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Self-Care in BSN Students: Developing a Self-Care Plan

by

Jamie D. Brandon

A DNP project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing in  
partial fulfillment of the requirements for the degree of  
Doctor of Nursing Practice

Boiling Springs, NC

2018

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## Abstract

Stress is an issue of concern in nursing practice and nursing education. Stress leads to burn out and compassion fatigue in the nurse and student nurse. To combat stress, professional organizations advocate for self-care practices. Research indicates self-care practice can reduce stress levels and increase health and wellness. An evidenced-based DNP project was conducted over a seven-week time frame during a mental health nursing course to educate senior BSN students on different dimensions of self-care to reduce stress levels and increase use of self-care practices.

*Keywords:* best practice, education, health-promotion, nurse, nursing, self-care

## Acknowledgements

*Leadership quality, Connectedness: "You sense you are part of the lives of other individuals and accept they are part of your existence. This outlook on life probably influences what you say or do for people as well as how you care for the environment. Because of your strengths, you often are the one who helps people understand how they are linked across time, distance, race, ethnicity, religion, economic levels, languages, or cultures."*

Adapted from Clifton Strength Finders Leadership Report for Jamie Brandon,  
January 6, 2018

According to my leadership survey, connectedness is one of my top leadership strengths and I believe it. It is in the spirit of connectedness that I write this acknowledgement because I would not be where I am today without the wonderful people in my life past and present that have helped me along the way. I would first like to say thank you to my sister, Gwen, who saw something in me that I did not see in myself. She encouraged me to pursue a career in nursing and it has turned out to be one of the best decisions I have ever made. I will not be able to thank her in person, but I know the universe will carry my gratitude. I know my message will somehow find its way to her heart.

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worked alongside all of you. I look forward to what the future holds for all of us. The nursing profession and nursing academia is better because of you.

Third, to the students that braved this journey with me, thank you. You inspire me, and I learn from each of you every day. I hope that you will carry this DNP project with you and it will inspire you to care for yourselves, so you can better care for others. You will make the nursing profession better and I have been honored to be a part of your journey.

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I did not make this journey alone. I have had wonderful people help me to this point. Because of their influence and impact, I am here today. To each of you, again I say thank you. Our lives are forever connected, and I am a better person because of you. God's blessings to you along with my love and eternal gratitude.

Jamie

April 2, 2018



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## **SECTION I**

### **Introduction**

All individuals experience stress, regardless of age, sex, marital status, or profession. Stress has become integrated in our daily lives. We learn to adapt and live with it. Recent studies indicated chronic stress is a precursor to inflammation and disease formation (Slavich, 2016). Slavich (2016) proposed offering educational courses for college students to discuss the link between stress and health. According to Slavich (2016), college students report feeling emotionally overwhelmed by demands put on them and very few will seek professional help for this stress. This makes stress and health a readily teachable topic as students can pull from personal experiences (Slavich, 2016). Researchers have studied the stress response of fireman, policeman, and first responders. Smart phone technology was used to detect stress levels of participants in real time. Results from the Mohino-Herranz, Gil-Pita, Ferreira, Rosa-Zurera and Seoane (2015) study indicated technology was useful in detecting stress levels and researchers hope to use this information to better identify the professions with chronic stress exposure. The ability to hone in on stress could lead to the early detection of illness and disease. Vast evidence solidifies that prolonged and chronic stress has negative physical and mental effects (Cohen & Williamson, 1988) and nurses are among those that consider themselves stressed (American Nurses Association [ANA], 2017).

According to the American Nurses Association (2017), nurses report stress is their number one job related health and safety concern. The ANA considers the health of the nurse to be a crisis in the profession (ANA, 2018a). The stress nurses experience has been correlated to burnout (BO) and compassion fatigue (CF) in multiple studies.

Jasperse, Herst, and Dungey (2014) compared the stress levels of staff members on an oncology unit. Registered nurses (RNs) reported higher levels of stress related to patient stressors. In a study, examining the longitudinal effects of stress, Khamisa, Peltzer, Ilic, and Oldenburg (2016) postulated the stressors of patient care, staff issues, lack of support, and overtime all contributed to staff experiencing BO. In a review of the Nurses' Health Study (NHS), Trudel-Fitzgerald, Chen, Singh, Okereke, and Kubzansky (2016) discussed how psychiatric conditions and psychosocial variables, such as stress impact nurse health. Bidirectional associations were noted with regards to anxiety/depression and inflammation, body mass index, and hypertension. Recommendations included additional studies on psychosocial interventions to improve emotional states to influence health behaviors. One such psychosocial intervention could be inclusion of educational programs on self-care.

Research indicates the practice of positive health promotion reduces burnout in nurses (Neville & Cole, 2013). Markwell, Polivka, Morris, Ryan, & Taylor (2016) implemented a variety of interventions to decrease stress levels in inpatient nursing staff. An intervention called "Snack and Relax" was offered monthly to offer healthy snacks and promote relaxation away from the nursing unit. An interdisciplinary team of chaplains, nursing staff, administration, and technicians provided holistic interventions such as healing touch or massage therapy with aromatherapy and soft instrumental music. Post intervention participants reported lower stress levels, and measurements of heart rate and respiratory rate were lower than baseline measurements (Markwell et al., 2016).

A holistic program using the Collaborative Care Model (CCM) was implemented in a study to determine the impact of an eight-hour course on the health promoting

behaviors in RNs (McElligott, Capitulo, Morris, & Click, 2010). Following the intervention, nurses in the intervention group developed a self-care plan based on the knowledge gleaned from the CCM class. In a three month follow up, posttest results indicated there was a significant difference ( $p=.02$ ) in the total Health Promoting Life Style Profile (HPLP) II score with significant increases also noted in the subscales of interpersonal relations, spiritual growth, and nutrition. Results of the study by McElligott et al. (2010) provided evidence to support integration of educational content on health promotion behaviors for RNs. The authors suggested studies be conducted to examine the use of this program in nursing education to provide new nurses with needed skills for health promotion as they enter the nursing workforce (McElligott et al., 2010; Wright, 2014).

Nurses graduate from nursing education programs and have been exposed to stress during the educational process (Tully, 2004). The impact of stress in nursing education impacts student retention and new graduate practice (Watson et al., 2008). According to Twibell and St. Pierre (2012) 30% of new graduate nurses (NGNs) will leave their first nursing job within one year and 57% will leave within the second year. New nurses reported heavy workloads, the inability to ensure patient safety, dissatisfaction with work schedules and work relationships influenced their decisions to leave their places of employment. A “Tsunami Warning” by McMenamin (2014) predicts a nursing shortage due to baby boomer nurses retiring. In fact, by 2022, professional organizations are forecasting there will be a need for 1.13 million nurses to fill positions available in the nursing field. The impact of nurses retiring, coupled with NGNs leaving practice, will have detrimental effects on the nursing workforce and

patient care needs (McMenamin, 2014). To maintain a strong viable nursing workforce, nurses must be better equipped to provide care not only to patients but also for their self (Foley, 2004).

### **Problem Literature Review**

An academic literature review was conducted to examine the issue of stress in nursing and nursing education and the self-care practices of nurses and student nurses. Data bases used for the literature review were Cumulative Index to Nursing and Allied Health (CINAHL) and Google Scholar. Search terms utilized were “education”, “health promotion”, “nurse”, “nursing”, “student”, “stress” and “self-care”.

### **Stress in Nursing Education**

In nursing education, the impact of stress has been investigated as it relates to student retention (Watson et al., 2008). In fact, research indicated stress levels increase while students pursue nursing degrees (Edwards, Burnard, Bennett, & Hebden, 2010). Students used the coping mechanisms they had knowledge of to manage stress, but this was found to often be ineffective (Evans & Kelly, 2004; Tully, 2004). Tully (2004) suggested high levels of stress experienced by nursing students increased their risk for developing physical or mental illness. Students in this study also demonstrated limited coping abilities. Studies and educational guidelines recommended integration of education on coping strategies, stress management approaches, and self-care techniques, into nursing educational curriculum (Edwards et al., 2010; Evans & Kelly, 2004; American Association of Colleges of Nursing [AACN], 2008).



## **Self-Care in Nursing Students**

Bryer, Cherkis, and Raman (2013) conducted a study examining health promotion behaviors of traditional and non-traditional nursing students in an Associate Degree Nursing (ADN) program. Pender's Health Promotion Model was used as the theoretical framework for the study and the Health Promoting Lifestyle Profile II was utilized to examine the health behaviors of the student nurses. Traditional students scored higher on the total Health Promoting Lifestyle Profile II scores and all subscales, except for the subscale health responsibility. Traditional students were defined as students being enrolled in undergraduate nursing program, 24 years of age or younger, fulltime status, female, white, English speaking with no children (Jeffreys, 2012). Non-traditional students reported family responsibilities and multiple roles (competing priorities) negatively impacted their health promotion behavior (Bryer et al., 2013). Non-traditional students were defined as those enrolled in an entry-level undergraduate nursing program, 25 years and older, commuter, part-time enrollment, male, member of ethnic or racial minority, speaks English as a second language with dependent children at home (Jeffreys, 2012).

A pilot study was conducted by Ashcraft and Gatto (2015) to explore the concept of self-care in baccalaureate nursing students. Significant findings from the study suggested students experience a downward trend in self-care behaviors during their nursing education as course work load and clinical responsibilities increased. In a similar study conducted by Chow and Kalischuk (2008) student perspectives about self-care were examined. The researchers developed a 27-question survey to ask students about self-care topics including sleep, exercise, diet, fluid intake, weight check-ups, relaxation,

complementary therapy use, alcohol intake, health goals, and smoking. Students reported intake of water decreased on clinical days. One third of the students reported physical activity levels adequate. Average sleep was 6.7 hours for most students and low-level use of alcohol and cigarettes was reported. Complementary alternative therapies (CAT) were used by this group to promote relaxation and decrease stress levels. Therapies most often used to relax were yoga, music, prayer, meditation, massage, and exercise. The authors noted the self-care activities reported by students in this study were conducted without formal integration in the nursing program and because of the study students may have been prompted to change their self-care activities. The authors suggested self-care be included in nursing curriculums to encourage students to maintain health and nurse educators should role model self-care for students to support positive learning environments. According to Chow and Kalischuk (2008) “the promotion of self-care activities in nursing is vital to retain and sustain nurses in the current healthcare system” (p. 35). Both studies found that self-care practices of nursing students tend to decrease throughout nursing education as classroom and clinical responsibilities increase (Ashcraft & Gatto, 2015; Chow & Kalischuk, 2008).

A quantitative study was conducted by Nevins and Sherman (2016) to investigate the self-care practices of students enrolled in a three- year baccalaureate nursing program in California. Pender’s Health-Promotion Model was used as the theoretical framework for this study and the self-care topics surveyed were identical to the topics contained in the Chow and Kalischuk (2008) study reference above. Findings were similar to the 2016 Executive Summary Health Risk Appraisal by the ANA (ANA, 2017). Students identified themselves as overweight, reported missing two or more days of school due to

illness in the previous six months, averaged seven hours of sleep per night, and reported low levels of physical activity. This group reported a lack of knowledge related to CAT and minimal use of CAT strategies. The authors supported the use of self-care practice by nursing students to promote student health and promote success in practice after graduation (Nevins & Sherman, 2016).

A study to explore the health of nursing students and examine how nursing education impacted student's health was conducted by Wills and Kelly (2016). Strategies helping students to maintain a healthier lifestyle were included in the study. Students completed a pre-test at the beginning of the second academic year. The intervention was then initiated, and students were tested again at the beginning and conclusion of the third academic year. The study included three interventions:

- A one- hour education and training session which students viewed as most valued. The session provided information on four health behaviors; smoking, alcohol use, physical activity and diet.
- An accelerometer to increase personal awareness of physical activity (steps per day).
- An online personal wellness goal-setting tool that assessed behavior, helped develop health behavior goals, and chart progress.

