking approval of others or fearing	23	25	2	1.42

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
outcomes				
Create and participate in satisfying relationships	39	11	0	1.78
Sexuality is part of my relationships	31	13	3	1.60
Have a balance between my work and family life	8	30	10	0.96
Am clear in expressing my needs and desires	15	33	1	1.29
Am open and honest with people without fearing the consequences	20	27	2	1.37
Do my part in establishing and maintaining relationships	29	21	0	1.58
Focus on positive topics in relationships	35	15	0	1.70

Note. 48 participants with 57 to 50 responses per each behavioral question. The mean score for the relationships area of current self-care practices is 1.46. The standard deviation is 0.26. In total, the mean score for this category was 11.70, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Choices Potential

Table 4.20

Choices Potential: Where Faculty Participants are Now (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Manage my time to meet my personal goals	13	33	4	1.18
Am committed and disciplined whenever I take on new projects	27	22	0	1.55

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Follow through and work on decisions with clarity and action steps	32	16	1	1.63
Am usually clear on decisions	36	13	0	1.73
Take risks	19	23	6	1.27
Can accept circumstances that are beyond my control	28	19	2	1.53
Take on no more new tasks than I can successfully handle	7	32	9	0.96
Recognize shortcomings of people and events for what they are	28	22	0	1.56

Note. 48 participants with 48 to 50 responses per each behavioral question. The mean score for the choices area of current self-care practices is 1.43. The standard deviation is 0.26. In total, the mean score for this category was 11.41, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Spirit Potential

Table 4.21

Spirit Potential: Where Faculty Participants are Now (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Operate from the perspective that life has value, meaning and direction	43	7	0	1.86
Know at some level a connection with the universe	43	6	1	1.84
Know some Power greater than myself	43	7	0	1.86
Feel a part of life	40	10	1	1.77

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
and living frequently				
Recognize that the different roles of my life are expressions of my true self	37	12	1	1.72
Know how to create balance and feel a sense of connectedness	25	21	4	1.42
Know that life is important and I make a difference	39	8	0	1.83

Note. 48 participants with 47 to 50 responses per each behavioral question. The mean score for the spirit area of current self-care practices is 1.76. The standard deviation is 0.16. In total, the mean score for this category was 12.30, which Dossey and Keegan (2009) categorize in the 10-13 score range and state that the “life patterns in this area are good, but there is room for improvement” (p. 165).

Personal and Professional Integrity in Nursing Potential

Table 4.22

Personal and Professional Integrity in Nursing Potential: Where Faculty Participants are Now (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Practice self-respect	37	13	0	1.74
Value my own worth and dignity	40	9	1	1.78
Express moral point of view and perspectives	38	12	1	1.73
Respect the views of others, even when they are different than my own	41	8	0	1.84
Aware of my personal boundaries	39	8	2	1.76

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Am committed to lifelong learning	47	3	0	1.94
View myself as being non-judgmental of other persons	32	17	1	1.62
Strive to create an open environment where diverse opinions may be expressed	41	9	0	1.82
Value opportunities to collaborate and consult with others	40	10	0	1.80

Note. 48 participants with 49 to 51 responses per each behavioral question. The mean score for the personal and professional integrity in nursing area of current self-care practices is 1.78. The standard deviation is 0.09. In total, the mean score for this category was 16.03. To be consistent with Dossey and Keegan's (2009) scoring scale, this mean would be categorized in the 14 to 20 score range. The authors state, "your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance" (p. 165).

Nursing Faculty Participants: Desired Self-Care Practices

Physical Potential

Table 4.23

Physical Potential: How Faculty Participants Want It to Be (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess my general health daily	37	14	0	1.73
Exercise 3 to 5 times a week for 20 minutes	50	2	0	1.96
Eat nutritious	49	3	0	1.94

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
foods daily				
Play without guilt	46	5	0	1.90
Practice relaxation daily	46	5	0	1.90
Energy level is effective for daily activities	50	1	0	1.98
Do not smoke	45	0	7	1.73
Drink in moderation	40	5	3	1.77
Have regular physical and dental checkups	49	1	0	1.98
Practice safe sex	48	0	1	1.96

Note. 48 participants with 48 to 52 responses per each behavioral question. The mean score for the physical area of current self-care practices is 1.89. The standard deviation is 0.10. In total, the mean score for this category was 18.85. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Mental Potential

Table 4.24

Mental Potential: How Faculty Participants Want It to Be (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Am open and receptive to new ideas and life patterns	50	1	0	1.98

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Read a broad range of subjects	46	5	0	1.90
Am interested in and knowledgeable about many topics	50	1	0	1.98
Use my imagination in considering new choices or possibilities	50	1	0	1.98
Prioritize my work and set realistic goals	50	1	0	1.98
Enjoy developing new skills and talents	47	4	0	1.92
Ask for suggestions and help when I need it	50	1	0	1.98

Note. 48 participants with 51 responses per each behavioral question. The mean score for the mental area of current self-care practices is 1.96. The standard deviation is 0.03. In total, the mean score for this category was 13.72. Dossey and Keegan (2009) categorize this mean in the 10 to 13 score range. When in this category, the authors state, “your life patterns in this area are good, but there is room for improvement” (p. 165). The authors recommend reflecting on the “sometimes” or “almost never” answers and state “even the slightest change can make a difference to improve the quality of your life” (p. 165).

