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**Self-Care: A Vital Practice to Improve Health Promoting Lifestyles of a Novice Nurse
Practitioner**

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Abstract

Purpose: The project aimed to improve students' health-promoting lifestyles while enrolled in a master's degree nurse practitioner (NP) program by integrating self-care plan modules in their final-year curriculum.

Background: New NPs should be equipped with self-care practices while enrolled in the master's degree program to develop health-promoting lifestyles, enhance overall well-being, and endorse healthy lifestyles to their patients.

Methods: A convenience sampling was used in a single group pre- and post-survey using health-promoting lifestyle profile II (HPLP II) administered to NP students for eight consecutive weeks after performing a lifestyle self-care plan (LSCP). The survey included the six HPLP II subscales: spiritual growth, interpersonal relations, nutrition, physical activity, health responsibilities, and stress management.

Results: Out of 17 participants, 13 completed the project. The participants' healthy lifestyles improved. Health responsibility and interpersonal relations improved significantly. Stress management, physical fitness, and nutrition improvement minimally. Spiritual growth was consistently high in pre- and post-surveys. Participants reported they liked the self-care videos and found them helpful, but most did not have time to practice self-care due to busy schedules.

Significance: Although new NPs cannot always avoid stress, adding self-care practice modules in the master's degree curriculum could help improve healthy lifestyles, which may benefit them and the entire healthcare system.

Keywords: self-care, health-promoting lifestyles, nurse practitioners, nursing students, nurses, health-promoting lifestyle profile

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Self-Care: A Vital Practice to Improve Health-Promoting Lifestyle of a Novice Nurse Practitioner

Registered nurses (RNs) who enroll as students in an accredited nurse practitioner (NP) program should feel competent and confident. The students learning to transition from RN to novice NP should feel comfortable delivering quality nursing care from a health decision-maker perspective. NP programs require training and acquisition of new knowledge in physical exam skills, critical thinking skills, disease diagnosis and treatment, and interpretation of the new scope of practice to prepare for an advanced professional competency in a didactic and clinical setting (Buerhaus, 2018). The NP students' academic accomplishments undeniably make a difference in today's healthcare system.

Nurse practitioners are the solution to our country's crisis in primary care (Buerhaus, 2018). Health Resources and Services Administration (2013) projected by the year 2020, the demand for primary care physicians would increase by 14%, which is more than the physicians' supply. The shortage of primary care physicians is due to the growing and aging population and the Affordable Care Act (ACA) expanding the number of people with access to health insurance and primary care services. NPs continue to provide cost-effective and easy access to healthcare services to alleviate shortage problems (Buerhaus, 2018). In August 2020, the American Association of Nurse Practitioners (AANP) reported 290,000 licensed nurse practitioners. Approximately 89.7% are board-certified, and at least 69.7% practice solely in primary care, delivering billions of yearly office visits. Services rendered by NPs in a health maintenance organization (HMO) system can amount to approximately \$1.65 million per 100,000 clients annually (AANP, 2013). In addition, the use of NPs' services in rural areas creates employment opportunities benefitting the local economy. For example, NPs create 4.4 local jobs with labor

income totaling \$280,476 in a rural outpatient clinic and a total employment effect of 18.5 positions amounting to \$940,892 of labor income in a community hospital per year (Eilrich, 2016).

To meet increasing healthcare system demands, RNs' rigorous academic and clinical training to transition to novice NPs will ensure adequate patient access, but it is challenging (Thompson, 2019). The educational requirements allowing autonomy, prescriptive authority, and professional independence can cause psychological strains or chronic stress. The need to receive adequate time to master skills while gaining confidence as the patients' health decision-maker, preferably with oversight from an experienced colleague, is unmet (Urbanowicz, 2019). The transition from bedside care nurses to patients' health decision-makers causes psychological strains, such as anxiety, stress, withdrawal, confusion, excessive worry, or apprehension within the first few years of clinical practice (Goldberg et al., 2020; MacClellan et al., 2016). These emotional disparities can lead to a decline in physical health if not properly prevented or managed. The novice NPs' poor work performance, such as frequent absences or prescription errors, equates to inadequate healthcare access, low healthcare delivery, and unsatisfactory patient outcomes (Dyrbye et al., 2019).

Several factors negatively affect new NPs' emotional well-being as they transition to their new roles. One is the lack of support from senior NPs or physician colleagues who withhold knowledge and misuse their power (MacLellan et al., 2016). Many NPs manage complex cases with or without support from experienced colleagues. They attempt to deliver quality care for hundreds of patients per week while striving to balance work and personal life. They must withstand more emotional, mental, and physical stress than the general population because of job-related problems, including declining patient health, heavy workload, and absence of

influential mentors (Chen et al., 2016). Mentorship and residency programs support new NPs to develop professional competency (Barker et al., 2020; Speight et al., 2019). Still, many healthcare organizations do not endorse NP career development programs due to the cost and delay of rendered services.

The lack of organizational and leadership support in providing educational and professional development leads to NPs' resignation and turnover within the first year of clinical practice (Chen et al., 2016; Soco et al., 2020). Up to 11.3% of acute care NPs left their jobs between 2018 and 2019, causing financial pressure and revenue loss in the healthcare system (Colosi, 2020; Soco et al., 2020). Many hospitals reported the turnover cost for a single NP is between \$87,000 - 229,000. Since the turnover rate in healthcare is increasing to about 20.4% per year, this replacement rate cost will amount to a loss of millions of dollars annually within the healthcare system (Williams, 2019).

For NPs to meet the healthcare shortage, they sometimes adhere to their employers' unrealistic expectations regarding increased workload (MacLellan et al., 2016). For example, NPs who participated in a national survey report in 2019 reported full capacity work schedules to conduct direct patient care; however, they do not have allotted time for indirect work such as completing electronic medical health records or conducting follow-up patient calls (Broderick, 2019). Long work hours translate to absent quality time with family and friends. This lack of professional and social support from the organization and its leaders often leads to unhealthy lifestyles and poorly managed stress levels, forcing NPs to seek other job opportunities without addressing the problem's primary cause. Broderick (2019) reported half of the respondents in the same national survey left jobs due to occupational stress, hostile workplace environment, and emotional exhaustion.

The academic institution's ability to recognize emotional distress among students during the NP program is another lacking factor. According to Melnyk et al. (2016), regular mental and physical health screening for graduate healthcare students is not common. The school clinic NPs do not routinely screen students for mental and emotional health, proving mental health issues are directly negatively associated with a lack of physical, nutritional, and spiritual well-being (Melnyk et al., 2016). When Senturk and Dogan (2018) studied nursing students in Turkey, they found students have academic, clinical, and personal stressors. High-stress levels among students correlate with lower academic grades, poor clinical performances, and failing personal relationships. The lack of training and programs to develop nursing students' coping mechanisms and social skills results in unhealthy lifestyles, low self-esteem, and career failure if not intervened early on (Senturk & Dogan, 2018).