Findings supported results from other studies related to student self-care behaviors. Forty-five percent of the students reported personal health had declined since beginning nursing education. A higher portion of students classified themselves as obese. Physical activity was reported at lower levels with lowest levels at the second point of measurement which occurred during clinical placement. The challenges that need to be

adequately addressed included student and staff engagement with health promotion activities, incorporation of health awareness and self-care in the nursing curriculum, university environments supporting healthy choices and university staff role modeling healthy behaviors. The students reported viewing health promotion as a core part of the nursing role (Wills & Kelly, 2016).

Student self-concepts, health behaviors, and responses to health promotion education were examined by Horneffer (2006). The significance of this study relates to the student's perception of faculty and how health promotion messages are received by students. Having a positive, healthy view of the faculty member made students more likely to hear health promotion messages. This is of significance for nurse educators and reinforces research which suggests staff/faculty role model health promotion behaviors (Wills & Kelly, 2016).

Common themes in the evidence are: How are student nurses being educated about self-care to reduce stress levels and improve their overall health? And is nursing education providing the student nurse with the tools necessary to handle the stressors of nursing practice? Two of the 11 assumptions in the *Essentials of Baccalaureate Education for Professional Nursing Practice* (Essentials) address self-care. Essential VIII addresses professionalism and professional values. Integrity is a professional value that guides nursing practice (AACN, 2008). The nurse that practices with integrity, follows the code of ethics and standards of practice, which support caring for self. Nursing education programs must include self-care, stress management strategies, and development of self-care plans to be congruent with the Essentials (AACN, 2008). The

importance of self-care is exemplified by the efforts of the ANA to promote self-care through the Healthy Nurse Healthy Nation Grand Challenge (ANA, 2018a).

### **Problem Summary**

The literature review conducted for problem recognition identified gaps between what is best practice and what is taking place in most nursing education settings. Stress is experienced in nursing education and student nurse use of self-care practice needs to be improved. Bryer et al. (2013) noted the downward trend in self-care practices as students progressed through nursing programs with non-traditional students experiencing more barriers to self-care practice due to competing priorities. Thacker, Stavarski, Brancato, Flay, and Greenawald (2016) addressed the issue of competing priorities when examining the health promoting behaviors of registered nurses. Nurses with competing priorities demonstrated a decrease in the use of health promoting behaviors. Several studies revealed students exhibited fewer self-care behaviors as they assumed more clinical responsibilities and course work load increased. Students are learning the knowledge and skills to care for others, but neglecting the care of self, an important aspect of professional nursing practice (Ashcraft & Gatto, 2015; Chow & Kalischuk, 2008; Nevins & Sherman, 2016). This corresponds to studies which identified deficits in the self-care practices of practicing RNs (ANA, 2017; Esposito & Fitzpatrick, 2011; Pratt, Overfield, & Hilton, 1994; Thacker et al., 2016; Welch, Pearson, Comer, & Metcalfe, 2016; Zapka, Lemon, Magner, & Hale, 2009).

Wills and Kelly (2016) studied student beliefs about health, how placement in the nursing program (year of study) impacted their health and what strategies helped them to improve personal health. Educators are called to be role models for self-care practice

(Wills & Kelly, 2016). Faculty modeling of self-care practices promoted student views of faculty positively and facilitated students hearing health promotion messages (Horneffer, 2006).

Evidence exists in the literature to validate the presence of stress in nursing practice and nursing education. Professional nursing organizations, nursing standards of practice (ANA, 2018a; Fowler, 2015; Mariano, 2013) and educational guidelines (AACN, 2008) advocate for nurses and student nurses to practice stress management and self-care. A thorough review of the literature highlights the importance of self-care to decrease stress and improve health in the student nurse and NGN (Ashcraft & Gatto, 2015; Bryer et al., 2013; Chow & Kalischuk, 2008; Nevins & Sherman, 2016). Institutions, universities, and community colleges with nursing programs have a responsibility to provide self-care classes and education to students. Faculty have a responsibility to role model self-care behaviors, and programs of higher learning are called to create healthy educational environments (Nevins & Sherman, 2016).

### **Impact of the Problem on the Target Population**

According to the Bureau of Labor Statistics (2015) there were 2,751,000 nursing jobs in the United States in 2014, and the projected rate of job growth from 2014 to 2024 is 16%. The average age for the nursing professional is 44.6 years of age and there is an increasing state of urgency related to an impending nursing shortage (ANA, 2018b). The increase in an aging population, increasing numbers of Americans seeking preventive care, and growing rates of Americans with chronic diseases will heavily impact the need for a strong nursing workforce nation and statewide (ANA, 2018b; Bureau of Labor Statistics, 2015). In 2015-2016, there were 6,587 student nurses enrolled in North

Carolina in pre-licensure programs (North Carolina Board of Nursing [NCBON], 2017).

These students are working alongside our aging nursing workforce and will enter the profession after graduation to begin their role as a professional nurse. The population and community that is impacted by the promotion of self-care in nursing education is the growing number of nursing students, professional nurses in practice, nurse administrators and managers, nurse leaders, nurse educators, educational administrators, and persons being cared for by nurses and student nurses.

## SECTION II

### Needs Assessment

A thorough needs assessment was conducted to examine the project implementation site's nursing curriculum for inclusion of self-care practices. Two hours of education was noted in the mental health nursing course which included content related to yoga and aromatherapy for stress reduction. There were no other instances of dedicated self-care education in the curriculum. Nursing programs in the surrounding area were contacted to determine how self-care practices was addressed in their curriculum. Findings from the survey revealed self-care education varied in class hours and content according to the educational program. In a BSN program of similar size and student population, a two-hour session is held in the boot camp for junior students. A regional Associate Degree Nursing (ADN) program reported having two hours devoted to self-care in one clinical day for upper level students. In a similar ADN program, self-care practice is addressed in the mental health course. Self-care practice strategies are threaded through the course with students creating a project to demonstrate a change in their self-care practices. New graduate nurse residency programs at regional hospitals were surveyed and findings revealed content time ranged from one hour to four hours depending on the organization. Self-care practice is necessary for the nurse and student nurse to manage stress, heal self, maintain health, and promote wellness. The potential impact of this issue warrants self-care education be a mandatory course for all nursing students. Self-care education is too important to be offered only in an elective nursing course (Mariano, 2013). Comparing the local and regional needs assessment to best practice in the literature, a gap exists in current practice, related to the need for self-care



education in nursing curriculum. The opportunity to reduce stress and promote health and wellness will strengthen our nursing workforce and our nation. Based on the needs assessment and the evidence supporting best practice, the DNP Project was designed to incorporate a course on self-care in BSN students at one project implementation site.

### **Organizational Assessment Including SWOT Analysis**

The DNP project took place at a small, private, faith-based University in the Southeast United States. The nursing program was established in 2014 and is accredited by the appropriate educational and professional commissions. The project implementation site was analyzed for strengths, weaknesses, opportunities, and threats in comparison to the goals of the DNP project. The mission of the university is to “develop educated, ethical, and productive citizens home and abroad” (Student Resources, 2017, p. 5). In line with the university mission statement, nursing faculty seeks to cultivate knowledge, faith and service in the student body population. Specifically, nursing faculty “value professionalism, holistic caring, academic and teaching excellence.... and service to society” (Student Resources, 2017, p. 6). Upon completion of the nursing program students should be able to provide holistic care to persons across the wellness-illness continuum” (Student Resources, 2017, p.8). The university mission statement, nursing philosophy, and program learning outcome addressing holistic care aligned and supported the self-care practice course. The self-care course for senior BSN students was held in the fall semester of the eight-week mental health course and was designed to expose students to different dimensions of self-care.

## **SWOT Analysis**

Program strengths for this project were overwhelmingly positive. The university mission, nursing philosophy, and nursing program learning outcomes supported the project. Faculty expertise (DNP leaders) and staff desire to see students succeed in their educational program, in addition to being prepared for beginning practice supported the project. The small student population (N=19) provided a supportive learning environment, a more intimate sharing environment, and increased opportunities for interpersonal interactions throughout the project. Inclusion of self-care during the mental health course reinforced the importance of student acknowledging their own well-being and mental health. Course design allowed for both delivery of content as well as application of knowledge.

The weaknesses included small faculty number (N=5). This was the first time a holistic self-care course was implemented. Threats to the project included faculty role modeling healthy behaviors, student understanding the importance and relevance of self-care in practice, and students feeling overwhelmed with course information/requirements. Opportunities for the project included reduction of stress levels and promotion of healthy self-care practice behaviors in faculty and students; the opportunity to role model for our university peers what self-care is and how it is carried out; the opportunity to share findings with healthcare programs at the university and area schools of nursing. The potential to make this course a future interprofessional educational (IPE) event is promising as the university has conducted four IPE events since fall of 2016. (See Figure 1).

| Strengths  | Weaknesses   |
|--|--|
| <ul style="list-style-type: none"> <li>• Mission, philosophy, student learning outcomes for program support DNP project</li> <li>• Faculty expertise and commitment to student success</li> <li>• Small student population</li> <li>• Mental Health course content supports DNP project</li> <li>• Resources available (time, budget and faculty)</li> </ul>         | <ul style="list-style-type: none"> <li>• Small faculty numbers (N=5)</li> <li>• Staff self-care practices</li> <li>• First time for implementation of self-care course</li> </ul>                                  |
| Opportunities  | Threats  |
| <ul style="list-style-type: none"> <li>• Reduction of stress levels and increase in self-care practices</li> <li>• Opportunity to role model health behaviors to university peers</li> <li>• Opportunity to share findings with university healthcare programs and area schools of nursing</li> <li>• Future IPE event for university healthcare programs</li> </ul> | <ul style="list-style-type: none"> <li>• Faculty self-care practices</li> <li>• Student understanding of importance of self-care</li> <li>• Students being overwhelmed with course content/requirements</li> </ul> |

*Figure 1. SWOT Diagram*

### **Theoretical Underpinnings**

The use of nursing theory is what separates the discipline of nursing from other disciplines. To guide the Self-Care in BSN Students: Developing a Self-Care Plan DNP project, Nola Pender's Health Promotion Model (HPM) was chosen as the framework. Students worked through the self-care course to develop a holistic self-care plan based on the five dimensions used in the Healthy Nurse Healthy Nation Grand Challenge (ANA, 2018a). The HPM is a mid-range theory and provided a conceptual framework to guide project implementation, data collection, processing, and student outcomes. Interventions