Emotions Potential

Table 4.25

Emotions Potential: How Faculty Participants Want It to Be (N=48)

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Assess and recognize my own feelings	51	0	0	2.00
Have a nonjudgmental attitude	50	1	0	2.00
Express my feelings in	51	0	0	2.00

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
appropriate ways				
Include my feelings when making decisions	44	6	1	1.96
Can remember and acknowledge most events of my childhood including painful as well as happy	44	7	0	2.00
Listen to and respect the feelings of others	50	0	0	2.00
Recognize my intuition	48	3	0	2.00
Listen to inner self-talk	43	7	1	1.96

Note. 48 participants with 50 to 51 responses per each behavioral question. The mean score for the emotions area of current self-care practices is 1.99. The standard deviation is 0.09. In total, the mean score for this category was 15.92. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Relationships

Table 4.26

Relationships Potential: How Faculty Participants Want It to Be (N=48)

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
I share my opinions and feelings without seeking approval of others or fearing outcomes	43	6	0	1.88
Create and participate in satisfying relationships	47	2	0	1.96

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Sexuality is part of my relationships	40	6	2	1.79
Have a balance between my work and family life	48	1	0	1.98
Am clear in expressing my needs and desires	45	3	0	1.94
Am open and honest with people without fearing the consequences	44	5	0	1.90
Do my part in establishing and maintaining relationships	47	2	0	1.96
Focus on positive topics in relationships	43	5	0	1.90

Note. 48 participants with 48 to 49 responses per each behavioral question. The mean score for the relationships area of current self-care practices is 1.91. The standard deviation is 0.06. In total, the mean score for this category was 15.31. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Choices Potential

Table 4.27

Choices Potential: How Faculty Participants Want It to Be (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Manage my time to meet my personal goals	47	2	0	1.96
Am committed and disciplined whenever I take on new projects	47	1	1	1.94

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Follow through and work on decisions with clarity and action steps	48	1	0	1.98
Am usually clear on decisions	48	0	1	1.96
Take risks	32	17	0	1.65
Can accept circumstances that are beyond my control	44	5	0	1.90
Take on no more new tasks than I can successfully handle	46	3	0	1.94
Recognize shortcomings of people and events for what they are	44	4	0	1.92

Note. 48 participants with 48 to 49 responses per each behavioral question. The mean score for the choices area of current self-care practices is 1.91. The standard deviation is 0.11. In total, the mean score for this category was 15.25. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Spirit Potential

Table 4.28

Spirit Potential: How Faculty Participants Want It to Be (N=48)

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Operate from the perspective that life has value, meaning and direction	48	1	0	1.98
Know at some	47	2	0	1.96

Behavior	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
level a connection with the universe				
Know some Power greater than myself	46	3	0	1.94
Feel a part of life and living frequently	48	1	0	1.98
Recognize that the different roles of my life are expressions of my true self	49	0	0	2.00
Know how to create balance and feel a sense of connectedness	49	0	0	2.00
Know that life is important and I make a difference	46	1	0	1.98

Note. 48 participants with 47 to 49 responses per each behavioral question. The mean score for the spirit area of current self-care practices is 1.98. The standard deviation is 0.02. In total, the mean score for this category was 13.84. Dossey and Keegan (2009) categorize this mean in the 10 to 13 score range. When in this category, the authors state, “your life patterns in this area are good, but there is room for improvement” (p. 165). The authors recommend reflecting on the “sometimes” or “almost never” answers and state “even the slightest change can make a difference to improve the quality of your life” (p. 165).

Personal and Professional Integrity in Nursing Potential

Table 4.29

Personal and Professional Integrity in Nursing Potential: How Faculty Participants

Want It to Be (N=48)

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Practice self-respect	49	0	0	2.00
Value my own worth and dignity	49	0	0	2.00

Question	Almost Always (2)	Sometimes (1)	Almost Never (0)	<i>M</i>
Express moral point of view and perspectives	45	3	0	1.94
Respect the views of others, even when they are different than my own	49	0	0	2.00
Aware of my personal boundaries	49	0	0	2.00
Am committed to lifelong learning	49	0	0	2.00
View myself as being non-judgmental of other persons	49	0	0	2.00
Strive to create an open environment where diverse opinions may be expressed	49	0	0	2.00
Value opportunities to collaborate and consult with others	45	3	0	1.94

Note. 48 participants with 48 to 49 responses per each behavioral question. The mean score for the personal and professional integrity in nursing area of current self-care practices is 1.99. The standard deviation is 0.03. In total, the mean score for this category was 17.88. Dossey and Keegan (2009) categorize this mean in the 14 to 20 score range. When in this category, the authors state, “your score shows that you are aware of the important areas of your life and you are using knowledge to work for you by practicing good life patterns that reflect health and balance” (p. 165).