Davidson and Weberg (2021) stated, "failure is a tool, not a condition" (p. 233). Previous studies revealed the lack of senior colleague mentorship, organizational and leadership support, and academic institutions' inability to recognize emotional distress can be used as tools providing insight into creating successful and effective programs to assist students in undertaking new roles as novice NPs. Being enrolled in a master's degree program to transition from an expert RN to a novice NP is a challenging journey. Emerging NPs must develop confidence in decision-making and maintain a healthy work-life balance while attending school to establish techniques to promote healthy lifestyles and prevent illnesses. As new health-decision makers, NPs can provide convenient healthcare access, deliver high-quality patient care, and improve patient outcomes when equipped with health-promoting lifestyles, which they can endorse to their patients (Buerhaus, 2018; Urbanowicz, 2019).

Problem Statement

One of the health professionals' vital roles is caring for the sick while embodying behaviors that seek health maintenance and create individuals free from illnesses, especially in the workplace (Mak et al., 2018). As nurses begin to care for the patients, caring for themselves should also be a priority because patients tend to believe and commit to learning when they know their teachers practice their teachings (Pender et al., 1990).

Several studies have shown occupational stressors reduce healthcare providers' health-promoting lifestyles, thus experiencing a subpar life quality. They concluded self-care interventions during the nursing curriculum are warranted (Drew et al., 2016; Jenkins et al., 2019; Nevins & Sherman, 2016). Researchers found nursing students' socioeconomic status in China determined their success in and commitment to health promotion programs and healthy living (Mak et al., 2018). In Western Canada, nursing students expressed inadequate ability to manage stressors during an accelerated program but alleviated this by integrating self-care assignments to promote coping strategies (Jenkins et al., 2019). Furthermore, a study conducted by Walker (2019) in New Zealand examined nursing students' ability to access health promotion services and self-care practices depending on their financial status, age, and gender. The older students have familial and financial obligations reducing their interest in self-improvement.

Researchers recommended school leaders incorporate self-care practices within the nursing curriculum because they found several barriers negatively impacted the students' overall well-being. Students were less physically active due to heavy academic loads and less inclined to maintain meaningful personal relationships due to employment demands while in school (Chow et al., 2018). Health-promoting engagement and participation activities are typically low among students who experience financial barriers, do not have access to healthier food options, and perceive themselves as having less self-esteem (Walker, 2019). Older students tend to engage

less in activities to prepare emotional capacity and stress coping strategies than younger students due to familial responsibilities (Walker, 2019). Although interested students wanted to participate, they did not have time outside current academic demands. Consequently, the lack of self-care techniques prevents novice NPs from improving health-promoting lifestyles while enrolled in the master's degree program and transitioning efficiently to a new role as their patients' health decision-makers and providers.

Clinical Question

There is a need for self-care techniques to improve health-promoting lifestyles among students enrolled in a master's degree NP program. Self-care practices may assist in a smooth transition for novice NPs to undertake their new roles as healthcare providers because they can effectively manage occupational stressors. Their previous positive experiences with self-care strategies heighten their perception of self-efficacy (Pender et al., 1990). For example, they can apply meditation, mindfulness, exercise, yoga, or journaling to manage stress after experiencing unfavorable contact with patients or colleagues. Therefore, the clinical question is, for students enrolled in a master's degree nurse practitioner program, does the integration of a self-care module in their final-year curriculum improve health-promoting lifestyles?

Answering the clinical question requires further investigation regarding NP students and their ability to care for themselves as they learn to care for others. The Doctor of Nursing Practice (DNP) Eight Essentials is the project's foundation (American Association of Colleges of Nursing, 2006). Threading self-care practices into the NP curriculum supports all essentials, particularly the application of self-care practices as scientific underpinnings, the interprofessional collaboration to improve NP students' healthy behaviors, the clinical

prevention and promotion of the nation's health, and the use of evidenced-based self-care practices because they are significant in the novice NPs' overall well-being.

Purpose of the Project

The project aimed to improve students' health-promoting lifestyles while enrolled in a master's degree NP program by integrating self-care plan modules in their final-year curriculum. As NP students become healthcare providers and health decision-makers, they should profess healthy behaviors to prevent illnesses. Therefore, my DNP team and I thoroughly appraised and documented studies and examinations by several researchers worldwide.

Literature Review and Synthesis

Self-care practices are collective strategies to promote an individual's healthy lifestyle while preventing illnesses (Pender, 2011). These techniques demonstrate a person's ability to acquire methods to enhance physical fitness, psychological stability, and spiritual growth. Learning, mastering, and practicing these techniques depend on each person, their access to the information, and their willingness to use them. Self-care practices are fundamental among NP students because they are the future healthcare providers and decision-makers. Without self-care, they can live unhealthy lifestyles, develop preventable illnesses, and may not be effective in providing quality and safe patient care (Pender et al., 2011).

Twelve studies met critical appraisal criteria to answer the clinical question of whether integrating self-care practices into the master's degree curriculum will improve the NP students' health-promoting lifestyles. Some studies examined more than one self-care practice and discussed it accordingly. The self-care practices addressed were divided into five themes: nutrition and physical fitness, mind-body self-care and mind-body-stress-reduction, behavior

therapy and emotional intelligence, health promotion courses and assignments, and self-care education access. See Appendix A for search strategy results and flowchart.

Nutrition and Physical Fitness

Many experts study nutrition and physical fitness together, for they are curious about whether people who follow proper nutrition are also involved in seeking and maintaining physical fitness. Various studies have shown these two practices go hand in hand because individuals who adhere to balanced diets achieve a high level of physical fitness and health (Almutairi et al., 2018; Nevins & Sherman, 2016; Nevins et al., 2019).

A descriptive cross-sectional study among 1656 college students in Saudi Arabia was conducted from November 2016 to February 2017. The majority of the participants were females (70.4%), 20% were overweight, and 11.3% were obese. Almutairi et al. (2018) hypothesized conducting health status studies will enhance efforts and actions to health-promoting lifestyles. Their results showed many students reported inadequate knowledge and observance of nutrition and physical activities. Students did not understand or attend healthcare programs because they did not see their value. Almutairi et al. also found gender, types of health colleges, academic year, and familial structures predicted students' willingness to participate in health-promoting programs. In the end, the researchers proved planning and threading health-promotion lifestyle programs in students' curricula would inspire improved nutrition, increased physical activities, and overall well-being among students (Almutairi et al., 2018).

A descriptive quantitative study conducted by Nevins and Sherman (2016) found 53 nursing students in a public university perceived their diet, sleep, and exercises correlated with self-care and health perception. The student's ability to practice self-care empowered them to deliver high-quality care to their patients. Although the students' self-assessment status was

adequate, they reported they still needed assistance to improve nutrition and hydration along with physical fitness and weight loss (Nevins & Sherman, 2016).