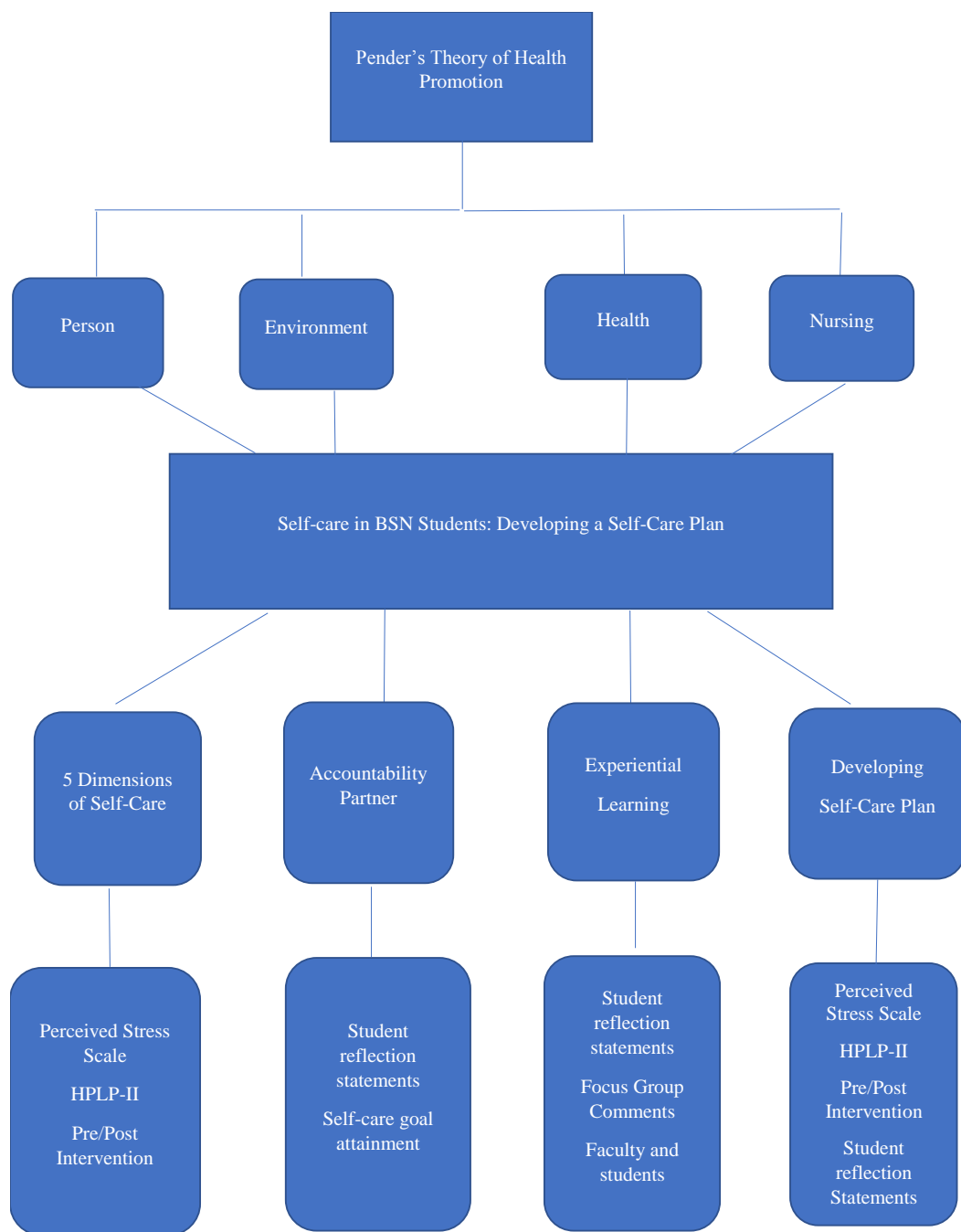
in the Health Promotion Model focus on raising consciousness related to health-promoting behaviors, promoting self-efficacy, enhancing the benefits of change, controlling the environment to support behavior change, and managing barriers to change (Masters, 2015). This framework was used in several studies investigating the use of self-care practices in nursing and nursing education (Bryer et al., 2013; McElligott et al., 2010; Stark, Hoekstra, Hazel, & Barton, 2012).

### **Nola Pender's HPM**

The HPM was developed originally by Nola Pender in 1990 and revised in 1996. The framework mixes elements of nursing and behavioral science to identify what factors influence health behaviors. The focus of this framework is on promoting health and wellness versus disease prevention. Unique to this theory is the omission of fears or threats to health that would serve as a source of motivation to improve health (Pender, Murdaugh, & Parsons, 2011).

Pender's HPM has four concepts which include person, environment, health, and nursing and are applicable to the self-care project (SCP). Person is defined by Pender as the individual who is the primary focus of the model. In the SCP the nursing student is viewed as the person. Environment according to Pender et al. (2011) includes the physical, interpersonal, and economic circumstances in which the person lives. The environment includes the presence or absence of toxic substances, presence of restorative experiences, and the availability of human and economic resources needed for healthy living. For the students that participated in the SCP, environment included living space, access to the wellness center, smoking and alcohol habits, and financial resources to provide for nutritious foods or other wellness supplies. Health is viewed as a positive

health state with the person defining what health is. Students determined this based on their thoughts and feelings about health. Nursing is the role of the nurse in health promotion and this involves raising awareness related to health promotion. Every student was the nurse in this project. Students increased knowledge about self-care practices and health promotion and could share this with patients, family members, and peers (Pender et al., 2011). (Figure 2).



*Figure 2.* Conceptual-Theoretical-Empirical (CTE) Diagram

### **Implementation Literature Review for Best Practices**

An academic literature search was conducted to identify best practice to reduce stress levels in nursing students and increase the use of self-care practices by nursing students. Key words and search terms included “best practice”, “education”, “health promotion”, “nurse”, “nursing”, “student”, “self-care”, and “stress reduction”. Online data bases searched included CINAHL and Google Scholar.

### **Professional Standards**

Professional nursing organizations promote self-care practices and health promotion behaviors. The American Nurses Association (ANA), American Holistic Association (AHA) and North Carolina Nurses Association (NCNA) all have positions on the importance of self-care. The ANA describes the healthy nurse as:

one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and work environments, and ultimately for their patients. (ANA, 2018a, para.1)

In 2017, the ANA launched the Healthy Nurse Healthy Nation Grand Challenge to provide all registered nurses and student nurses an opportunity to transform their health and positively impact our nation through this challenge. There are three aims for the challenge. The first aim is to engage the nurse or student nurse individually, organizationally, and interpersonally. The second aim is to improve the health of the

individual in key areas; physical activity, rest, nutrition, quality of life (stress levels), and safety. The third aim of the challenge will be to create a healthy nurse population as evidenced by a healthier workforce, maintenance of effective and safe health status, role modeling, advocating, and educating for healthy behaviors. The challenge uses a web platform to deliver education and information about self-care topics; activity, sleep, nutrition, quality of life, and safety. Participants in the Grand Challenge connect with other nurses and work to improve health and wellness. This social movement is one way the ANA supports the nursing profession and advocates for best practice to help nurses become healthy nurses (ANA, 2018a)

In the *Code of Ethics for Nurses* provision 3 states, “The nurse promotes, advocates for, and protects the rights, health, and safety of the patient” (Fowler, 2015, p. 41). Provision 5 of the Code of Ethics for Nurses states, “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth (Fowler, 2015, p. 73). Provision 6 addresses the ethical responsibility of the nurse to maintain a healthy work environment (Fowler, 2015). By following these ethical principles, the nurse promotes the health and wellness of her patient, herself, and her co-workers.

The Association of Holistic Nurses (AHA) views health and healing as a balance in life, with the integration of harmony, relationships, and the improvement of well-being, not just the absence of disease. Core value 5 involves the use of self-reflection and self-care. In the *Scope and Standards of Practice for Holistic Nursing*, Core value 5 addresses holistic nurse self-care stating:



Self-care as well as personal awareness of and continuous focus on being an instrument of healing are significant requirements for holistic nurses. Holistic nurses value themselves and mobilize the necessary resources to care for themselves. They endeavor to integrate self-awareness, self-care, and self-healing into their lives by incorporating practices such as self-assessment, meditation, yoga, good nutrition, energy therapies, movement, art, support, and lifelong learning. . . . Nurses cannot facilitate healing unless they are in the process of healing themselves. (Mariano, 2013, p. 116).

Mariano (2013) suggests the increase in complementary alternative therapies by the general population increases the need for nurses to be educated about these modalities thus the need for holistic nursing principles in nursing education. “One urgent priority is the integration of holistic, relationship centered philosophies and integrative modalities into nursing curricula” (p. 40). Core value 5 provides a framework for the content to be included in a self-care course; assessment, stress reduction strategies, nutrition, physical activity, and spirituality.

At the state level, the North Carolina Nurses Association (NCNA) has developed a Nurses Transforming Nursing (NTN) tool kit, available on their website, which provides evidence-based resources to be used to promote the three dimensions of caring; caring for others, caring for each other and caring for ourselves. The NTN toolkit is based on the Appreciative Inquiry (AI) framework. AI promotes change through creative dialogue, excitement, and a focus on the strengths of the person or organization rather than focusing on weaknesses and negativity. The NTN initiative is described as:

a program that focuses on shifting the culture of nursing in North Carolina. When nurses value and hone the three caring dimensions- caring for others, caring for each other and caring for ourselves- and create strategies to live them, the culture in North Carolina will be resilient for all! (NCNA, 2017, para. 1)

### **Educational Guidelines**

*The Essentials of Baccalaureate Education for Professional Nursing Practice*, provides recommendations for what should be included in nursing curriculum based on major trends in nursing and health care. This document contains 11 assumptions, which addresses what the baccalaureate generalist will be able to do upon graduation. Two of the 11 stated assumptions speak to self-care. “The baccalaureate generalist graduate is prepared to practice from a holistic, caring framework and engage in care of self in order to care for others” (p.8). The authors note holistic care is “comprehensive and focuses on the mind, body and spirit” (p.9). Essential VIII addresses professionalism and professional values which are also noted by ANA, NCNA and AHNA. As previously stated, the nurse that practices with integrity, a professional value, follows the code of ethics, and standards of practice. Examples of content to include in baccalaureate education include nurse self-care, stress management techniques, self-reflection, personal knowing, and developing a personal self-care plan (AACN, 2008).

### **Self-Care Courses in Nursing Education**

Blum (2014) described the development of a three-credit elective course on self-care offered to all levels of nursing students at Florida Atlanta University (FAU). The course “*Caring for Self*” utilized principles of adult learning theory and focused on guiding the beginning nurse in self-care. Students conducted a self-care assessment

designed to determine personal needs in the area of self-care. Blum (2014) states, “Nurses are taught to care for others; it is ingrained in their life purpose. However, in my experience, nurses often express reluctance to take the time required to care for themselves (para.1).” Students experienced lecture, small group work, focused discussions, and explored multiple types of self-care practices. Students participated in experiential learning activities such as chair yoga, practiced self-reflection through journaling, created treasure maps, presented in groups and synthesized course knowledge through the development of a self-care paper. Student feedback for the course was positive. One student provided an exemplar which demonstrated the positive impact the course had on her personal life and nursing practice (Blum, 2014).

In similar article, Cino (2016) described the inclusion of self-care practice in a course she developed called the “*Art of Nursing*”. This course is a mandatory two-hour course that delivered content to Bachelor of Science (BSN) nursing students. The course explored concepts such as the “mind-body connection, caring presence, and mindfulness” (p.14). Students experienced “a variety of mind-body experiences such as progressive muscle relaxation, meditation, laughter, chair yoga, and touch therapy” (p.14). Students began the course with a self-care inventory and created individual goals for the course. Students took turns acting as “coaches” through the semester with the activity providing students an opportunity to self-reflect and reprioritize self-care during the course. Students self-evaluated personal results for a grade at course completion. Two methods of assessment were used to assess student self-care results. The Attitudinal Mind-Body Skills Scale (MBSS) was used to measure attitude changes in students following a Mind-Body Skills course. The second assessment used to evaluate students was the student’s

graded evaluation of self-care projects which consisted of two personally developed self-care goals, interventions utilized, identification of barriers to self-care and what new knowledge was obtained related to how to care for self. Students reported positive benefits from the course (Cino, 2016).

A study conducted by Stark et al. (2012) examined the impact of a health promotion intervention in a required course in undergraduate students in health care majors. The study involved three groups of health care students, nursing, occupational therapy, and speech language pathology. Two of the groups received the health promotion intervention and demonstrated an increase in subscales of physical activity and nutrition on the Health Promoting Lifestyle Profile II. The control group did not receive the health promotion intervention and had lower scores in physical activity, nutrition, and total Health Promoting Lifestyle Profile II score. The most significant finding reported was the intervention group maintaining practice of healthy behaviors throughout the course especially during critical times of stress (exams and completion of course requirements). Suggestions for a future educational course included student self-assessment to determine needs and goals; focused weekly journaling and a final written paper to reflect student goal attainment, barriers to success, and the value of interventions selected. The authors posited the benefits of healthy behaviors influenced student health and program success and had potential to impact future healthcare practice (Stark et al., 2012).

### **Summary of the Implementation Literature Review**

Professional nursing organizations have made strong recommendations related to the nurse's responsibility to practice self-care. The ANA launched the Healthy Nurse Healthy Nation Grand Challenge to improve the health of professional nurses and nursing students (ANA, 2018a). The *ANA Code of Ethics* acknowledges the nurse has a responsibility to provide the best care for his/her patient and has a responsibility to maintain a healthy work environment. The professional nurse can best meet these responsibilities through the practice of self-care (Fowler, 2015). The AHA provides a framework for what self-care is and implied this education is too important to only be provided as an elective course (Mariano, 2013). The NCNA initiated a program to promote self-care in nurses through NTN. The mission is to improve the culture of nursing in the state by caring for self, caring for each other, and caring for others. The best practices for each of these categories is on the program's website (NCNA, 2017). Educational guidelines for BSN students includes the practice of self-care, stress management techniques and development of a self-care plan (AACN, 2008).