Table 4.30

Desired Areas that Faculty Would Like to Improve in Ranked Order (N=48)

Area	Where I am Now	How I Want It to Be	Statistical Significance <i>p</i> -value ≤0.05
Choices	1.43	1.91	0.001

Area	Where I am Now	How I Want It to Be	Statistical Significance <i>p</i> -value 0.05
Relationships	1.46	1.91	0.003
Physical	1.54	1.89	0.008
Mental	1.62	1.96	0.000
Emotions	1.66	1.99	0.000
Spirit	1.76	1.98	0.015
Personal and Professional Integrity in Nursing	1.78	1.98	0.000

Note. 48 participants with 47 to 54 responses per each behavioral question. The top area that nursing faculty have a desire to improve is the choices area. The lowest desire to improve is the personal and professional integrity in nursing area.

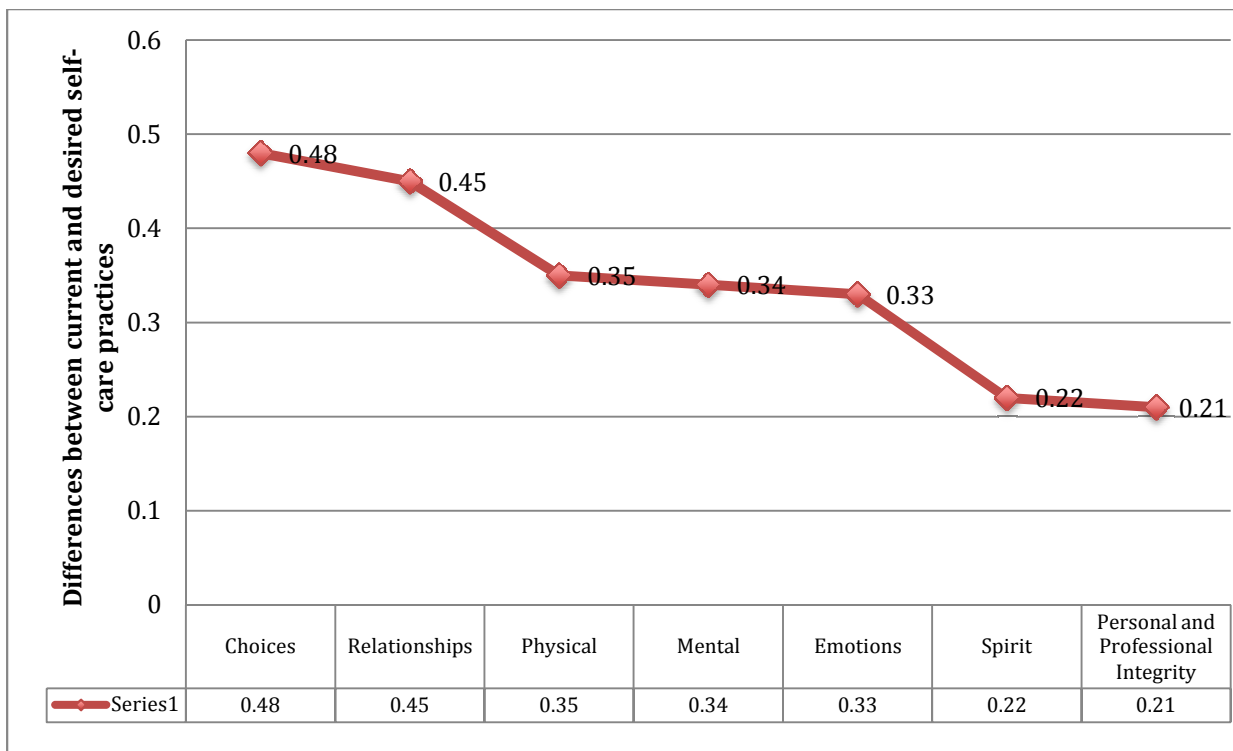


Figure 4.24. Ranked areas for desired self-care practices. The ranked areas that the faculty have a desire to improve in their self-care practices based on the calculated

differences between the mean current self-care practices and mean desired self-care practices.

Summary of Student and Nursing Faculty Responses

Student and Nursing Faculty

Table 4.31

Mean Scores: Comparisons of Student and Faculty (N=103)

Area	Students: Where I am now (Mean)	Students: Where I want to Be (Mean)	Statistical Significance <i>p</i> -value ≤0.05	Faculty: Where I am now (Mean)	Faculty: Where I want to be (Mean)	Statistical Significance <i>p</i> -value ≤0.05
Physical	1.40	1.86	0.002	1.54	1.89	0.008
Mental	1.60	1.94	0.000	1.62	1.96	0.000
Emotions	1.54	1.92	0.001	1.66	1.99	0.000
Relationships	1.36	1.92	0.000	1.46	1.91	0.003
Choices	1.30	1.90	0.000	1.43	1.91	0.001
Spirit	1.32	1.92	0.000	1.76	1.98	0.015
Personal and Professional Integrity in Nursing	1.75	1.98	0.000	1.78	1.98	0.000

Note. 103 participants with 47 to 67 responses per each behavioral question. As Table 4.29 illustrates, the results from both students and faculty indicate that every area from the survey shows that there is a statistical significance from the current self-care practices to desired self-care practices. There is a statistical significance in the desire to change current practices and behaviors.