A study investigated the relationship between walking and hydration among nursing students and promoting healthy lifestyles while attending clinical practicum. Nevins et al. (2019) conducted a descriptive quantitative study with pre- and post-surveys within an eight-week intervention, sampling 73 students. The investigation revealed an increase of at least 16 ounces of daily water intake during clinical practicum and non-clinical practicum days. The post-survey results demonstrated younger students aged 18-25 years old perceived themselves in excellent health. On the other hand, more senior students aged 26-50 years old described themselves as having fair health status. Both age groups desired to improve exercise and hydration because they value their health (Nevins et al., 2019). The bottom line, the study revealed an improvement in students' self-care and health perception; however, the study had a low response rate of 29% pre-survey participation and 16% post-survey participation leading to smaller sample size. The authors encouraged other researchers to investigate further the positive influences of self-care among nursing students (Nevins et al., 2019).

Nursing students, including those enrolled in a master's degree program, tend to forego self-care due to high academic and clinical demands. Unfortunately, this creates unintended stress, negatively affecting their nutritional health and physical fitness. However, if universities include nutrition classes and physical education in the nursing curriculum, students will be more encouraged to participate because they will see value in their academic accomplishments and a healthy lifestyle (Almutairi et al., 2018; Nevins & Sherman, 2016; Nevins et al., 2019).

Mind-Body Self-Care and Mind-Body-Stress-Reduction

One method to relieve or combat stress is to adhere to mind-body self-care (MBSC) or mind-body-stress-reduction (MBSR) techniques such as yoga, meditation, mindfulness, or mindful-breathing. Many graduate nursing students face rigorous academic challenges to meet their future advanced professional roles as health decision-makers for their patients. Exposing them to self-care practices to better manage stress may benefit their careers (Drew et al., 2016; Stillwell et al., 2017).

A quasi-experimental study regarding students in an accelerated nursing program evaluated perceived stress and mindfulness at week one in a 15-week curriculum. Drew et al. (2016) theorized mind-body self-care strategies would enhance stress management by stabilizing emotions and improving environmental engagement among students who received the intervention. Among 50 students in the treatment group and 64 students in the control group, researchers used health-promotion lifestyle profile II (HPLP II) as health-promoting practices and a shared variable. The authors used the perceived stress scale (PSS) and mindful attention awareness scale (MAAS) to measure the variables. Results revealed a positive outcome of a significant decrease in PSS scores among the treatment group compared to the control group after the intervention ended at three months. On the other hand, the average MAAS scores did not differ among students. The study supports students in acquiring mind-body self-care content courses to facilitate stress management and improve health-promoting lifestyles (Drew et al., 2016).

A group of researchers wondered how self-care practices as health-promoting lifestyles affected graduate nursing students' perception of stress during the master's degree program; therefore, a systematic review was conducted and published in 2017 by Stillwell et al. Eight studies from CINAHL, PsychINFO, and MEDLINE met the appraisal with inclusion criteria of

graduate nursing students, self-care, perceived stress, and studies written in English and peer-reviewed. The studies revealed students' perceptions regarding interventions such as mindfulness, mindful breathing, and yoga differ among each student, yet the outcome is the same. The students' stress management skills improved, and their perception of stress after postintervention reduced (Stillwell et al., 2017).

Stress is daily in students' lives, negatively affecting their overall well-being and health perception. Health-promoting lifestyles become the students' last priority when attempting to excel in school. Therefore, the faculty and leaders should support integrating MBSC and MBSR in the nursing school curricula to facilitate the students' ability to cope better and manage stressors (Drew et al., 2016; Stillwell et al., 2017).

Behavior Therapy and Emotional Intelligence

To promote emotional well-being among nursing students is to decrease their stress levels. For nursing students, response to stress and maintaining psychological health while enrolled in a program determines their ability to navigate a rigorous academic platform to become future healthcare providers (Beanlands et al., 2019; Goudarzian et al., 2019).

Clinical researchers conducted studies to analyze the effect of the dialectical behavior therapy skills group (DBT-SG) and emotional intelligence (EI) on students' overall well-being and success in their personal lives and careers.

A single-group, pre- and post-test mixed-method approach using the dialectical behavior therapy skills group (DBT-SG) were introduced to 31 senior nursing students in a large urban university by Beanlands et al. (2019). According to Beanlands et al., the purpose was to conduct a pilot study and identify whether adequate emotional regulation would decrease academic challenges and difficulties, thus preventing mood disorders or self-harm behaviors among

students. The students thought they benefitted from an eight-week-three-module dialectical behavior-therapy skill, such as emotional regulation, stress tolerance, and interpersonal relationship. The students reported knowing skill modules allowed for academic, clinical, and personal stress management more attainable. Students also thought learning practice-relevant self-care techniques strengthened their psychological health. One of the limitations of this study is its sample size, and only students without academic or financial burdens participated in the study. Thus, Beanlands et al. recommended further investigation of the DBT-SG's effectiveness among other nursing students and its sustainability if threaded into the nursing curriculum.

In 2016, Goudarzian et al. (2019) conducted a quasi-experimental study to identify ways to promote better stress responses and psychological health measured by emotional intelligence (EI), such as self-awareness, self-management, social awareness, and social relationships, and found to be factors for future nurses' success as healthcare providers. Goudarzian et al. introduced Bradberry and Greave's standard emotional intelligence questionnaire to 60 nursing students in Iran randomly selected into both experimental and control groups. A psychologist taught self-care intervention only to the experimental group. The researchers concluded EI predicts students' success because their higher social skills and personal relationships transpired from self-care practices and healthy lifestyles (Goudarzian et al., 2019).

Behavior therapy and emotional intelligence are health-promoting lifestyle practices to support students' overall well-being. If NP students learn self-care behaviors, emphasizing emotional regulation, self-awareness, or social and relationship management, their career path and success can be limitless. Including behavior therapy skills and emotional intelligence exposure in the master's degree curriculum will help this endeavor (Beanlands et al., 2019; Goudarzian et al., 2019).

Health Promotion Courses and Assignments

Many nursing college curricula lack health promotion courses or assignments because pre-requisite courses focus on didactic and clinical components educating students about nursing care, theory, or evidence-based practices to promote quality patient care and improved patient outcomes. Including health-promoting assignments can benefit nursing students, for they learn how to care for themselves as they care for their patients (Coskun & Bebis, 2019; Jenkins et al., 2019; Rueda-Medina et al., 2020).

In Turkey, 133 nursing students participated in a quasi-experimental study to determine the effects of e-health literacy in promoting healthy lifestyles among nursing students. Coskun and Bebis (2019) wanted to add self-care strategies to the nursing curriculum to teach students better health. To measure improvement in health literacy, the researchers conducted pre- and post-questionnaires. After twelve weeks of health, disease, and health promotion courses totaling 56 hours, the post-test showed a statistically significant increase in the HPLP II subscales. Students also achieved high scores on the e-health literacy scale. Although the study posed its limitations of having a small sample size in a single nursing boarding school, e-health literacy courses in the nursing curricula proved beneficial. It also positively impacted nursing students' overall well-being (Coskun & Bebis, 2019).