It was noted in the literature review that several nursing programs have offered classes in self-care. One elective course was created to educate nurses on the use of self-care and student responses to the course content and activities were positive (Blum, 2014). Blum reported seeing improvements in her students personally and professionally due to the self-care course (para. 24). In a mandatory course offered to educate nursing students on the importance of self-care and explore different self-care concepts students also demonstrated positive changes. Accountability partners were utilized, barriers to self-care practices were identified, and students developed personal self-care plans (Cino,

2016). Students reported improved relationships, increases in self-care practices, and recognition of moments to practice self-care. Stark et al. (2012) studied the impact of a self-care course on an interprofessional group of students. The intervention group (nursing and occupational therapy) were exposed to the health promotion intervention. The control group (speech language pathology) did not receive the intervention. Findings indicated the intervention group maintained healthy behaviors during times of stress.

Upon reviewing the literature to examine the issue of stress in nursing and nursing education, the integration of self-care practices into nursing curriculum consistently appeared as best practice to assist nursing students with stress management and improvement of health promotion behaviors.

## **SECTION III**

### **Project Purpose, Mission, Goals, and Objectives**

#### **Project Purpose**

The DNP project was developed and implemented to increase student awareness of stress, provide opportunities for the student to learn about self-care, and participate in self-care practices to reduce stress. Inclusion of self-care content in the nursing program provided an opportunity for students to develop positive self-care habits and decrease stress levels associated with nursing education. The intended outcome for this project was to increase the use of self-care practice in the dimensions of nutrition, physical activity, sleep/rest, quality of life, and safety. A secondary outcome of this project was to measure stress levels. Stress levels were measured in students from beginning of fall semester (week 1) to completion of the self-care course (week 7).

#### **Mission Statement**

The mission of the DNP project titled, Self-Care in BSN Students: Developing a Self-Care Plan was to serve as a vehicle to educate nursing students on the physical and mental effects of stress, assist students in identifying personal stressors and introduce students to holistic self-care practice measures in order to positively manage stress and promote health. This foundational knowledge will be used as a reference and building block for new graduate nurses as they begin nursing practice to promote physical and mental wellness.

#### **Project Goals and Objectives**

The goal of the project was to have students demonstrate knowledge of stressors in nursing education and nursing practice along with identification of personal stress

levels. Students were provided the opportunity to develop and implement a self-care plan designed holistically based on their personal assessment of need, interest, and goal. This knowledge and experience will serve as a foundation for the new graduate nurse to manage mental and physical stress as they begin their nursing practice.

Objectives for the self-care course:

1. The student will identify stressors in nursing education and healthcare practice.
2. The student will discuss the physical and mental effects stress has on the body.
3. The student will conduct a self-assessment to identify current self-care practices, and current perceived level of stress.
4. The student will develop a self-care plan based on self-assessed need, interests, and course goal.
5. The student will discuss the influence of self-care practice on current and future nursing practice.
6. The student will identify barriers to self-care practice and develop strategies promote self-care practice.
7. The student will discuss how negative and positive self-care practices influence the practice environment, the nursing staff, hospital culture, patient population, and family.
8. The student will analyze the impact of the Nursing Code of Ethics on the practice of self-care.



## PICOT Statement

Table 1

### *PICOT Statement*

| PICOT Statement                                       |  |
|---|--|
| Patient Population                                    | Senior Bachelor of Science in Nursing (BSN) students at project implementation site. |
| Intervention or Issue of Interest                     | Self-Care Education Course including development of a self-care plan (SCP).          |
| Comparison Intervention or Issue of Interest          | Two hours of self-care content in BSN curriculum.                                    |
| Outcome of Interest                                   | Decreased stress levels and increased knowledge of self-care practice.               |
| Time it Takes for Intervention to Achieve the Outcome | 8 Week Mental Health Course in Fall semester of 2017                                 |

## PICOT Question

Will there be decreased stress levels and increased knowledge of self-care practices in senior BSN students following the implementation of self-care education, including a self-care plan?

## **SECTION IV**

### **Project Design**

#### **Institutional Review Board Processes**

Prior to project implementation, institutional review boards' applications were submitted with approval granted by both institutions (the University and project implementation site) in August 2017.

#### **Best Practice Project Implementation**

The DNP project utilized a pre-test and post-test design with an eight-week course on self-care practice as the intervention. The course was held during the eight-week mental health course in fall 2017. A three-hour clinical skills lab time was utilized for the self-care course implementation. The skills lab time counted as clinical time for students and was mandatory. To identify need for the DNP project and ensure project success, multiple meetings were held with nursing faculty and nursing administration. The aim of the DNP project was to examine the difference in stress levels and self-care practices in senior BSN students following the implementation of a course on self-care.

Faculty at the project site served in project committee roles. Content experts from various fields served as project team members. A fitness and nutrition expert provided guidance and expertise with fitness and nutritional topics. An expert in integrative health nursing provided knowledge and information related to self-care practices such as aromatherapy, breathing, guided imagery, and mindfulness. A leadership consultant that specializes in working with nurses to create a healthy workplace acted as content expert for the health dimension related to safety. Finally, the Director of Chaplain services provided information and guidance related to spirituality and health. The project director

was the primary faculty member for the self-care course and introduced all topics covered. Content experts lectured on their topics and answered student questions during lecture time. The project members were available by email and phone prior to, during, and after the implementation phase.

Following the literature review for best practice, content and activities to be included in the self-care course were identified. Work planning charts helped to ensure the project leader was on target to meet deadlines and addressed all self-care project needs. A nursing framework was identified as a foundation for the development of the self-care course, Pender's Health Promotion Model (HPM). The HPM provided suggestions for survey tools. The Perceived Stress Scale by Cohen and Williamson (1988) and the Health Promoting Lifestyle Profile II by Walker, Sechrist and Pender (1995) were identified and used to measure stress levels and health promoting behaviors respectively. Surveys were used with permission by the authors.

Course content was developed based on the five dimensions of self-care used in the Healthy Nurse Healthy Nation Grand Challenge (ANA, 2018a). For the project leader, exposure to each of these dimensions was important to gain knowledge about the self-care practice. As part of the project design phase, the project leader attended classes in aromatherapy, mindfulness, yoga, exercise, and nutrition throughout the spring and summer of 2017. Individual meetings were held with content experts to increase knowledge related to different self-care practices and to assist in designing an up to date educational intervention.

Students were provided a textbook, *Self-care and you. Caring for the caregiver* (Richards, Sheen, & Mazzer, 2016) to be used as a primary resource for the course and a

notebook with handouts related to self-care concepts. The authors of the book are experts in the areas of nursing, wellness, science of self-care, and integrative health coaching. The text is considered a health and wellness guide and serves as an excellent reference for self-care practice as it relates specifically to nursing. The book followed along with weekly topics and provided resources for self-care tips for students which were in line with course content. The ANA recommends the book as a resource for nurses who want to learn more about stress and self-care practice (Richards et al., 2016). Each week a lesson plan was developed to outline content topics, supplies needed, guest speakers, and activities. The learning management system (LMS), Moodle, was utilized to create an online platform for the course. Weekly content was uploaded to inform students of the weekly focus, class preparation (if needed) and class activities. Additional resources were posted in the LMS for students to provide information related to topics covered. For example, the self-care course syllabus was published to students through Moodle and ANA resources, such as position statements related to drug and substance abuse, were loaded for students when the safety dimension was covered in week six. PowerPoints were created that provided students with content exposure and posted online. There were two out of class assignments: A treasure map (Lapp, n.d.), or vision board and a healing hands image using the PhotoVoice technique (Oden, 2013). Students created these projects, and this allowed for individual artistic expression. Assignment details were developed for students and posted in the online course. All senior BSN students and nursing faculty were enrolled in the course by the project leader. After each class, the project leader reviewed the lesson plan for strengths and identified areas for improvement.

Nineteen students enrolled in the eight-week mental health course. The student population consisted of four male students and 15 female students with ages ranging from 20- 27. In the mental health course, students are required to attend clinical skills lab each week for three hours per week. The self-care course was developed to be implemented during the student clinical skills lab time. Students were informed during the first session of the self-care course about the project purpose, and consent was obtained for student participation. Students were informed attendance was required to meet clinical time requirements, however it was optional to participate in the surveys associated with the DNP Project. Students were presented with the course calendar of activities and assignments. They were made aware that assignments were to be completed but would not be graded. Students were informed survey completion was optional and they could opt out of surveys (pre-intervention and post-intervention) at any time. Students were advised to direct any questions or concerns related to the self-care course to the project leader.

Prior to the interventions students were asked to complete, but could opt out of the Perceived Stress Scale 10 (PSS) (Cohen & Williamson, 1988) and the Health Promoting Lifestyle Profile II (Walker et al., 1995). Pre-intervention reflection questions were answered by students with all surveys and reflections submitted anonymously in a course mailbox specifically for data collection. Data was collected by the project leader from the designated mailbox.

Students met for seven weeks for three-hour sessions. During week two of the course, students were to create the treasure map out of class. As application of evidence to practice, the Healthy Nurse Healthy Nation Grand Challenge dimensions were applied

as a framework for the self-care course activities (ANA, 2018a). The course faculty and students explored the connection between nutrition and health, physical activity and cognition, stress reduction techniques to improve quality of life, the use of aromatherapy in self-care, sleep issues related to shift work, safety in nursing practice, drug abuse in healthcare workers, disconnecting from technology, and the connections between spirituality and health. In the first week of the course, students chose an accountability partner to work with throughout the self-care course, based on best practice by Cino (2016). Handouts related to the role and responsibility of the accountability partner was provided to each student. Responsibilities included regular meetings, agreement on goals, tracking progress, being honest and periodic assessments (Silver Lining Psychology, 2016). Each week students met with accountability partners to discuss progress with the weekly self-care plan they were creating and strategize for barriers that prevented self-care. Physical activity was included each week with special sessions offered on yoga and spinning. Students were free to choose the physical activity they wanted to experience each week. All students participated in the yoga session, but not all students participated in the spinning class. Examples of physical activities students chose from include tennis, racquetball, cardio equipment, weight lifting, and walking around the indoor track. See Appendix A for course syllabus which includes information related to each class and the activities implemented. Lesson plans for each class with detail are included in Appendix B.

There were two out of class assignments students completed that allowed for creativity and self-expression. A treasure map or vision board was completed for week two. Creating a treasure map allows one to take thoughts and turn them into a

manifestation of goals. A treasure map is a storyboard on which a person arranges pictures and words depicting their goals (Lapp, n.d.). Week four students presented their treasure map and discussed their future goals and dreams. This allowed for the connection to be made related to the importance of self-care to help achieve life goals (Richards et al., 2016). Students were very engaged with this activity and created detailed treasure maps projecting their individuality and uniqueness. For week six students created a healing hands image using the PhotoVoice technique. PhotoVoice is a program that has been used as participatory photography for social change. Digital storytelling is used to represent people and create advocacy for change in certain situations. The participants capture aspects of their experiences or environments and share them with others (Oden, 2013). Using the PhotoVoice technique, students captured images of their hands. A brief statement was included with the photo to describe how their hands were used to heal others. Many of the student images involved spirituality and correlated with the findings in the Health Promoting Lifestyle Profile II subscale of spirituality. The DNP Project Leader created a video collection of the PhotoVoice images and presented it to the students in the last self-care class. The collection of treasure maps and healing hands student projects were displayed in the classroom throughout the remainder of the 16-week semester. Assignment details are included in Appendix C and D.