CHAPTER V

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter describes the summary of findings, conclusions, and recommendations. Data, research, and literature will be reviewed and the findings will be compared to previous research. Recommendations will discuss opportunities for future research and integration of self-care practices into nursing curricula and clinical practice.

Summary of Findings

As illustrated in the tables and figures, the research shows that both students and faculty have the most desire to improve the choices area of self-care practices as indicated by the *Circle of Human Potential* assessment. The highest ranked and least desirable area of self-care practices to improve is the personal and professional integrity in nursing. This may be indicative of the students' and faculty's consistency with *The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 29008)* within the nursing curriculum at St. Catherine University. The nursing program is developed based on these essentials and other nursing standards, such as Quality and Safety Education for Nurses (QSEN), Interprofessional Education (IPE), and the National Council Licensure Examination for Registered Nurses (NCLEX-RN) blueprints.

Conclusions

The assessment tool used in this research has provided an opportunity for students and nursing faculty to identify their current and desired status within each area of self-care practice. This self-assessment serves as a guide for them to focus their attention and identify resources that may enable them to better care for themselves. Additionally, participants who completed the survey were provided with an opportunity to self-assess

current and desired self-care practices, which is essential in the first step in the process of behavioral change. By completing this study, there is better understanding of the self-care needs of both the nursing students and nursing faculty within the St. Catherine University institution.

The results of the research are beneficial for those who completed the survey, nurse educators and nursing faculty, and administrative personnel within the university to better understand how to meet the needs to nursing students and faculty. Furthermore, it is possible that these self-care practices also translate into the self-care practices of other students and faculty within the other nursing and healthcare programs at both St. Catherine University and worldwide. This study provides data, which identify current and desired practices, so that interventions can be made to better meet the needs of both the students and the faculty. This may lead to better management of stress, increased ability to compassionately care for others, increase the longevity of a current or future nursing career by preventing burnout or compassion fatigue, and better enabling nursing faculty to serve as role models of self-care practices.

Although there has not been research done that compares student and faculty self-care practices using the same assessment tool, the literature does support findings from previous studies related to general self-care practices and stress. The results of the research identifies that both students and faculty have a desire to increase their choices and relationships areas of self-care practices. Given the intensity of the curriculum and perceived time constraints, it is understandable why students and faculty reported that they have a desire to improve these areas. Shriver and Scott-Stiles (2000) state, students believe that they do not have adequate time to socialize with friends. Dossey and Keegan

(2009) also state that stress can have effects on the physiological, psychological, behavioral, and spiritual health of an individual. All of these factors may contribute to the lack of relationships that students and faculty report that they have. On a more personal level, if a student or faculty is unable to replenish self-care needs as they relate to stressors and mental health, then they may also have a challenging time developing and maintaining positive and healthy relationships with others.

To further account for this, Dossey and Keegan (2009) state that people with stress may present with a negative mood state, anxiety, depression, hostility, and anger. These psychological elements also create a challenge for stressed nursing students or faculty to develop relationships because they may negatively influence each other within the program and create a culture of hostility, depression, and anger. By addressing self-care needs, these psychological aspects may improve and therefore positively impact the nursing culture within the nursing program. Additionally, students and faculty from other departments who may not experience this level of stress may not understand why students and faculty present with these negative attitudes. This also makes it challenging for nursing students and faculty to form and maintain relationships with other students and faculty within the SCU community.

Overall, there is a desire to improve self-care practices in each area that was assessed. Nursing faculty and university administration have an ethical responsibility to assist with meeting the self-care needs of both the faculty and students within the nursing department. By teaching students and faculty about how they can best manage their stress and replenish self-care needs, they will have more sustainable nursing careers.

Together, a healthier culture can be developed, which will lead to safer and more compassionate care to patients and others in the community.

Recommendations

In this section, recommendations for education, practice, and research are addressed based on the findings of this study.