Jenkins et al. (2019) operated a cross-sectional study using 16 closed and open-ended responses in Western Canada. It examined 89 students from an accelerated nursing school to determine whether self-care assignments integrated into the core nursing coursework were beneficial. The students answered questions based on Bloom's cognitive, psychomotor, and affective learning theory, recognizing self-care as a holistic process influencing education, personal beliefs, culture, and values. The participants felt self-care practice assignments

enhanced their capacity to manage stressors and overall well-being (Jenkins et al., 2019). However, the authors found the students' willingness to participate was deterred by having grades assigned by the faculty to promote participation. Building knowledge and fostering skills are the nursing faculties' responsibility to cultivate self-care in the students' academic and psychological health and well-being. Therefore, Jenkins et al. recommended faculties consider threading self-care practices into the nursing curriculum as an extra credit activity.

Another cross-sectional study by Rueda-Medina et al. (2020) completed an examination of 381 health sciences students such as nursing, physiotherapy, and occupational colleges in Spain. This study assessed health literacy's association with health behaviors and if the students' health literacy was a positive factor in their lifestyles. Using the HPLP II and health literacy (HL) questionnaire, Rueda-Medina et al. found approximately 30% of students have inadequate health literacy and problematic health responsibility, such as smoking, poor diet, and lower levels of physical activity. As future healthcare providers, improving health literacy skills among health sciences students by threading health-promoting courses in the higher education curriculum is necessary (Rueda-Medina et al., 2020).

Nurse practitioner students should learn how to effectively care for themselves to endorse these practices with their patients because they are the future health decision-makers and providers. Learning self-care practices threaded in the nursing curriculum will enhance health-promoting lifestyles, and nursing faculty must foster these practices to promote students' overall well-being (Coskun & Bebis, 2019; Jenkins et al., 2019; Rueda-Medina et al., 2020).

Self-Care Education Access

Self-care practices are essential for nursing students' health-promoting lifestyles and overall well-being because they have crucial roles as healthcare providers (Mak et al., 2018).

Commitment to acquiring strategies to nurture and educate health advocates should prioritize leaders and educators. NP students need to avoid barriers to self-care practices to improve healthy lifestyles, better manage stress and enhance their quality of life (Mak et al., 2018; Walter, 2019).

In China, Mak et al. (2018) conducted a cross-sectional study to examine the relationship between 538 nursing students' socioeconomic status, health-promoting lifestyles, and quality of life. The authors discussed concerns about novice nurses' and healthcare providers' ability to safely and successfully care for their patients because they do not know how to practice self-care. Mak et al. obtained self-questionnaire data regarding the previously mentioned variables and perceptions of barriers to adopting healthy lifestyles. The participants achieved high scores in interpersonal relationships and the worst scores in physical fitness. Socioeconomic status explained 5% of life quality inconsistencies but increased by 24% when self-care practices as health-promoting lifestyles were introduced; therefore, the researchers suggested school leaders endorse self-care practices, so novice nurses can promote healthy living to their patients (Mak et al., 2018).

From March to April 2017, Walker (2019) conducted a national anonymous web-based survey in New Zealand to investigate nursing students' ability to access health promotion services and practice self-care. Nine hundred seventeen nursing students participated in the descriptive qualitative study, which measured two-tailed two-sample tests between age groups, years of course, and ethnicity. Walker found health behavior knowledge and practice confidence increase as students progress in the nursing program; however, several factors limit their access to health-promotion services, such as gender, financial needs, employment demands, and emotional wellness in college. Walker implied nursing students might benefit from age and life-

stage self-care and health-promoting lifestyle curricula to be accessed while enrolled in the nursing program. This study's limitations included the inability to calculate response rates and a web-based survey (Walker, 2019).

A consistent finding among the two studies from two different countries showed future healthcare providers' self-care practices are necessary; however, leaders and faculty members should consider the barriers. The impact of socioeconomic status on students' quality of life and the ability to access health-promoting courses must be included in any discussion of implementing self-care practice and health-promoting behaviors into the nursing curricula (Mak et al., 2018; Walter, 2019).

Self-Care to Promote Healthy Lifestyles and the Health-Promotion Model

The World Health Organization ([WHO], n.d.) defined self-care as the ability to care for self, families, and immediate communities to promote health stability and disease prevention with or without guidance from a healthcare provider, regardless of gender, age, sexual orientation, economic status, spiritual beliefs, or health conditions. Self-care is a broad concept encompassing nutrition and hydration, physical fitness and activities, emotional or spiritual growth, and personal relationships, directly and indirectly affecting a person's overall health and well-being (Nevins & Sherman, 2016; Nevins et al., 2019). More people will be apt to incorporate self-care in their daily living activities if they understand self-care equates to having a healthy body, mind, and spirit leading to good quality of life.

Promoting healthy lifestyles calls for educating communities and healthcare providers on the meaning of a healthy lifestyle. According to WHO (2013), a healthy lifestyle is a way of life without the risk of chronic noncommunicable diseases or early death. Although some people can not avoid certain diseases, several chronic illnesses are preventable, such as heart disease or

diabetes, because they can develop from poor eating habits or less physical activity. According to Pender et al. (2011), healthy lifestyles consist of individuals' actions to pursue undertakings to improve physical, mental, and spiritual well-being. These collective actions are self-care strategies such as exercise, hydration, a balanced diet, or meditation, to name a few. People are encouraged to participate in health-promoting lifestyles to acquire a quality of life worth living now and in the future, whether they have a chronic illness or not. Each person is responsible for participating in health-promoting lifestyles. As healthcare providers, novice NPs need to enable patients to contribute to health education and advocacy (Mak et al., 2018).

The Health Promotion Model

Many researchers worldwide studied how health-promoting lifestyles affect students and patients. Researchers introduced healthy lifestyles among first-year nursing students with positive outcomes, introducing physical fitness, nutrition, and stress-coping strategies in Ireland (McSharry & Timmins, 2017). Learning the rationale for staying active, eating a balanced diet, and handling stress proved useful among nursing students. Other researchers also applied a health promotion model program, comprised of counseling and eating habits classes, to promote self-resilience and self-efficacy among post-myocardial patients in Turkey and concluded the model to be effectively implemented in cardiology clinics (Sevinc & Argon, 2018). Health-promoting lifestyle programs successfully improved nursing students' and patients' health outcomes, guided and supported by a widely used health promotion model (HPM).

In the early 1980s, a health advocate theorist Nola J. Pender developed HPM to use healthy lifestyles to promote healthy living while preventing illnesses. She created the theory to assist nurses in comprehending the foundation of health behavior while caring for patients. If nurses have full awareness of behavioral roots and their determinants when responding to others

and the environment, they will successfully increase positive patient health outcomes (Pender, 2011).