The closing session consisted of a presentation on spirituality with a focus on the connection between health and wellness. The Director of Chaplain Services at a local regional acute care center provided students with a short presentation on stress, burnout and compassion fatigue in health care workers. Her message emphasized the cost of

stress and burnout on the healthcare organization and she discussed how the Chaplain's office is working to provide strategies to promote self-care for the hospital nursing staff. She provided a list of 50 self-care strategies to the students and acknowledged that many of the evidence-based strategies had been components of the self-care course students had just completed. The last session was also when the video collection of the PhotoVoice images was presented to the students. The video was followed by a "Blessing of the Hands" ceremony. "Blessing of the Hands" is a non-denominational ceremony which acknowledges the importance of health care provider's hands and the care they provide. The class concluded with a final prayer. All students were encouraged to participate but could opt out. All 19 students chose to participate in the closing prayer and blessing.

#### **Outcomes/Metric Data**

One of the most crucial elements of the DNP project is the interpretation of data of to measure impact of the project. This process allows the project leader to gain insight into the impact, achievement of project goals, and plan for sustainability and future implementation. The PICOT question for this DNP project was: Will there be decreased stress levels and increased knowledge of self-care practices in senior BSN students following implementation of self-care education, including a self-care plan?

A pretest-posttest design was used to compare student scores following the seven-week self-care course. Prior to the self-care course students completed the Perceived Stress Scale (Cohen & Williamson, 1988) and the Health Promoting Lifestyle Profile II (Walker et al., 1995). Students completed reflective prompts pre-intervention. In week seven of the course, the Perceived Stress Scale and Health Promoting Lifestyle Profile II surveys were repeated. Students were also asked to complete a reflective essay with



updated prompts for the post-intervention. All surveys and reflective questions were completed anonymously. Aggregate data was collected and compared to evaluate group changes in stress levels and the use of self-care practices.

### **Quantitative Data**

Nineteen students were enrolled in the mental health course during the project implementation. Students had to attend the course as part of the enrollment in the program but participation in the pre-implementation and post-implementation surveys was optional. One hundred percent of the students participated in the data collection surveys for week one (n=19). At week seven, surveys were repeated with 100% of the students participating (n=19) but one Health Promoting Lifestyle Profile II survey had missing data and could not be included in the final data analysis. All students were enrolled fulltime in the nursing program. Data was analyzed using Minitab 18 for Windows. Data was collected to examine differences in scores from week one to week seven with the hypothesis there would be decreased stress levels and an increase in self-care behaviors. An alpha of 0.05 was set as the level of significance.

The Perceived Stress Scale (PSS) 10 was used in this project for data collection. The scale was constructed for use in community samples with a minimal junior high education. The PSS is a 10-item survey with questions 4, 5, 7 and 8 having reversed scoring (e.g., 0=4, 1=3, 2=2, 3=1, and 4=0). Items are easy to understand, general in nature, includes direct inquiries about current stress and taps into how unpredictable, uncontrollable and overloaded respondents find their lives. The authors of the PSS scale have noted its validity in their studies with a reported internal reliability (alpha coefficient = .78). According to Cohen and Williamson (1988) the mean score for the

PSS for a male is 12.1 and female is 13.7. For the age group 18 to 29, PSS mean was 14.2 (Cohen & Williamson, 1988). Higher scores indicate higher levels of stress.

A 2-sample t-test for the mean of pretest and posttest Perceived Stress Scale was conducted. The sample size was 19 for pretest and posttest. The mean pretest was 15.737 and posttest was 14.526. Standard deviation for pretest was 8.2451 and posttest was 6.4495. Although there was a small decrease in the posttest mean, there was not enough evidence to conclude that the means differ at the 0.05 level of significance ( $p=0.617$ ). It should be noted, this cohort of nursing students reported higher levels of stress (pretest and posttest) compared to the same age group as reported by Cohen and Williamson (1988). (Tables 2 and 3).

Table 2

*2-Sample t-Test for the Mean of Pretest PSS and Posttest PSS*

| Statistics         | Pretest PSS    | Posttest PSS     |
|--------------------|----------------|------------------|
| Sample size        | 19             | 19               |
| Mean               | 15.737         | 14.526           |
| 95% CI             | (11.76, 19.71) | (11.418, 17.635) |
| Standard deviation | 8.2451         | 6.4495           |

Table 3

*Difference between Pretest and Posttest PSS Samples*

| Statistics                               | Difference                      |
|--|---------------------------------|
| Difference                               | 1.2105                          |
| 95% CI                                   | (-3.6700, 6.0910)               |
| Note. Difference= Pretest PSS - Post PSS | (11.76, 19.71) (11.418, 17.635) |

The second measure used for data collection in this study was the Health Promoting Lifestyle-II (HPLP-II). The HPLP-II is a 52- item instrument that uses a four-point Likert scale (never=1, sometimes=2, often=3, routinely=4) to assess health promoting behaviors. Higher scores indicate more health promoting behaviors. The overall HPLP-II score is obtained by finding the mean of all 52-items. There are six subscales: health responsibility (HR), physical activity (PA), nutrition (NUT), spiritual growth (SG), interpersonal relations (IR), and stress management (SM). Scores for the subscales are obtained similarly by calculating a mean of the responses to subscale items. The use of means rather than total sum is recommended by the authors as it allows for closer comparisons of scores across the subscales (Walker et al., 1995). Walker et al. (1995) defined the subscales as listed below:

- Health responsibility involves an active sense of accountability for one's own well-being (para. 7).
- Physical activity involves regular participation in light, moderate, and/or vigorous activity (para. 6).

- Nutrition involves knowledgeable selection and consumption of foods essential for sustenance, health and well-being (para. 5).
- Spiritual growth focuses on the development of inner resources and is achieved through transcending, connecting and developing (para. 3).
- Interpersonal relations entails utilizing communication to achieve a sense of intimacy and closeness with meaningful, rather than more casual, relationships with others (para.4).
- Stress management entails the identification and mobilization of psychological and physical resources to effectively control or reduce tension (para. 8).

Paired t tests were performed to detect differences from week one to week seven following the self-care intervention to examine the total HPLP-II score, and all six subscales. There were 19 surveys completed pre-intervention and 19 surveys completed post intervention. One of the 19 post intervention surveys was partially completed; therefore, it was excluded from analysis. Eighteen HPLP-II surveys were analyzed for pre and post intervention comparison. There were no statistically significant differences noted in the total HPLP-II score or in the subscales of health responsibility (HR), nutrition (NUT), spiritual growth (SG), and interpersonal relationships (IR). Statistically significant changes were noted in the physical activity (PA) and stress management subscales (SM). (Table 4)

Table 4

*Health Promoting Lifestyle Profile II Pretest and Posttest Mean Comparison*

|                 | Week 1 | Week 7  | <i>p</i> |
|-----------------|--------|---------|----------|
| Overall HPLP-II | 2.6444 | 2.8833  | 0.075    |
| HR              | 2.1833 | 2.27788 | 0.619    |
| PA              | 2.4333 | 2.9278  | 0.027 *  |
| NUT             | 2.4278 | 2.5111  | 0.632    |
| SG              | 3.1389 | 3.4278  | 0.068    |
| IR              | 3.1944 | 3.3944  | 0.242    |
| SM              | 2.5389 | 3.05    | 0.006 *  |

Note. Changes noted at  $p = 0.05$  level of significance

### Qualitative Data

Open ended reflective questions were administered to students at week one and week seven. Responses were analyzed for content and themes. Fifteen of the 19 students responded to the pre-intervention reflective questions (79%) and 17 of 19 (89%) students completed the post intervention reflections. Overall participant responses were positive and identified the importance of health and wellness to nursing practice. Students identified the nurse's responsibility to role model self-care practice for patients in pre intervention and post intervention reflections. See Tables 5, 6, 7, 8 and 9 for a summary of participant responses.

Table 5

*Pre-Intervention Reflection Course Goals*

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What is your goal for the course? Create your personal goal using the SMART format.

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- To work out three times a week.
  - To increase weekly exercise.
  - Run a seven- minute mile by graduation.
  - Lose weight.
  - Decrease carbohydrate and sugar intake by 50%.
  - Improve eating habits.
  - Increase water intake, decrease soft drink intake.
  - Meditate daily.
  - Pray and meditate every morning and every evening to improve relationship with God.
  - Develop stress management techniques.
  - Practice and implement stress management techniques to help deal with stress (exercise, deep breathing).
  - Learn effective coping mechanisms for stress related to nursing school and future career.
  - Decrease stress level.
  - Plan time for out of school activities, volunteer activities.
  - Make A and B's in class.
-

Table 6

*Pre-Intervention Reflection Connection between Nursing Practice and Health/Wellness.*


---

| What is the connection between nursing practice and health and wellness?  |
|---|
| - We owe our patients a holistically fit registered nurse.  |
| - Registered nurses need to have a healthy lifestyle to help patients change unhealthy habits.  |
| - Registered nurses need to set a good example.   |
| - Registered nurses are the direct care force and need to set a good example.   |
| - Registered nurses need to set a good example of health and wellness, so people will have a good role model.                                   |
| - If we are educating our patients (on health/wellness) we should be role models.   |
| - Our job is to promote health and wellness.  |
| - There is a connection between health/wellness and the Code of Ethics.   |
| - The way a nurse cares for herself will reflect on how she treats her patients.  |
| - A healthier nurse means a healthier profession and less stressful work days.  |
| - The nurse is obligated to keep herself healthy to provide the best care possible to our patients.   |
| - Registered nurses need to be held to a higher standard, but hospitals can promote healthy lifestyles by having alternatives to pizza parties. |
| - Nursing practice will never be up to par if nurse's health and wellness habits are not up to par.   |

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Table 7

*Post Intervention Reflection Attainment of Course Goals*

| Did you meet your course goal? Why or why not?   |
|--|
| - Attained goal. Learned techniques to use to decrease stress and teach to patients.   |
| - Goals met. Gained knowledge about ways to deal with stress. Making progress through exercise and good sleep schedule.  |
| - Did meet goal. Increased exercise.   |
| - Reached goal by increasing knowledge and awareness of self-care behaviors.   |
| - Made progress with nutrition. Eating less pop-tarts, drinking more water and less soda.  |
| - Identified strengths and weaknesses related to self-care. Did not meet goal but became more aware of better ways to eat and importance of exercise to help cognition and stress level.     |
| - Met some goals. Improved work-out regimen. Learned new ways to relax. Using smoothie machine to increase fruits and calcium. Running to decrease stress.                                   |
| - Partially met. Met physical activity goal, water intake improved. Started including family in workouts.  |
| - Partially met. Increased physical activity, lost 10 pounds, working on nutrition. Identified strategies to improve and maintain progress.  |
| - Partially met. Increased bible study and prayer, added aromatherapy and meditation for stress relief.  |
| - Did not fully meet goals. Competing priorities interfered (school). Breathing is helping to decrease anxiety.  |
| - No. Competing priorities interfered. Have been able to meditate three times a week. Realized it is important to set small goals. If you fall off the horse, it's important to get back on. |
| - No. But working on goals and doing better.   |
| - No. But joined a gym and attending classes regularly. Competing priorities (school) and finances have impacted goal attainment.  |
| - Nutrition and fitness fell short due to expense of food and cafeteria lacks healthy choices.   |

Note. A significant number of participants attributed meeting their course goal to the weekly meetings with their accountability partner that were held during the self-care lab session.