Education

First of all, it is essential to incorporate self-care practices into every nursing curriculum. As indicated in the revised *Code of Ethics for Nurses*, it is now an ethical responsibility for nurses to care for themselves, promote health, and partake in continuous personal and professional growth. For the first time, The American Nurses Association (ANA) (2014) has incorporated Provision 5, which outlines the duty of a nurse to care for self as he or she does for others. The American Association of Colleges of Nursing (AACN) (2008) also indirectly described the importance of nursing students to partake in self-care practices; however it was not clearly defined. As indicated in Essential VIII: Professionalism and Professional Values in *The Essentials of Baccalaureate Education for Professional Nursing Practice*, the authors state that nursing students will “recognize the relationship between personal health, self-renewal, and the ability to deliver sustained quality care” (p. 28). Additionally, they state that nursing students will learn to be accountable for their own self, nursing practice, individual actions, and behaviors. These speak to the importance of providing students with the resources that they need to learn how to take care of themselves, so that they can sustainably provide safe and compassionate care to their patients. Students need to have a sound understanding of the relationship of self-care and nursing practice, so that they

can take personal responsibility and accountability to replenish their own personal needs as they are depleted throughout their nursing career. Given this information, it is clear that there is rationale for the prioritization of self-care practices in nursing curriculums and clinical settings, but there are still opportunities to accomplish this.

To incorporate self-care practices into nursing curriculums, a systems change project needs to occur. First of all, faculty need to be educated about self-care practices and its importance for clinical and academic nursing practice, and the benefits that these practices can have on personal health, compassionate care, and patient safety. This curriculum can be developed using an interprofessional educational (IPE) approach on campus by collaborating with other disciplines within the university community.

Together, a curriculum can be developed that focuses on each area in the *Circle of Human Potential* with the assistance of experts who have knowledge of each area. The curriculum can be presented on-campus as a seminar prior to the academic year. Once nursing faculty are educated, they will have the knowledge, ability, and confidence to incorporate these practices into the nursing curriculums. Additionally, they will hopefully begin to incorporate these practices into their own lives and nursing practice, which will role model behaviors to students and peers within the community.

To go a step further, it is beneficial to designate a faculty member in the nursing department to be a Self-Care Coordinator. In this role, he or she would be the allocated person to use as a resource for information related to self-care. Additionally, it would be expected that he or she will assist with developing and presenting the self-care seminar to nursing faculty. One course load can be designated to this role and has the benefit to have positive outcomes for the nursing curriculum and community, student stress and

anxiety, and potentially increase the NCLEX-RN pass rate if students are better able to manage their stress in challenging situations.

Practice

There is opportunity for health promotion and prioritization of self-care practices for nursing students, faculty, and registered nurses in the clinical settings. First of all, it would be beneficial for nurses to complete self-assessments, such as the *Circle of Human Potential*, on a regular basis and reflect on the findings to determine their current and desired self-care practices. Once it is determined which areas are desirable to improve, then an action plan can be formulated. Results from multiple nurses within an entity can be compared and analyzed to determine resources that may be adequate for that specific population. It is possible that the organization that the nurses are affiliated with may already have designated resources for employee assistance and self-care, so making these more accessible may be necessary.

In addition self-care practices and self-care assessments should be incorporated into New Registered Nurse Residency Programs to reiterate the importance of self-care, especially during the first year of nursing practice. New nurses experience high levels of stress and likely neglect their own self-care needs during this time, so it is important to provide a resource, such as the *Circle of Human Potential Self-Assessment* to remind them of desired areas that they would like to replenish. By recognizing these self-care practices early on in their nursing careers and being aware of the available resources, they may prioritize their self-care needs and better enable their abilities to provide compassionate and safe care to patients. Also, these practices can help to change the nursing culture in multiple organizations in which this philosophy does not resonate for

nurses who were educated with a nursing curriculum that taught nurses to care for everyone else before themselves.

Research

For future research, it would be beneficial to assess all students in the Baccalaureate Day Nursing Program and/or other nursing programs. In addition, it would be helpful to survey students and faculty in the other healthcare fields of study to determine their current and desired areas of self-care. If students across campus are all have the same desires to improve their self-care practices, then this can be incorporated into the interprofessional education program.

Also, because this thesis is being completed at the same time as public comments have been requested for the planned revision of *Code of Ethics for Nurses with Interpretive Statements* (American Nurses Association, 2014), it would be important to assess nursing students and faculty after curriculums are modified to incorporate these new provisions related to self-responsibility for self-care. A revised tool could be developed to reflect these provisions and standards to determine current, desired, and future self-care practices of nursing students and faculty. A longitudinal study would be ideal to assess a student's self-care practices at the beginning of a nursing program, upon graduation from a nursing program, and after a year of nursing practice. It would also be interesting to assess the self-care practices of faculty before and after they attend a seminar about self-care practices and after they incorporate these practices into their personal lives and nursing courses.

Summary

There are many opportunities and benefits to integrating and prioritizing self-care practices into a variety of settings within the nursing field and academic settings. By providing opportunities for nursing students and faculty to self-assess their current and desired self-care practices, they are aware of areas that are in need of replenishing to better enable them to take care of themselves and compassionately take care of others. Ultimately, a culture change needs to occur to emphasize the importance of this issue for not only the self-care practices of nursing students and faculty, but also the safety of patients. As nurses and nurse educators, patient safety is our fundamental priority and responsibility as ethical and professional healthcare providers.