Pender first introduced HPM in nursing literature in 1982 and later revised it in 1996 to address the constant change in hypothetical, academic, and experimental discoveries (Pender, 2011). Growth and change are ongoing, and to effectively promote lifestyle changes among a specific population, updating the model was necessary. Pender adapted the model from social-cognitive theory initially introduced by Albert Bandura in 1977 and the value expectancy theory developed by John Atkinson in the 1960s (Sevinc & Argon, 2018; Pender, 2011). According to Pender (2011), Bandura believed changing how people behave must occur in their thoughts first, while Atkinson's views supported people choosing to achieve goals when they perceive them to bring valued results.

The model's necessary foundations are person, environment, nursing, health, and illnesses. Pender (2011) explained biophysical organism, social and cultural context, caring for others, healthy lifestyle, and diseases come hand in hand because they focus on the person's unique ability to adjust to what the environment brings. The model also concentrates on an individual's characteristics and experiences, behavior-specific cognitions and affect, and behavior contingencies to increase overall well-being (Nevins & Sherman, 2016; Pender et al., 2011; Petiprin, 2020). Pender (2011) also based the model on assumptions individuals seek to create their perception and maintenance of health, directly related to their beliefs, self-awareness, and behavior towards change. One central premise is nurses are an integral part of patients' health improvement concerning an interpersonal relationship with the environment to their full health potential. As healthcare providers, nurses help patients manage acute or current illnesses

and learn behaviors to promote well-being and prevent chronic diseases (Nevins & Sherman, 2016).

To further explain nursing and behavioral concepts of health-promoting lifestyles, Pender acknowledged propositional theories that examine nurses' self-care practices' effect on promoting healthy behaviors to care for themselves and others. Pender also speculated people's prior behavior and acquired characteristics could dictate their perception of self-efficacy, and self-awareness determines the likelihood of their commitment to a health-promoting habit. She thought if a particular action brought a positive experience, most people are committed to continuing the act because they perceive the valuable outcome. Furthermore, families, social networks, healthcare providers, and the environment influence persons' sense of belonging, compliance, and competence in engaging with health-promoting lifestyles (Pender et al., 2011; Petiprin, 2020).

Application of The Health Promotion Model

HPM guided the self-care practice modules integrated into the master's degree program's final-year curriculum to improve novice NPs' health-promoting lifestyles. As mentioned earlier, HPM has three significant concepts directly or indirectly affecting the individual and how they relate or react to others and the environment (Petiprin, 2020). These concepts help new NPs create a work environment appropriate for their psychological, physical, emotional, and spiritual needs. As novice healthcare providers delivering care for diverse populations, NPs are responsible for promoting and nurturing health as a core value within themselves, their colleagues, and their patients (Drew et al., 2016; Mak et al., 2018).

The first significant concept of the HPM is how an individual's characteristics and experiences influence prior behavior and personal elements when engaging in a self-care

practice. The NP students' age, personality, upbringing, or familial beliefs and practices guide how they perceive themselves as healthcare providers and care for their patients. NP students learn critical experiences during clinical rotations, and interactions with patients reflect their competence as novice healthcare providers. When they use acquired coping mechanisms in managing occupational stress through meditation, reflection, or relaxation, novice NPs become more effective in advocating for patients and creating a work environment with less negativity (Drew et al., 2016). These behaviors also translate to NPs reduced absenteeism, eventually transforming inpatient-care access, high-quality care, and improved patient health outcomes (Pender et al., 1990). Integrating the self-care modules into the NP students' program curriculum allows each individual to develop. For example, when students perceive self-care techniques such as deep breathing exercises, journaling, or brisk walking enhancing their emotional well-being, they will fully commit to their health-promoting lifestyle because they know the positive valued outcome (Sevinc & Argon, 2018).

The behavior-specific cognitions and effects serve as the second significant concept of HPM. Pender believed NPs' behavior toward self-care practices and their efficacy in health promotion is likely perceived as advantageous actions (Pender et al., 2011). As NP students learn self-care practices, their perception of these techniques' health benefits and effectiveness can lead to meaningful health behavior among individuals and patients. Introducing various self-care practices to the nursing students provides a subjective analysis of their feelings regarding self-efficacy, self-awareness, and competence in achieving goals (Sevinc & Argon, 2018). For example, NP students' ability to create, organize, and commit to a nutritional plan is challenging due to a lack of financial resources or time to prepare nourishing foods. Still, it can be achieved if the program is threaded into the nursing program curriculum (McSharry & Timmins, 2017).

The HPM's third and last significant concept is the behavioral outcome as the sum of all self-care techniques students learned and practiced in their program curriculum (Pender et al., 2011; Petiprin, 2020). The positive impact of the self-care practices on the NP students' training to become novice healthcare providers prepares them for a less stressful and more diplomatic work environment. A desired behavioral outcome for NP students would be to commit to a plan of action, promote healthy lifestyles to their patients, and make appropriate decisions for optimal health outcomes. Also, having good interpersonal relationships with colleagues and patients is required to become a valuable role model in developing improved health outcomes and well-being (Mak et al., 2018). As novice NPs face healthcare demands and challenges, they can better manage stressors when acquiring self-care techniques from their master's degree curriculum, assisting in effective health management treatment preferences and decisions.

Self-care techniques are essential for health-promoting lifestyles and are evidence-based practices proven to assist in successful healthy living and disease prevention (Mak et al., 2018; Nevins et al., 2019; Pender et al., 2011). Researchers studied the positive impact of self-care practices on nursing students because they are future healthcare providers. In addition, as healthcare providers, they must commit to caring for themselves as they care for others because they are health promoters and advocates (Drew et al., 2016; Jenkins et al., 2019). Novice NPs are the future decision-makers, and their goals are to enhance patient care access, provide quality care and improve patients' health outcomes. Clinical researchers worldwide called for school administrators and leaders to invest in students enrolled in the master's degree NP program; this will enhance their abilities in employing self-care techniques and having a long-lasting positive health impact on themselves, their patients, and the entire healthcare system (Drew et al., 2016; Jenkins et al., 2019; Mak et al. 2018; Nevins et al., 2019).

Methodology

Ethical Considerations

The university's Institutional Review Board (IRB) approved the DNP project after the study permission was obtained from the project site, the Advanced Professional Nurse Practice Issues course. The recruitment letter was posted on the course's announcements one week before the first day of face-to-face class on campus. The students who decided to participate completed and signed the consent forms electronically. The project implementation occurred during the COVID-19 pandemic. Appropriate measures to prevent the virus from spreading and contracting, such as social distancing, mask-wearing, and isolation, were observed (Centers for Disease Control and Prevention, [CDC], 2021). See Appendix B for the project site letter of support, Appendix C for the IRB approval letter, and Appendix D for a copy of the recruitment letter and the consent form.