Table 8

*Post Reflection Importance of Self-Care to Nursing Practice*

| Why is self-care important to nursing practice?  |
|--|
| - Nurses should practice what they preach.   |
| - Self-care is important to prevent burn out.  |
| - To care for others, we must care for self-first.   |
| - We must care for self, to be able to care for others.  |
| - We must care for self to prevent burn out and provide better patient care.   |
| - We must care for self, to care for others.   |
| - We should not sacrifice our health to help others, this causes burn out and the patient suffers.   |
| - Taking care of ourselves, helps us to take care of others.   |
| - Self-care can help nurses not go down the wrong path and make potential decisions that would negatively impact their career.                               |
| - If not practiced (self-care), will lead to burn out and compassion fatigue.  |
| - "I knew that taking care of myself was going to be difficult. The most important thing that stuck out to me was that it was Okay to take time for myself." |
| - Nurses should practice what they preach.   |
| - Showing up to work in the best shape possible allows the team to work more effectively. Team work makes the dream work.                                    |
| - Important to be able to make sure my health is in check before I can try to take care of others.   |
| - Learned it was important to give self a break after an emotional clinical.   |

Table 9

*Post Reflection Expectation of Professional Organizations*


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| Post Reflection Expectation of Professional Organizations   |
|---|
| <p>Part 1- Should professional organizations expect nurses to be role models for their patients?</p> <ul style="list-style-type: none"> <li>- Nurses should practice what they preach.</li> <li>- Nurses should walk the walk and talk the talk.</li> <li>- Nurses can teach patients what they know and practice (e.g. breathing exercises).</li> <li>- Agree that nurses should be role models and practice what we preach to our patients.</li> <li>- If we are not a good role model, our patients are less likely to listen to our educational teaching.</li> <li>- Nurses should be role models and advocates for healthy behaviors.</li> <li>- "Absurd expectation." This course informed me that it is important to prioritize my happiness and spiritual health over money or working extra shifts that need to be covered. We have to balance our lives."</li> <li>- Nurses should be role models and teach patients about health and wellness.</li> <li>- Nurses are role models for their patients.</li> <li>- This is a proper expectation. "If they expect that from us, they should help us become that." Offer aromatherapy for the staff and chair massages to help decrease stress levels during work hours.</li> <li>- Patients look up to nurses.</li> <li>- The public expects nurses to be healthy.</li> <li>- Nurses are role models.</li> <li>- Nurses should practice what we preach and be a role model.</li> <li>- Yes, we need to be able to role model for our patients and the work environment needs to support these decisions.</li> </ul> <p>Part 2- Support your position with knowledge you have learned from the course.</p> <ul style="list-style-type: none"> <li>- Nurses talked to us during our clinical day about self-care while we were in the mental health unit.</li> <li>- Guest speaker discussed showing up to be the best you can be and how this facilitates a positive working environment. "Teamwork makes the dream work." We must be responsible for our own self-care.</li> <li>- Saw first-hand nurses foregoing lunches and breaks, losing meaning in their work.</li> <li>- "Gratitude creates joy and nurses must keep a positive mindset in the workplace to follow that motto and provide healing for our patients."</li> </ul> |

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### **Results Analysis Summary**

The purpose of this project was to investigate the use of a self-care course to help senior BSN students decrease stress levels and increase their use of self-care practices. Upon analysis of the pre-intervention and post-intervention surveys and reflections, it appears the implementation of a course on self-care did have a positive impact on the participants by increasing their use of stress management techniques as indicated by the HPLP-II subscale stress management and qualitative data obtained. Perceived stress levels as noted by the participants did not increase throughout the seven-week course which could be attributed to the students employing use of stress management techniques such as physical activity, meditation, prayer, and breathing techniques. Studies have previously reported students experience increased levels of stress as they progress through their educational programs and use less self-care practices (Ashcraft & Gatto, 2015; Edwards et al., 2010). In this project there was not a statistically significant margin, but Perceived Stress scores decreased slightly from week one to week seven and did not increase as has been published in other studies on nursing students stress.

The total HPLP-II score and subscales, HR, NUT, SG, and IR did not change significantly with the implementation of the self-care course. There was a statistically significant difference in the preintervention and post intervention, physical activity subscale. The improvement in physical activity is extrapolated in the qualitative data obtained from participant reflection responses. The increase in physical activity can be directly correlated to the inclusion of physical activity in each week of the self-care course. Students also were made aware of access to the student health and wellness center as part of the course. Based on multiple studies on the self-care practices of

nurses, indicating nurses have lower levels of physical activity, (Thacker et al., 2016; Welch et al., 2016; Zapka et al., 2009) the DNP Project Leader deemed it an important element to include in weekly activities. Outcome data suggests physical activity was an effective component of the course.

Overall, findings from the DNP project were positive. Students were able to increase use of stress management techniques with stress levels not increasing in the first eight weeks of the semester. Physical activity levels increased for students also suggesting a course on self-care practice does have positive benefits for the participants. One hundred percent of the students in the mental health course were successful clinically and academically. This cohort was also successful clinically and academically in the last eight weeks of the semester in the corresponding medical-surgical nursing course.

## SECTION V

### Project Evaluation

#### Interpretation of Project Outcomes

The DNP project implemented to educate senior BSN students on the use of self-care practices to decrease stress and improve health did positively meet the project outcomes. The self-care course was successful as evidenced by the statistical analysis and student qualitative findings. Although it was not an intended outcome of the project, it is to be noted that 100% of the students progressed to the spring semester. Also, not a measured component of the project, it is noted that only one student experienced an illness during the fall semester. In previous years, more students experienced illness. Faculty in the nursing program agreed the self-care course was valuable and important for nursing students and new nurse graduates. Objectives for the DNP project were met as evidenced below:

Objective 1- The student will identify stressors in nursing education and healthcare practice today. Reading from *Self-Care and You. Caring for the Caregiver* (Richards et al., 2016) pages 2-8 and page 14 provided context for stress in health care and nursing practice. Two of the guest speakers spoke about specific issues in nursing; compassion fatigue, burnout and civility in the workplace. Counselors from the college spoke with students about stressors specifically facing college students and provided information for resources for the students to help with these issues. Students noted in their qualitative comments that they saw nurses foregoing lunches and breaks to provide patient care and how this impacted the nurse.

Objective 2- The student will discuss the physical and mental effects stress plays on the human body. Students were exposed to this content through reading, guest speaker presentations and mental health clinical. Students noted in post reflections that sacrificing personal health would lead to burnout and compassion fatigue.

Objective 3- The student will conduct a self-assessment to identify current self-care practices used and current levels of stress. Two surveys, the Perceived Stress Scale and Health Promoting Lifestyle Profile II, were completed preintervention and post intervention. Statistical analysis was conducted with findings reported in previous section. Students were instructed in the method for scoring individual surveys prior to submission and were knowledgeable of their pretest and posttest scores.

Objective 4- The student will develop a self-care plan based on self-assessed need, interests, and course goal. Students developed goals for the course and this is noted in the preintervention reflection. Completion of the surveys provided self-assessment of student's strengths and weaknesses. Students did not complete a formal written self-care plan. Students completed vision boards/treasure maps to identify life goals. The importance of self-care in this journey was stressed during presentations and discussions.

Objective 5- The student will discuss the influence of self-care practice on current and future nursing practice. Students demonstrated knowledge of this through post intervention reflective responses. Overwhelmingly students agreed nurses need to take care of self, to better care for others.

Objective 6- The student will identify barriers to self-care practice and develop strategies to promote self-care practice. Students met each week with an accountability

partner to discuss progression with course goal and barriers. Students commented in post intervention reflection, that the accountability partner aided in their goal attainment.

Objective 7- The student will discuss how negative and positive self-care practices influence the practice. Post-intervention reflective responses demonstrated student gained knowledge of this. One student stated, “a healthier nurse means a healthier profession and less stressful work days.” A second student noted the importance of showing up to work in the best shape possible to promote a healthy work environment. “Teamwork makes the dream work” (Anonymous Personal Communication, October 2018).

Objective 8- The student will analyze the impact of the Nursing Code of Ethics on practice of self-care. Class discussion on the Code of Ethics provided the opportunity to review the Code and interpretative statements. Students unanimously agreed nurses have a responsibility to take care of themselves to better care for their patients, and to be a role model for healthy behaviors and this was reflected in student reflections. Each objective was met, and evidence of student learning was noted.

Upon completion of the fall semester, students were invited to an informal focus group to gather feedback on the self-care course. Four females and one male student participated and provided valuable feedback. Project site faculty were also invited to take part in focus group. All nursing faculty participated. (Tables 10 and 11).

Table 10

*Student Focus Group Questions and Responses*


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| Student Focus Group Questions and Responses   |
|---|
| <ul style="list-style-type: none"> <li>• Would you recommend repeating the course for the Senior class of 2019?           <ul style="list-style-type: none"> <li>- 100% repeat for 2019 senior class.</li> <li>- Provided an opportunity to step back and create time for self that was needed.</li> </ul> </li> <br/> <li>• If so, what changes would you recommend?           <ul style="list-style-type: none"> <li>- Recommend a grade for assignments</li> <li>- Would like to have seen the studies on nurses' self-care practices</li> </ul> </li> <br/> <li>• What activities did you enjoy (vision boards, healing hands, physical activities, guest speakers)?           <ul style="list-style-type: none"> <li>- Loved the vision boards</li> <li>- Yoga</li> <li>- Student choice exercise</li> <li>- Having something that helped build the "team"</li> <li>- Healing hands image</li> </ul> </li> <br/> <li>• What impact did the self-care course have on the 2<sup>nd</sup> half of your semester?           <ul style="list-style-type: none"> <li>- Still using meditation and nutrition</li> <li>- More aware of my mental health needs</li> <li>- Time management was better. More aware of self-care practices, getting better sleep</li> </ul> </li> <br/> <li>• What impact will the self-care course have on your first year of nursing practice?           <ul style="list-style-type: none"> <li>- Will remember to take care of self to take care of others</li> <li>- Burnout (BO) prevention. Showing up to work in the best shape you can be</li> </ul> </li> <br/> <li>• What is your opinion about nursing programs including self-care in nursing education? What do new nurses need to know?           <ul style="list-style-type: none"> <li>- Self-care practice should be included in nursing education. Nursing students are some of the most stressed out college students. Need to know about BO and how to prevent it and be able to identify stressors/triggers.</li> <li>- Start habits in nursing school and use them in practice.</li> <li>- Poor self-care practice leads to BO and poor decisions.</li> <li>- New nurses need to know how to prevent BO especially in their first year.</li> </ul> </li> </ul> |

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Table 11

*Faculty Focus Group Response*


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| Faculty Focus Group Response   |
|--|
| <ul style="list-style-type: none"> <li>• Would you recommend repeating the course for the Senior class of 2019?               <ul style="list-style-type: none"> <li>- 100% agree it should be included in the curriculum.</li> </ul> </li> <li>• If so, what changes would you recommend?               <ul style="list-style-type: none"> <li>- Consider threading it through the program in all courses. Map curriculum to NCLEX to ensure we are covering needed elements and allow for education on self-care practice.</li> </ul> </li> <li>• What feedback did you hear from students?               <ul style="list-style-type: none"> <li>- Did not interact with students enough throughout first eight weeks to hear feedback.</li> </ul> </li> </ul> |

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### **Limitations/Difficulties in Project Implementation**

Several limitations to this project must be acknowledged. The small group size (n=19) of students from one university provided a convenience sample for this project. The intervention (self-care course) should be further refined as this was the first time for implementation. Data collection occurred at week one and week seven. Data collection at week 16 would have been helpful to identify student retention of self-care practices and knowledge. Reflective journaling is a strategy that would have been useful to gather more information on the types of self-care practices being employed by the students throughout the course. Blum (2014) used reflective journaling to assess student learning and evaluate other components of the elective self-care course offered at Florida Atlanta University. The loss of the faculty member prior to fall semester increased faculty workloads throughout the nursing program and may have impacted the opportunity for staff to be involved in the self-care course activities. Course content was solely taught by

the project leader with the exception of guest speakers. Conducting the self-care course in the skills lab time reduced the time students could have mental health lab simulation and could negatively impact student performance in the mental health course, although it was not noted. Recommendations for future use included threading self-care concepts throughout the curriculum with the self-care course being offered to seniors in the fall semester. Faculty strongly agreed senior students should have the opportunity to explore self-care practices and develop self-care habits prior to new graduate transition to practice.