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Appendix A

Participant Survey



AMERICAN
*Holistic
Nurses*
ASSOCIATION

Self-Assessments - Circle of Human Potential

PHYSICAL

Where I Am Now	Almost Always	Some- times	Almost Never	How I Want It To Be
Assess my general health daily	2	1	0	
Exercise 3 to 5 times a week for 20 minutes	2	1	0	
Eat nutritious foods daily	2	1	0	
Play without guilt	2	1	0	
Practice relaxation daily	2	1	0	
Energy level is effective for daily activities	2	1	0	
Do not smoke	2	1	0	
Drink in moderation	2	1	0	
Have regular physical and dental checkups	2	1	0	
Practice safe sex	2	1	0	
Physical Score				

MENTAL

Where I Am Now	Almost Always	Some- times	Almost Never	How I Want It To Be
Am open and receptive to new ideas and life patterns	2	1	0	
Read a broad range of subjects	2	1	0	
Am interested in and knowledgeable about many topics	2	1	0	
Use my imagination in considering new choices or possibilities	2	1	0	
Prioritize my work and set realistic goals	2	1	0	
Enjoy developing new skills and talents	2	1	0	
Ask for suggestions and help when I need it	2	1	0	
Mental Score				

EMOTIONS

Where I Am Now	Almost Always	Some-times	Almost Never	How I Want It To Be
Assess and recognize my own feelings	2	1	0	
Have a nonjudgmental attitude	2	1	0	
Express my feelings in appropriate ways	2	1	0	
Include my feelings when making decisions	2	1	0	
Can remember and acknowledge most events of my childhood including painful as well as happy	2	1	0	
Listen to and respect the feelings of others	2	1	0	
Recognize my intuition	2	1	0	
Listen to inner self-talk	2	1	0	
Emotions Score				

RELATIONSHIPS

Where I Am Now	Almost Always	Some-times	Almost Never	How I Want It To Be
I share my opinions and feelings without seeking the approval of others or fearing outcomes	2	1	0	
Create and participate in satisfying relationships	2	1	0	
Sexuality is part of my relationship	2	1	0	
Have a balance between my work and family life	2	1	0	
Am clear in expressing my needs and desires	2	1	0	
Am open and honest with people without fearing the consequences	2	1	0	
Do my part in establishing and maintaining relationships	2	1	0	
Focus on positive topics in relationships	2	1	0	
Relationships Score				

CHOICES

Where I Am Now	Almost Always	Some-times	Almost Never	How I Want It To Be
Manage my time to meet my personal goals	2	1	0	
Am committed and disciplined whenever I take on new projects	2	1	0	
Follow through and work on decisions with clarity and action steps	2	1	0	
Am usually clear on decisions	2	1	0	
Take risks	2	1	0	
Can accept circumstances that are beyond my control	2	1	0	
Take on no more new tasks than I can successfully handle	2	1	0	
Recognize shortcomings of people and events for what they are	2	1	0	
Choices Score				

SPIRIT

Where I Am Now	Almost Always	Some-times	Almost Never	How I Want It To Be
Operate from the perspective that life has value, meaning and direction	2	1	0	
Know at some level a connection with the	2	1	0	
Know some Power greater than myself	2	1	0	
Feel a part of life and living frequently	2	1	0	
Recognize that the different roles of my life are expressions of my true self	2	1	0	
Know how to create balance and feel a sense of connectedness	2	1	0	
Know that life is important, and I make a	2	1	0	
Spirit Score				

Source: Reprinted with permission from L. Keegan and B. Dossey, *Self-Care: A Program to Improve Your Life*, © 2004, Holistic Nursing Consultants

Meaning of the Tallied Scores

Scores of 14 to 20

Congratulations! Your score shows that you are aware of the important areas of your life. You are using your knowledge to work for you by practicing good life patterns that reflect health and balance. As long as you continue with high scores, you will be maximizing your human potential. You are a good model of health to family and friends. Since your score is high in this area, move to other areas where your scores are low and identify areas for improvement.

Scores of 10 to 13

Your life patterns in this area are good, but there is room for improvement. Reflect on the "Sometimes" or "Almost Never" answers. What could you do to change your score? Even the slightest change can make a difference to improve the quality of your life.

Scores of 6 to 9

Your life stressors are showing. You need more information about these important life areas and what changes you can make. *seek guidance to enhancing your potential and self-care.

Scores of 0 to 5

Your life is full of unnecessary stress. You are not taking good care of yourself. You need to take some time and learn the principles of self-care.

When you finish this exercise you have a composite picture not only of where you are now, but where you want to go. ENJOY THE JOURNEY!

Source: Copyright © L. Keegan and B. Dossey

*suggested resource

Dossey, B. M., & Keegan, L. (Eds.). (2009). *Holistic nursing: A handbook for practice* (5th ed). Sudbury, MA: Jones and Bartlett.