Participants / Subjects

A convenience sampling of a single group was used to recruit NP students enrolled in the course in the fall of 2021. This DNP project was voluntary. All students who agreed to participate were included regardless of age, gender, racial background, marital status, employment status, or parental obligations. Students who did not join on day one were not allowed to join after the project began. Participants who decided to drop out of the study after it started did so without risks or penalties. Twenty-two students were recruited, and 17 volunteered to participate. However, only 13 participants completed the project.

Setting

The project was conducted in a large urban public research university in the southern United States. Many students were employed while taking courses and commuting to and from

school. Students' ages varied from the early 20s to the late 60s or later. This setting was a significant venue to implement the project because many students had personal, professional, or familial responsibilities while obtaining their college degrees. It was also an excellent place to implement the project for its diversity in the majority-minority student population.

Instruments / Tools

There were three instruments used to collect the study's data. The first measurement tool was the demographics instrument modeled on the project's geographic setting and the types of students enrolled in the master's degree NP program. The demographic variables were age (20-35 years old, 36-45 years old, 46-55 years old, 56-65 years old); gender (male, female, and other – participant to specify gender identity); racial background (Asian, American Indian or Alaska Native, Black or African-American, Native Hawaiian or Pacific Islander, White, or other race); marital status (single, married, divorced, in a serious relationship); employment status (full-time, part-time, as-needed basis, unemployed); and parental obligations (not a parent, single parent, co-parent, grandparents raising grandchildren, children caring for aging parents).

The second measurement tool was the health-promoting lifestyle profile II (HPLP II), a 52-question instrument measured on a 4-point Likert scale (routinely, often, sometimes, never). It was presented to the participants as pre- and post-surveys. This instrument focused on the HPLP II six subscales: spiritual growth (SG), interpersonal relations (IR), nutrition (NUT), physical activity (PA), health responsibility (HR), and stress management (SM) (Walker et al., 1995; Walker & Hill-Polerecky, 1996).

The HPLP II tool has high reliability and validity, proving its practicality when measuring health-promoting lifestyles among students and other populations (Kuan et al., 2019; Leung et al., 2020; Mak et al., 2018). The Cronbach's alpha for the total scale was 0.943 and

between 0.793 to 0.872 for the subscales, as Walker and Hill-Polerecky (1996) explained in their unpublished manuscript. In the same year, the test-retest stability coefficient measured after a 3-week intervention process showed a total scale of 0.892, allowing future researchers to compare study patterns and outcomes (Walker & Hill-Polerecky, 1996).

A sentinel article by Walker et al. in 1987 outlined the original creation and psychometric characteristics development of the health-promoting lifestyle profile as a tool to measure the increase and improvement in health-promoting lifestyles of the involved population. Although the original instrument was extensively used, the creators revised it based on research experiences, professional feedback from multiple researchers to reflect current practice, and the tool usage's efficacy and accuracy (Walker et al., 1995). Furthermore, the HPLP II has been translated and psychometrically validated into several languages, such as Chinese, Portuguese, Spanish, Iranian, Japanese, Turkish, Italian, and Arabic, because introducing health-promoting lifestyles to various countries requires linguistic understanding in addition to cultural adjustment, learning, and adaptation (Kuan et al., 2019; Walker et al., 1995).

The third measurement tool was a 15-question exit satisfaction survey measured on a 4-point Likert scale (strongly disagree, disagree, agree, strongly agree), determining whether participants found the project enjoyable or beneficial. Participants answered three open-ended questions and were asked what they liked or disliked about the activity. They were also encouraged to opine about the project's process or provide suggestions. See Appendix E for the demographic characteristics, HPLP II surveys, and the exit satisfaction survey.

Intervention / Data Collection

The project proposal's intervention was to thread weekly self-care videos covering the six subscales – SG, IR, NUT, PA, HR, and SM. The self-care practice modules were incorporated

into the course and consisted of one three-minute video per week for six consecutive weeks. These videos were obtained from Films on Demand (2021), a streamlined video service by Infobase Learning, supplying educational and evidence-based practice videos for educators and students worldwide. Fees or copyright permissions were not required because access was through the university. The students were encouraged to complete a lifestyle self-care plan (LSCP) by following the six HPLP II subscales based on their current self-care practices. An example of LSCP created by Dr. Nola Pender was provided to the participants for guidance.

The first and initial week of intervention lasted 30 minutes, introducing the health promotion model to the NP students. The course faculty was not involved or present and did not know which students participated. The demographics and the HPLP II instruments were introduced for pre-survey, which the participants accessed and completed through an anonymous link and quick response (QR) code in Qualtrics. Qualtrics is a research tool readily available to administer surveys, collect data, and analyze information for interpretation within the university's technology website. The link and the QR code included the informed consent for potential participants to read. If they decided to participate, they selected yes and were directed to start the survey by providing their student email address. The student email address was only used for the project, for no other reasons, and was safely and confidentially kept in Qualtrics. If participants decided not to participate, they selected no and were directed to the page's end.

Every Friday, one three-minute video was threaded into the iCollege as an announcement from week two to week seven with self-care practice statements of the subscale theme. The university uses iCollege as the learning management system. On week four, participants were encouraged to review their LSCP, identify areas needing improvement, and modify accordingly.

On week eight, a 10-minute live session was held virtually to instruct participants to complete the HPLP II post-survey and the exit satisfaction survey.

The subscale's video order of threading was decided based on the HPLP II pre-survey results. The subscale with the lowest score was threaded first, which provided more time for the participants to practice. The short video about stress management was incorporated first because it received the participants' lowest score. High scores among all six subscales indicate good health-promoting behaviors. The project's results and analysis were further discussed under Results. See Appendix F for the list of Films on Demand videos and self-care announcements.

The students' pre- and post-survey answers were kept confidential in Qualtrics. We accessed them using a private personal computer with a username and password known solely to us. The participants were only asked to provide their student email addresses; names, telephone numbers, or student IDs were not collected. All student email addresses were deleted upon the project's completion and the e-gift card disbursement. The \$10 Amazon e-gift card was emailed to participants one week after the official DNP project end date. Participants who withdrew before the project ended did not receive a gift card.

Cost Analysis / Operational Plans

This DNP project was a low-budget operation because sources were readily available for the students without extra fees. Qualtrics was the research tool where the HPLP II pre- and post-surveys, demographics, and exit satisfaction surveys were completed and submitted by the participants. The self-care videos obtained from Films on Demand were also available for faculty and students through the university and threaded into iCollege. The participants received a \$10 Amazon e-gift card compensation for their involvement because of secured funding through a university scholarship.

Participants used preferred notebooks for LSCP and were encouraged to reuse previously used journals or notebooks to prevent unnecessary investments and promote recycling practices. Use of nature and public resources in practicing self-care, such as recreational parks, walking trails, gyms offering free yoga sessions, and employee assistance programs, were highly encouraged to prevent the participants' financial burden.