### **Comparisons to Literature**

The positive outcomes for the DNP project self-care course were similar to the findings of Blum (2014), Cino (2016) and Stark et al. (2012). All three studies used self-assessment to identify student strengths and weaknesses. Self-assessment following intervention allowed students to identify growth in areas of health promotion and self-care practice. Providing students with educational sessions that presented potentially new information and content on self-care practices was noted to be helpful and was used by Wills and Kelly (2016) with positive results. Students increased their use of stress management techniques similar to the Chow and Kalischuk (2008) study. The use of an accountability partner to help students reach course goals was noted by Cino (2016) and presented students with the opportunity to practice health coaching. Students in the self-care course were able to practice health coaching with their accountability partners and many students noted this helped them to obtain their course goal. Barriers to self-care practice, such as competing priority issues were noted by Bryer et al. (2013) and Thacker et al. (2016) and also identified by this group of students. Students shared the importance

of this self-care course on their future nursing practice to prevent BO, better care for others. and to be a better co-worker (Blum, 2014). Students were able to identify the importance of self-care as a professional responsibility (Cino, 2016; Nevins & Sherman, 2016) and identified the connection to the Code of Ethics. The review of literature closely correlated to the findings of this DNP project.

### **Comparison to Pender's Theory of Health Promotion**

Pender's Theory of Health Promotion supported this DNP project as evidenced by project results and the following discussion. In review of Pender's Theory of Health Promotion, the four concepts of person, environment, health, and nursing are evident in this project. The student was the primary focus in the self-care course, with their individual characteristics and preferences evidenced by choice of physical activity, self-assessment of strengths and weaknesses, and creation of their treasure maps and healing hands PhotoVoice projects that highlighted each student's individuality. The environment concept was the nursing program, student's economic standing, work place, and home life. When asked about goal attainment, students noted, in their reflections, that competing priorities was a challenge in their environment. Health was the practice of self-care, which improved throughout the project with an increase in physical activity and stress management techniques. The five dimensions of health were covered in the project with students experiencing different learning opportunities to increase their knowledge. Nursing is considered the role of the nurse in health promotion and each student acted in this role. Students identified the importance of having this experience in their post-reflection writings indicating their understanding of professional expectations

for role modeling, educating and advocating for self-care. Students were accountability partners and coaches for each other to promote health and wellness.

Pender's HPM contains seven assumptions which related to the self-care course. These were demonstrated through the student's development of their individual, holistic self-care plan, completion of self-reflection exercises, completion of the surveys used to measure self-care practices and stress levels, and student's self-evaluation progress in meeting goals. Students demonstrated the ability to interact with their environment in a holistic manner and made some changes during the course that will allow them to use self-care practices in their future nursing practice.

There are 14 theoretical propositions in the model, which were met through this project (Master, 2015). Examples include self-assessment of student self-care practices using the HPLP II (Walker et al., 1995). Perceived barriers were addressed each week through meetings with an accountability partner and strategies identified to help the student deal with barriers. Activities chosen to implement were based on the student's past experiences and level of self-efficacy (Pender et al., 2011).

Behavior specific cognitions and affect have major motivational significance and can be modified through intervention (Pender et al., 2011). The behavior specific cognitions were addressed in the DNP project as follows:

1. Perceived benefits are intrinsic or extrinsic factors. This was assessed through the reflection students posted related to the specific prompt and through the goal development students created for the course.
2. Perceived barriers were factors the student viewed as getting in the way of goal attainment or completing the activity. Students in the self-care course

met weekly with an accountability partner to discuss barriers and strategized ways to remove the barriers they faced.

3. Perceived self-efficacy referred to the student's belief or confidence in their ability to complete an activity or skill based on previous experience. Through weekly meetings with the accountability partner this proposition was addressed by students evaluating their progress with the self-care plan, identifying barriers to their self-care plan and designing strategies to overcome those barriers. Students also completed the HPLP-II (Walker et al., 1995) which identified areas of strength and allowed students to continue to build on those strengths.
4. Activity-related affect involved three components; act related, self-acting, and the environment it happened in. In other words, the individual evaluated their thoughts and feelings about the activity they completed and decided if they would repeat the activity. Students involved in the project, completed a summative evaluation to indicate their thoughts and feelings about their self-care plan progress and goal attainment. A focus group provided valuable information about the self-care course activities.
5. Interpersonal influences were the thoughts and feelings generated by the behaviors, beliefs, and attitudes of others. This can be family members, co-workers, health care professionals, and in this project, it was the peer group. This activity was completed as a group and had a positive impact on the group's perception and use of self-care practices.

6. Situational influences related to the project were most impacted by the student's feelings about the activity or activities and competing priorities.

Faculty and staff involvement is a situational influence and addressed in the discussion section. (Pender et al., 2011)

The ability to balance personal and professional life while pursuing higher levels of education is challenging. Thacker et al. (2016) investigated this concept in practicing nurses and concluded 66.9% of the participants identified competing priorities as a reason for not consistently practicing self-care behaviors (p.29). Students have many competing demands in nursing school and will continue to experience this as they enter professional practice (Ashcraft & Gatto, 2015; Bryer et al., 2013; Chow & Kalischuk, 2008). The HPM uses commitment to a plan of action to address the issue of dealing with competing demands and preferences. Accountability partners served as a resource to assist with strategizing way to deal with this issue.

Outcomes in the HPM resulted in improved health. The goal of this project was to assist students to develop positive health behaviors using self-care practices and manage stress levels effectively. The outcome goal for the students in this project was to increase the student's awareness of their personal stress levels and promote use self-care practices in their daily lives to manage stressors in a healthy manner. Healthy behaviors coupled with a healthy lifestyle lead to improved health and this creates a healthy nurse which is the premise the Healthy Nurse Healthy Nation Grand Challenge is conceived upon (ANA, 2018a). Goals of this DNP project were met.

## **Recommendations**

Recommendations for the self-care course included refining the course content. There were five dimensions of self-care covered and each dimension included many different topics. Refining the course would allow closer examination of course content to ensure it is meaningful for students. Focus group feedback provided information related to what activities students enjoyed such as yoga, creation of treasure maps, and healing hands projects. Based on faculty and student feedback, assignments in the course will need to be awarded a grade depending on the course syllabus and grading scale. As previously stated, faculty suggested threading self-care concepts throughout the curriculum, tying the concept to specific course outcomes and content. In addition, faculty recommended the continuation of the course in the fall semester for senior students. Discussions related to competing priorities and strategies to manage them should be included. Students could complete a reflective journal to detail the development of their self-care plan for a graded assignment. Research articles on nurse health and self-care practices should be presented to students to provide them with a better understanding of the scope of the problem and the evidence-based practice strategies suggested to address the problem. The Essentials (AACN, 2008) mandate self-care in nursing curriculum. Student learning outcomes should reflect the inclusion of self-care in nursing curriculum with specific assignments used to evaluate achievement of those outcomes. Providing a course on self-care for students provides an opportunity to fully grasp this concept and practice it before entering nursing practice.

The DNP Project self-care course was integrated into an existing mental health course and was meaningful to students. Self-care could also be included in nursing

leadership courses as the concept of self-care is included in many of the leadership texts. The three hours that were allotted each week to the self-care course could be decreased to an hourly class and held over 16 weeks. Having the opportunity to practice self-care over a longer time frame (16 weeks versus 8) may prove more beneficial. Including self-care courses during the senior year may provide senior nursing students the opportunity to manage stress levels more effectively. The potential for an interprofessional education (IPE) course on self-care holds great promise and should be investigated as all healthcare providers are exposed to stress and are in need of self-care practice education.

### **Conclusion**

Burnout and stress are a part of the fabric of nursing and has been addressed by many studies (ANA, 2017; Jasperse et al., 2014; Khamisa et al., 2016). To combat stress and burnout, the ANA advocates nurses take responsibility for their health and wellness which serves to promote a healthy nursing workforce and a healthy nation (ANA, 2018a). Self-care practice is a learned behavior, and the importance of this behavior is not emphasized in most nursing curriculums. Nurse educators can have a positive impact on the future of nursing and the nursing workforce by adding self-care courses to nursing curriculum. Horneffer (2006) encourages addressing the cognitive dimensions of health within the nursing curriculum to promote self-care behaviors in the next generation of nurses. Blum (2014) and Stark et al. (2012) demonstrated the positive benefits of self-care practice in nursing education, while Cino (2016) noted self-care should be a professional nursing competency. Through the implementation of an eight-week course on self-care, the project leader was able to demonstrate students did experience a difference in their use of stress management techniques and increased their physical



activity levels. Stress levels for students at week seven were lower than week one. Of utmost importance was the acknowledgment by students involved in the self-care course, that this experience will have a positive impact on their future nursing practice. These results support the inclusion of a self-care course in BSN nursing education to decrease student stress levels and increase use of self-care practices.

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## Appendix A

Fall 2017- Syllabus

**Self-Care in BSN Students: Developing a Self-Care Plan****Course Title:** Self-Care in the BSN Student: Developing a Self-Care Plan**Course Meeting Day(s) and Time:** Wednesdays, 1pm-4pm, Skills lab. Weeks 1, 3, 4, 5, 6, 7.**Course Overview:** This course is proposed to serve as a vehicle to educate students on the effects of stress on their physical and mental well-being, while allowing students to identify current stressors and introduce students to holistic self-care practice measures that can be utilized to positively cope with stressors. This foundational knowledge will be used as a reference and building block for new graduate nurses as they enter in to beginning level nursing practice to foster physical and mental wellness.**Required Text:** Provided by Department of Nursing and must be returned upon course completion.Richards, K., Sheen, E., Mazzer, M. (2016). *Self-care and you. Caring for the caregiver*. Silver Spring, Maryland: Nursing Knowledge Center.**Additional handouts will be provided for students.****Credit Hours:** Credit for clinical time will be awarded per NURS 430 syllabus.**Course Objectives and Student Learning Outcomes:**

1. The student will identify stressors in nursing education and healthcare practice today.
2. The student will discuss the physical and mental effects stress plays on the human body.
3. The student will conduct a self-assessment to identify current self-care practices used, and current level of stress.
4. Student will develop a SCP based on self- assessed needs, interests and goals.
5. Student will discuss the influence of self-care practice on current and future nursing practice.
6. Student will identify barriers to SCP and develop strategies to counter act barriers.
7. Student will discuss how negative and positive self-care practices influence the practice environment, nursing staff, hospital culture, patient and family members.
8. Students will analyze the influence of professional nursing organizations on self-care practice.

**TEACHING METHODS AND ASSIGNMENTS FOR ACHIEVING LEARNING OUTCOMES:** Assigned readings, lecture/discussion, guest lecturers and presentations, experiential learning activities, online reflections.

**PROFESSIONALISM POLICIES:**

1. **Class Participation and Preparation:** It is critical that all students have active participation in each session of this course. Class participation is vital for learning and retaining nursing information. Reading and understanding the content is vital and preparation is needed before class. Each class period will have a pre-class reading assignment. Nursing is dependent on communication, and this communication must be practiced enhancing everyone's learning. Students will not be graded on submissions and non-participation in class surveys will not be held against students.
2. **Honor Code and Academic Honesty:** The University Honor Code will be upheld and enforced in this class. Suspected cases of academic dishonesty will be investigated and reported to the fullest degree permitted by law and policy.
3. **Professional Behavior:** Behaviors representative of the nursing profession are essential. Nurses are privileged to be a part of many intimate and private aspects of their patients' lives. These things must be kept strictly confidential, and respect paid to patients' rights at all times. Professional behaviors include:
  - a. Absolute honesty.
  - b. Confidentiality at all times.
  - c. Respect for others and their opinions.
  - d. Courtesy towards others. (No cell phones or electronic devices are used during class for other than purposes for which permission is given by the instructor.)
  - e. Exhibiting a positive and cooperative attitude at all times.
  - f. Preparation for assignments according to their descriptions.
  - g. Participation in all class discussions with attention paid to the effects of communications.
4. **Academic Support.** Please notify the professor if any assistance is needed. If support or modifications are needed due to a disability, we will work with ARC to provide this support. Please refer to the **Summary of Rights and Responsibilities Regarding Disability Accommodations** document found in the Undergraduate Student Catalog.

**COURSE REQUIREMENTS AND GRADE ASSESSMENT:** This class will include active learning strategies. Please be dressed each week in clothing that will allow you to exercise and stretch. Exercise attire is encouraged along with a water bottle and a healthy snack each week.