Extra Questions for Survey

Personal and Professional Integrity in Nursing

Where I am Now	Almost Always	Sometimes	Almost Never	How I want It to Be
Practice self-respect	2	1	0	
Value my own worth and dignity	2	1	0	
Express my moral point of view and perspectives	2	1	0	
Respect the views of others, even when they are different than my own	2	1	0	
Aware of my personal boundaries	2	1	0	
Am committed to lifelong learning	2	1	0	
View myself as being non-judgmental of other persons	2	1	0	
Strive to create an open environment where diverse opinions may be expressed	2	1	0	
Value opportunities to collaborate and consult with others	2	1	0	

Demographics section has been constructed to gather demographic data for baccalaureate nursing student participants and nursing faculty participants:

Demographic Questionnaire for Baccalaureate Nursing Students

Please answer the following questions about yourself. If you choose to not provide information on a specific area, please select the option of “no response.”

Gender: Male Female no response

Age: 18-19
 20-22
 23-25
 27-29
 30-35
 36+
 no response

Marital status: Single Married no response

Do you have children?: Yes No no response

If you answered yes to having children, how many children do you have? 1-2
 3-4
 5+
 No response

Do you care for a parent? Yes No no response

Average hours worked per week: 1-10
 11-20
 21-30
 31-40
 41+
 No response

Time of day when hours are worked: 7:00am-3:00pm 3:00pm-11:00 pm
 11:00pm-7:00am Varies
 No response

Enrolled Credit Hours: 1-4
 5-8
 9-12
 13-16
 16+
 No response

Extracurricular activities: _____ No response

Current living situation: _____ on-campus _____ off-campus _____ no response

What is your ethnicity origin? _____ Asian/Pacific Islander
 _____ Black or African-American
 _____ Hispanic or Latino
 _____ Native American or American Indian
 _____ White or Caucasian
 _____ Other
 _____ no response

Demographic Questionnaire for Nurse Educators

Please answer the following questions about yourself. If you choose to not provide information on a specific area, please select the option of “no response.”

Gender: ___ Male ___ Female ___ no response

Age: ___ 25-35
 ___ 36-40
 ___ 41-45
 ___ 46-50
 ___ 51-55
 ___ 56-60
 ___ 61+
 ___ no response

Marital status: _____ Single _____ Married _____ no response

Do you have children?: _____ Yes _____ No _____ no response

If you answered yes to having children, how many children do you have? _____ 1-2
 _____ 3-4
 _____ 5+
 _____ no response

Do you care for a parent? ___ Yes ___ No _____ no response

Average hours worked per week: _____ 1-10
 _____ 11-20
 _____ 21-30
 _____ 31-40
 _____ 41+
 _____ no response

Time of day when hours are worked: _____ 7:00am-3:00pm _____ 3:00pm-11:00 pm
_____ 11:00pm-7:00am _____ Varies
_____ no response

Credit Load: _____ 1-4
_____ 5-8
_____ 9-12
_____ 13-16
_____ 16+
_____ No response

Do you teach in the clinical setting? _____ Yes _____ No _____ no response

Extracurricular activities: _____ no response

What is your ethnicity origin? _____ Asian/Pacific Islander
_____ Black or African-American
_____ Hispanic or Latino
_____ Native American or American Indian
_____ White or Caucasian
_____ Other
_____ No response

Appendix B

Permission to Use Survey Instrument

Copy of the email from the author of this assessment tool, Dr. Barbara Dossey, with permission to use this tool: Self-Assessment-Circle of Human Potential:

On Tue, Oct 8, 2013 at 10:35 AM, Larry Dossey <larry@dosseydossey.com> wrote:

Dear Katie,

You have permission to use this tool.
Best wishes with your study.

Warm regards,
Barbara

“Health is not only to be well, but to use well every power we have.” Florence Nightingale, 1893

Barbara Dossey, PhD, RN, AHN-BC, FAAN, HWNC-BC □

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Co-Director, International Nurse Coach Association
North Miami, Florida
www.inursecoach.com

International Co-Director, Nightingale Initiative for Global Health □
Neepawa, Manitoba, Canada and Washington, DC

On Mon, Oct 7, 2013 at 10:24 PM, Katie Hopkins <kehopkins@stkate.edu> wrote:

Hello Dr. Dossey and Dr. Keegan,

I am graduate student in the master's program (Nurse Educator Concentration) at St. Catherine University in St. Paul, MN and am working on my thesis that will further research and study self-care among nursing students and nurse educators. To obtain data of the students' and educators' self-care practices, I am hoping to be able to use the attached assessment tool, "Self-Assessment-Circle of Human Potential," that was developed by the two of you. May I please have your permission to utilize this in my study? Dr. Kathleen Kalb and I will be submitting our proposal for research and utilization of this tool to the IRB within the next week or two. Please let me know if there is someone in addition that I need to contact for permission. I appreciate your help.

Thank you so much,
Katie Hopkins, BSN, RN
kehopkins@stkate.edu

Appendix C

Invitation to Participate: Script for Nursing Students

November 12, 2013:

Hello. My name is Katie Hopkins and I am completing my thesis on self-care as it relates to baccalaureate nursing students and nurse educators. I am in the Nurse Educator master's program here at St. Catherine University and also teach in the interventions course (NURS2934) for the junior-level nursing students.