Analysis Plan

The latest Statistical Package for Social Sciences (SPSS) version 28.0 was used to finalize data analysis, interpretation, and report descriptive data. SPSS was accessed via the institution's technology website. Collaboration with the statistician within the university system trained for accurately calculating, analyzing, and reporting the results was established. The DNP team was given access to the figures through their Qualtrics password-protected accounts. The final data and interpretation were shared with the DNP team for review and approval through the Webex meeting room and secured email system. The project's results were described in full detail to allow future researchers to replicate the study.

Statistical Tests

The demographics, the HPLP II pre-survey, HPLP II post-survey, and the exit satisfaction results were extracted from Qualtrics to SPSS. The surveys were merged for accurate results analysis, interpretation, and report. Descriptive statistics were used to report this project's mean scores and standard deviations. Mean measures central tendency and the value describing the data's central position, while the standard deviation measures variability (Kim et al., 2022). The scores were obtained by calculating the mean of the sample's responses to all 52 items, and the six subscales scores were obtained by calculating the mean of each subscale item. According to Walker et al. (1995), using mean rather than sums will retain one to four-item responses,

allowing meaningful comparisons of scores across subscales. The probable mean score of the overall HPLP II instrument ranges from 52 to 208, while the possible means scores of each subscale range from one to four.

Results

The HPLP II pre- and post-surveys were calculated at both times to answer the clinical question, "for students enrolled in a master's degree NP program, does the integration of self-care practice modules in their final-year curriculum improve health-promoting lifestyles?" The total and subscale scores improved after the self-care practice modules were integrated into the NP course. Descriptions of each instrument's results provide a better understanding of the scores, how the participants perceived themselves after the intervention, and their suggestions on how self-care practices can be integrated into future nursing curricula.

Demographics

The demographic characteristics showed out of 17 participants, the majority were NP students aged between 20-35 years old (65%), and all participants were females. There were mostly White (52%) and Black or African Americans (29%) among the participants, and more than half were married (53%). Of the participants, 41% worked full time, and 35% were co-parents. Two out of the six co-parents cared for aging parents.

Of 17 participants, 13 (76%) completed the HPLP II post-survey and the exit satisfaction survey. Four participants withdrew during the implementation process. Because demographics can be confounding variables, their relationship to the post-survey showed whether participants' age, gender, racial background, employment status, marital status, or parental obligations affected their decisions to leave or remain in the project. Individual demographic characteristics of the four participants who withdrew were examined to determine their decision to stop

participation. Since all samples were females, the discussion did not include gender. Three of the participants were between the ages of 20-35 years old and were not parents. Two out of the three were Black or African American and were in serious relationships, and one was White and married. All three had different types of employment status – full-time, part-time, and as-needed basis. The fourth participant was 56-65 years old, White, married, not a parent, and working full-time. The demographic characteristics' relationships to the HPLP II pre- and post-surveys of those who completed the project were further discussed.

Among the 13 participants who completed the project, 62% were aged 20-35 years old, and the rest were between 36-65 years old. The racial background variable showed White represented 62%, although two withdrew during the intervention process. Black or African Americans represented 23%, and the other 15% of participants were of more than one race and preferred not to answer. Married participants (54%) were the majority, although two dropped out, followed by single individuals (23%) and in a serious relationship (15%). A divorced participant completed pre- and post-surveys. The highest number of participants who continued the project were employed full-time (38%) followed by part-time (23%) and as-needed (23%) basis employment status. Those who were unemployed fully participated from beginning to end. Out of 13 participants, 46% were co-parents, and two of the six also cared for aging parents. Thirty-eight percent of the participants did not have children, and 16% were single parents. See Appendix G Table 2 for demographic characteristics.

HPLP II Total, Pre- and Post-Survey Scores

The HPLP II's probable total mean score ranges from 52 to 208, a higher score indicating a higher frequency of health-promoting lifestyle (Walker & Hill-Polerecky, 1996). In our project, the 17 participants' HPLP II pre-survey total scores ranged from 115 to 191 (mean 151.52, *SD* =

19.35), and the 13 participants who remained in the project had pre-survey total scores ranged from 115 to 191 (mean 149.53, $SD = 21.06$) and the total post-survey scores were 121 to 185 (mean 154.46, $SD = 16.78$). The HPLP II post-survey revealed the participants improved in their health-promoting lifestyles in all six subscales. The mean score difference was calculated from HPLP II post- and pre-surveys to show the average improvement of each subscale. The higher the difference, the better the improvement. All participants thought their interpersonal relations (mean = .37, $SD = .38$) increased the most after the self-care practice modules, followed by health responsibilities (mean = .34, $SD = .46$). The participants reported their physical activity and nutrition did not improve much; and received the lowest mean score of .08 ($SD = .30$). See Appendix H Table 3 for the total HPLP II scores and Table 4 for HPLP II pre- and post-survey results.

Spiritual Growth

Many participants believed their lives had meaning and purpose and believed in a higher power. As nurses, many perceive themselves as providing higher quality patient care because of their spiritual growth (Cho & Han, 2018). In our project, participants scored high as a group in the spiritual growth topic pre- and post-surveys (mean = 3.31, $SD = .36$). The individual who rated herself 4/4 in the pre-survey did not improve. Fifty-four percent improved with a mean of .11 to .22, 30% improved by mean .44 to .56, and 15% had negative responses. Participant ID1 shared, "the survey like many can be too long." Participant ID10 elaborated:

Because of my current state of overwhelm, I really struggled to find time to watch the videos or participation in the kind of self-care I know I need...I feel like right now I'm just "getting by" instead of "thriving," and I am pretty sure I could change it if I had the energy to plan out a better way.

Interpersonal Relations

Walker & Hill-Polerecky (1996) defined interpersonal relations as the ways participants sought out positive relationships with loved ones or maintained good relationships with others outside their family. The participants rated themselves with a mean score of 3.12 ($SD = .51$) in the pre-survey. As a group, this subscale revealed participants experienced the greatest improvement with a mean of .37 ($SD = .38$). One participant was an outlier who improved by a mean of 1.33. She was between 36-45 years old, Black or African American, married, a full-time employee, and a co-parent. She enjoyed the short videos and was thankful for the self-care modules (participant ID11). Forty-six percent improved by mean .22 to .33, 31% enhanced by mean .44 to .67, and 15% worsened by mean -.11 to -.22. Participant ID4 reflected, "I did not have enough time to actually incorporate changes in my life!"

Nutrition

The nutrition subscale received a pre-survey mean score of 2.78 ($SD = .54$), where most participants noted they routinely chose foods low in fat and carbohydrates. There was a minimal improvement of .08 ($SD = .37$) as a group. Forty-six percent improved with a mean between .11 to .33. An outlier improved with a mean of .89 and commented she most liked "the short videos (ID11). One participant's nutrition remained the same and commented, "I believe the videos were too short hence less information" (ID17). Thirty-eight percent had worsening nutritional <https://research.library.gsu.edu/etdbehavior>. The least liked about the project was "unsure, honestly. It was set up well for busy clinicians during a global pandemic" (ID6).