### Self-Care Course Activities

| Assignment  | Percent of Grade   | Brief Description   |
|---|--|---|
| Active participation in Mental Health skills lab time and completion of all assignments                                     | Not calculated in course grade. Clinical time is required. | Students will be actively engaged in the mental health lab and complete all assignments as required. Thoughtful and respectful comments are encouraged. Attendance is taken at each class.                                      |
| Completion of pre and post assessments. Students may opt out of the surveys at any time during this course.                 | Same as above.   | Students will complete a pre-and post –assessment (week 1& 7).  |
| Development of the Student self-care plan, creation of treasure map; creation of healing hands using Photo Voice technique. | Same as above  | Each week student will add a new dimension to their self-care plan based on new strategies presented in lab. The five dimensions to be covered include physical activity and nutrition, quality of life, rest/sleep and safety. |
| Reflection Activity (2)<br><br>Students may opt out of pre and post reflections. Assignments will not be graded.            | Same as above  | Students will write two responsive reflections during the course. A pre-intervention reflection (week 1) and a reflection will be written following the completion of the course (week 7).                                      |
| Presentations   | Same as above  | Students will present their self-care plan to class identifying knowledge learned, how they will apply to their nursing practice, how this practice influences our nursing profession and professional organizations.           |

**GRADING SCALE:** No grade will be awarded for this course. Clinical time is required to satisfy NURS 430 clinical hours.

### Calendar of Activities for Self-Care Course

| Date of Lab         | Focus of Lab/ Course   |
|---------------------|--|
| 8/23/2017<br>Week 1 | <ul style="list-style-type: none"> <li>• Introduction to self-care plan course</li> <li>• Assign Accountability partner to meet with weekly.</li> <li>• 30-minute physical activity (walking around campus).</li> <li>• Treasure Maps</li> <li>• Code of Ethics.</li> <li>• The importance of Breathing.</li> <li>• Pre-intervention surveys and reflections</li> <li>• Review pages 2-8 and page 14 in <i>Self-Care and You. Caring for the Caregiver</i> (Richards, Sheen &amp; Mazzer, 2016).</li> </ul>  |
| 8/30/2017<br>Week 2 | <ul style="list-style-type: none"> <li>• Class will not meet face to face. Students will complete work on Treasure Maps.</li> </ul>  |
| 9/6/2017<br>Week 3  | <ul style="list-style-type: none"> <li>• Focus for this week will be exercise and nutrition. Guest Speaker to address nutrition and fitness.</li> <li>• Tour Wellness Center. Spinning class for those wishing to participate. Others may utilize options offered by health center.</li> <li>• Presentation by senior nursing student on the connection between cognition and physical activity.</li> <li>• Meet with accountability partner. Hand out for identifying barriers will be given to students.</li> <li>• Group Share. What is working and what challenges are you seeing?</li> <li>• Read pages 7-14 in <i>Self-Care and You. Caring for the Caregiver</i> (Richards, Sheen &amp; Mazzer,2016)</li> </ul>           |
| 9/13/2017<br>Week 4 | <ul style="list-style-type: none"> <li>• Quality of Life (QOL) is the focus for the week.</li> <li>• Meet with accountability partner and discuss how the students did with meeting last week's goals.</li> <li>• Introduce measures that can be used to counter stress: Yoga; meditation (practice); mindfulness (practice); discuss Reiki, guided imagery, aromatherapy.</li> <li>• 30-minute Yoga session for class in health center.</li> <li>• Guest speaker counseling services to talk with students about services they have available for students on campus.</li> <li>• Group Share</li> <li>• Read pages 16-24 in <i>Self-Care and You. Caring for the Caregiver</i> (Richards, Sheen &amp; Mazzer, 2016).</li> </ul> |
| 9/20/2017<br>Week 5 | <ul style="list-style-type: none"> <li>• Safety is the focus for the week.</li> <li>• Guest speaker for workplace bullying will discuss how this impacts patient outcomes. Presentation is titled, "You are responsible for how you show up for work. Creating a healthy workplace.</li> </ul>   |

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|                     | <ul style="list-style-type: none"> <li>• 30-minute physical activity. Students will pick physical activity to complete. Students will add safety intervention to their care plan for this week.</li> <li>• Meet with accountability partners for the week and discuss progress, barriers, issues and solutions.</li> <li>• Healing hands with PhotoVoice project instructions reviewed.</li> <li>• Read pages 25-34 in <i>Self-Care and You. Caring for the Caregiver</i> (Richards, Sheen &amp; Mazzer, 2016). Additional resources will be available on the ANA website and provided to students</li> </ul> |
| 9/27/2017<br>Week 6 | <ul style="list-style-type: none"> <li>• Sleep/Rest topic is the focus for the week.</li> <li>• Students will meet with accountability partner to discuss how they are doing with the self-care plan and evaluating their progress.</li> <li>• 30-minute physical activity in the health center. Students may choose activity.</li> <li>• 20-minute power nap.</li> <li>• Group Share</li> <li>• Read page 14 in <i>Self-Care and You. Caring for the Caregiver</i> (Richards, Sheen &amp; Mazzer, 2016). Additional resources will be available on the ANA website and provided to students.</li> </ul>      |
| 10/4/2017<br>Week 7 | <ul style="list-style-type: none"> <li>• 30-minute physical activity piece (Health Center- Student Choice).</li> <li>• Accountability Partner meeting.</li> <li>• Students will present their self-care plan to group and discuss if self-identified goal met for course.</li> <li>• Post assessment surveys will be completed with post-reflections completed online (in class).</li> <li>• Presentations - Blessing of the Hands ceremony.</li> </ul>   |

## Appendix B

## Lesson Plan for Week 1

| Date of Lab         | Focus of Lab/ Course  |
|---------------------|---|
| 8/23/2017<br>Week 1 | Introduction to Student Self-Care Plan activity. Students will complete pre-assessments (HPLP- II and [Walker et.al, 1995], PSS [Cohen & Williamson, 1988]). Assign accountability partner to meet with weekly. Identify the role of the accountability partner. Instruct students on out of class assignment for week 2. Students will create treasure maps to identify life goals and increase understanding of self-care in achieving these. Discussion will include how self-care practices are necessary to achieve this goal. Discuss professional organizations stand on self-care practice. These professional organizations promote the nurse being healthy to better care for others, role model healthy behaviors. Review breathing importance and practice this activity. A handout for breathing guidelines to be distributed. Students will complete their pre-reflection: What do they hope to achieve in the next 8 weeks? Student will write this statement on care plan work sheet. What is the connection they see between nursing practice and health and wellness? Read pages 2-8 and page 14 in <i>Self-Care and You. Caring for the Caregiver (Richards, Sheen &amp; Mazzer, 2016)</i> . |

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| 9/6/2017<br>Week 3 | Focus for this week will be exercise and nutrition. As a class, students will do a short physical activity exercise and tour the health center. Activity will be spinning by fitness staff. Guest speaker will address physical activity and nutrition. We will discuss nutrition, the connection between what we eat and wellness. Discuss the positive effects of exercise on cognitive level. Senior honors nursing student will present topic on how exercise improves exercise cognition. Will also discuss how the Health Risk Appraisal by ANA identifies physical activity as a dimension nurses are below acceptable levels. Students should bring a healthy snack and water to class. Students will identify an exercise and nutrition intervention to commit to for the week and add to their self-care plan. Meet with accountability partner. Hand out for identifying barriers will be given to students. Read pages 7-14 in <i>Self-Care and You. Caring for the Caregiver (Richards, Sheen &amp; Mazzer, 2016)</i> |
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| <p>9/13/2017<br/>Week 4</p> | <p>Quality of Life (QOL) is the focus for the week. Meet with accountability partner and discuss how the students did with meeting last week's goals. What barriers did they encounter? Focus for QOL will be stress reduction. Discuss stress and burnout in nursing and how self-care is important to combat this issue. Introduce measures that can be used to counter stress: Yoga (demonstration and activity), meditation (practice), mindfulness (practice), guided imagery (practice), and aromatherapy. Students should have an opportunity to practice or work with each of these techniques. Students will pick one to commit to and add to self-care plan for the week. Will have guest speaker from counseling services to talk with students about services they have available for students on campus. Students will need to bring water and healthy snack. Read pages 16-24 in <i>Self-Care and You. Caring for the Caregiver (Richards, Sheen &amp; Mazzer, 2016)</i>.</p> |
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| <p>9/20/2017<br/>Week 5</p> | <p>Safety is the focus for the week. Safety issues in the workplace will be discussed. Shiftwork and lack of sleep, safe patient handling and mobility, preventing needle sticks, workplace bullying, medication or alcohol use/abuse. Guest speaker for workplace bullying will discuss how this impacts patient outcomes. Students will add safety intervention to their care plan for this week. Meet with accountability partners for the week and discuss progress, barriers, issues and solutions. Students will create healing hands image using PhotoVoice technique. Read pages 25-34 in <i>Self-Care and You. Caring for the Caregiver (Richards, Sheen &amp; Mazzer, 2016)</i>. Additional resources will be available on the ANA website and provided to students.</p> |
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| <p>9/27/2017<br/>Week 6</p> | <p>Sleep/Rest topic is the focus for the week. Students will meet with accountability partner to discuss how they are doing with the self-care plan and evaluating their progress. Continue to strategize about how to counter barriers to implementation. Discuss findings from ANA related to nurse's sleep patterns, and lack of sleep. How this contributes to errors and poor patient outcomes. The importance of how rest restores the body will be stressed. Students will commit to</p> |
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|  | <p>getting 7-8 hours of sleep per night. In addition, would like to have students disconnect from technology before bedtime. Discuss technology management. Have students bring healthy snack, water and beach towel. Will allow students 20 minutes for power nap. Some organizations are creating a napping center. Improves productivity of employees. At this point students will have exercise, nutrition, stress reduction (QOL), rest/sleep interventions in their care plan. Read page 14 in <i>Self-Care and You. Caring for the Caregiver</i> (Richards, Sheen &amp; Mazzer, 2016). Additional resources will be available on the ANA website and provided to students.</p> |
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| <p>10/4/2017<br/>Week 7</p> | <p>Post assessment surveys will be completed with post-reflections completed. Students will present their self-care to group and discuss if self-identified goal met for course. Additional questions for reflection should address “Why is this important to nursing practice?” Should our professional organizations expect nurses to act as role models for our patients?” We will present student their healing hands PhotoVoice assignment and discuss how the image of their hands should remind them of the importance of self-healing. They will be instruments of healing in their practice and should remember the importance of self-healing on a daily basis. Spirituality will be discussed this week. Chaplain to speak with students about the importance of spirituality and healing. Blessing of the hands ceremony will be conducted.</p> |
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## Appendix C

### Assignment 1- Creating a Treasure Map

A Treasure Map is a visual prayer. Creating a Treasure Map allows one to take thoughts and turn them into a manifestation of goals. A treasure map—also known as a vision board—is a story board on which a person arranges pictures and words depicting their goals. The technique has been used by others to attract positive things from the Universe. This concept is the same as the spoken word, it is a matter of focus and intention (Lapp, n.d.).

For assignment 1 you will create a Treasure Map or Vision Board. Place a picture of yourself on the map and surround the image with things you desire to attract. You are creating an image of what your life could be like. Remember to also include images of what self-care will look like along this journey. Choosing self-care behaviors will lend balance to emotional and physical stressors that may come along the way in life (Richards, Sheen & Mazzer, 2016). We will present these during Class 5 keep them posted in the classroom as visual reminders of what our life goals, dreams and prayers are. Have fun and be creative! What will you attract with your Treasure Map?

## Appendix D

### Creating Healing Hands with the Use of PhotoVoice

PhotoVoice is a program that has been used as participatory photography for social change. Digital storytelling is used to represent people and create advocacy for change in certain situations. The participants capture aspects of their experiences or environments and share them with others (Oden, 2013). For this project, you are to capture a picture of your hands and describe to your audience how they will be used to care for others. See the example posted for you.