I invite you to participate in this research by completing the link that is provided to you on the D2L site for this class. Please complete it by next week, Tuesday, November 19, as I will be coming back to your class to discuss mindfulness and self-care for nursing students.

By completing this survey, you will have the opportunity to learn more about self-care and your current self-care practices. You will also have the opportunity to rate where you want to be in each section. The survey is anonymous and will take about 10-15 minutes to complete.

Data that is collected will be available for both Dr. Kathleen Kalb (my advisor) and me to review. Your decision of whether or not you would like to participate will not affect your future relations with Dr. Kalb, St. Catherine University, or me in any way. In addition, information that is collected via this research study may have benefit for planning my future lecture on Tuesday, November 19, 2013.

I highly encourage you to participate as it helps to not only evaluate your own practices, but also gives me an understanding of where you are as a group as it relates to self-care and it can help me to better focus my lecture next week, so that it can best serve your needs.

As a reminder to complete the survey, I will send out an email to your class two days before we meet again. Thank you for your time and I appreciate your participation and commitment to nursing research!

November 19, 2013:

If you were unable to complete the survey prior to today's class, you still have the opportunity to complete it by December 10, which is the last class that you meet. Again, this will help you to self-evaluate your own self-care practices and recognize areas that you can improve.

Appendix D

Invitation to Participate: Script for Nursing Faculty

Faculty meeting on January 31, 2014:

Hello. My name is Katie Hopkins and I am completing my thesis on self-care as it relates to baccalaureate nursing students and nurse educators. I am in the Nurse Educator Concentration in the Master of Science in Nursing program here at St. Catherine University and also teach in the interventions course for the junior-level nursing students (NURS2934). I invite you to participate in this research by completing the link that has been emailed to you today.

Please complete it within the next two weeks. By completing this survey, you will have the opportunity to learn more about self-care and your current self-care practices. You will also have the opportunity to rate where you want to be for the self-care practices described in each section. The survey is anonymous and will take about 10-15 minutes to complete.

Data that is collected will be available for both Dr. Kathleen Kalb (my advisor) and me to review. Your decision of whether or now you would like to participate will not affect your future relations with Dr. Kalb, St. Catherine University, or me in any way.

I highly encourage you to participate as it may help you to not only evaluate your own current self-care practices, but also may also contribute to our understanding of the self-care practices of nursing faculty.

As a reminder to complete the survey, I will send out another email one week from today. Please complete it within the next two weeks.

Thank you for your time and I appreciate your participation and commitment to nursing research!

APPENDIX C

Information and Consent Form

Investigation of Self-Care Practices of Baccalaureate Nursing Students and Nursing Faculty

INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating self-care perceptions and practices of undergraduate baccalaureate nursing students and nursing faculty at St. Catherine University. This study is being conducted by Katie Hopkins, a graduate student at St. Catherine University under the supervision of Dr. Kathleen Kalb, a faculty member in the Department of Nursing. You were selected as a possible participant in this research because you are either enrolled NURS2900: Introduction to Professional Nursing Practice or a nursing faculty member. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to investigate self-care practices of undergraduate baccalaureate nursing students and nursing faculty. Approximately 216 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to complete an online survey by clicking on an anonymous link that will be available on the D2L course site for all nursing students who are currently enrolled in NURS2900: Introduction to Professional Nursing Practice or an anonymous link that will be sent via University email to all nursing faculty. The one-time survey will take approximately 10-15 minutes to complete.

Risks and Benefits of being in the study:

There are not any risks in this study, as the online survey is anonymous. Potential participants may choose not to complete the survey or to choose not to respond to specific items included in the survey.

The benefits to participating in this study and completing the survey are that each participant will be able to evaluate their current self-care practices and identify areas that they can improve as provided by the tallied scores. Additionally, each participant will be able to self-reflect on his or her overall self-care practices. Participants will be able to recognize which areas (physical, mental, emotional, professional, relationships, choices, spiritual) may need improvement and which areas are stronger. To further reflect, they are able to evaluate where they want to be on a 0-2 scale with each question to recognize areas that are important and necessary to meet their needs for self-care practices.

Confidentiality:

The online survey is anonymous. As a participant, you will not be asked to provide any identifying information. All demographic questions include the option “no response.” Also, data will be aggregated and analyzed, so individual responses will not be able to be identified.

All data from the online surveys will be aggregated and downloaded using Qualtrics software; these data will be saved in reports generated using Qualtrics software on the researcher’s laptop computer. Only I, Katie Hopkins, will have access to the records while I work on this project. Because the data does not have any identifiers, I will be keeping the data indefinitely.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

If you have any questions, please feel free to contact me, kehopkins@stkate.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, (Kathleen Kalb, 651-690-6587), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your consent is implied by the completion of this survey. Even after beginning or completing the survey, please know that you may withdraw from the study at any time.