Health Responsibility

Health responsibility's pre-survey mean score of 2.62 ($SD = .43$) showed how participants collaborated with their healthcare professionals to prevent illnesses or manage current conditions

should they already suffer from one. They significantly improved by a group mean of .34 ($SD = .46$). As individuals, 54% improved from .11 to .33, and 15% had a mean of .67 improvement. On the other hand, 15% declined physical activity, with one commenting she least liked about the project was "it went too long into the semester, and with the demands of the clinical, it was difficult to maintain the commitment" (ID13). One outlier with an improved mean of 1.67 was the same participant who had the most improvement in interpersonal relations and nutrition. One participant did not decline nor improve and thought "ideas/inspirations/encouragement/proof-of-need for better self-care" was the one she liked the most (ID10).

Physical Activity

The physical activity subscale received the lowest mean score (mean 2.47; $SD = .71$) on the pre-survey. Participants had minimal improvement with a post-survey mean of 2.49, $SD = .74$, showing a mean improvement of .08 ($SD = .30$). Individually, 62% improved (mean .13 to .25), 15% had significant improvement (mean .38 to .50). However, 23% of participants had lower scores after finishing the project. They commented they did not like the project because it "wasn't long enough or involved enough to truly implement change although the weekly videos were good reminders" (ID8) and "time commitment, no matter how small, is difficult during grad school" (ID1).

Stress Management

The pre-survey revealed stress management had the least mean score of 2.33 ($SD = .44$). This information translated to the participants needing more help managing stress and improved by mean .29 ($SD = .28$) as a group. Thirty-one percent did not have any changes, 54% had a mean improvement of .25 to .38, and 15% had a significant improvement of mean .63 to 1. The

participants with considerable progress did not comment on how the self-care practice modules helped their lifestyle. However, those who did not decline or improve thought:

It was a fabulous module! It would be wonderful if students had access to some free or reduced-cost resources. Free resources could be listed together in a document. I'm thinking about Yoga with Adriene and such. If there's a yoga or pilates teacher that's willing to give students 2-3 sessions for free online, that would be amazing. The module was definitely sufficient. These are ideas for making it over-the-top amazing. Thank you for your efforts!

In addition, participant ID10 shared:

Something that would have helped me might have been a "coach" to sit down with me (briefly!) - even only one time - and help me (in some ways force me, but I mean that in a good way) to make an individualized plan for executing self-care in my own busy life. It is so easy to read things and think "that's a great idea!" but so much harder to find the energy to plan execution. I am the type of person who needs some hand-holding to make changes in my life, and it would have been nice to have the option for this type of counseling from someone who had experience in coaching self-care.

Exit-Satisfaction Survey

The exit satisfaction survey results were critical because they allowed participants to voice their feedback regarding the intervention and suggest how self-care practice modules may help future NP students' health-promoting lifestyles. Most participants thought the self-care videos and reminders were helpful (mean 3.46, $SD = .51$), many felt they now know more about staying healthy (mean 3.38, $SD = .50$), and they knew more about self-care benefits since becoming a participant (mean 3.23, $SD = .34$). Most importantly, the three open-ended questions

provided us with a better understanding of how self-care practice modules can benefit future NP students. Including their feedback verbatim allowed for a meaningful description of what the participants want to see integrated into the nursing curriculum's future to enhance novice NPs improved health-promoting lifestyles in their early years in clinical practice. See Appendix I Table 5 for a full exit satisfaction survey report.

Discussion

An individual's background can affect their perception and practice of self-care. The demographic characteristics of those who left the project did not significantly relate to their decision to leave, which was unexpected. Assuming middle-aged parents working full-time who cared for their aging parents do not have time to practice self-care may not always be the case. In addition, those who left could feasibly practice self-care because they were young, did not have children, and did not work full-time. However, their total HPLP II scores ranged from 144 to 171 (full scores range from 52 to 208 on a 1 to 4-point Likert scale), which means their average score was 3 out of 4 on almost all survey questions. One could speculate those who withdrew did not feel they needed self-care modules to improve their healthy lifestyles.

In contrast, the nursing students who participated in a similar study in China and New Zealand revealed socioeconomic status, years in school, age, familial obligations, and ethnicity played a major role in their abilities to practice health-promoting lifestyles or live healthily (Mak et al., 2018; Walker, 2019). Although the project only had female participants, a study in Turkey noted differences in health-promoting lifestyles between males and females; and found males scored high in physical activities and females scored high in interpersonal relationships (Alzharani et al., 2019).

Spiritual growth is fundamental in nursing care (Lalani, 2020; Walker & Hill-Poleckery, 1996). It allows individuals to focus on inner self-development through awareness and connection. As nurses practice self-care to improve spiritual growth, their inner peace develops, and they are open to maximizing their full potential. Our project indicates the spiritual growth subscale earned the highest pre- and post-survey scores because participants felt they were changing positively and looked forward to the future. According to a study in Western Canada, nursing students thought self-care was a holistic process positively influencing their intention to live healthily. The self-care interventions they received enhanced their overall well-being (Jenkins et al. 2019). Although one participant whose spiritual growth remained the same in the project, most revealed their spiritual growth improved after the self-care practice videos. Interestingly, two had negative comments regarding the intervention because of the survey length and stress preventing them from committing to healthy lifestyles. Perhaps, if the surveys were short or the project was a required class activity, the participants may have made time to practice self-care.

Physical activities and proper nutrition involve understanding the purpose of one's health goals (Walker & Hill-Poleckery, 1996). These activities can be shared with others, planned, or done leisurely. It may be difficult for nursing students committed to academic success to exercise or prepare nutritious meals. Our project reveals participants had a slight improvement in these subscales because they only sometimes engaged in a 20-minute light or moderate exercise and did not often choose a diet low in saturated fat or cholesterol. Some rarely exercised or reduced sugar intake. Unfortunately, some studies also revealed the same results. Palestinian nursing students had poor physical fitness and unhealthy eating habits because of academic demands or

familial obligations; however, males scored higher in physical fitness than females and had no significant difference in nutrition (Fashafsheh et al., 2021).

The health responsibility subscale focuses on advocating for and valuing one's health, and interpersonal relations involve communication with others to promote meaningful relationships (Coskun et al., 2019; Walker & Hill-Poleckery, 1996). Our project's results indicate participants significantly improved in both subscales claiming they discussed their health issues with professionals, obtained a second opinion about their health, or sought self-care programs. They also chose to spend time with friends, openly praised others' achievements, and were quick to show concern for others. Nurses are caring individuals who advocate for themselves and their patients; thus, scoring high on these subscales in pre- and post-surveys is not surprising. In addition, Rueda-Medina et al. (2020) found students' health responsibility was positively associated with health behaviors, and for the participants, this statement was proven true. Although some participants admitted to a lack of self-care due to academic burden, they understood the value of health and their responsibility to promote and maintain overall well-being.

Out of the six subscales, stress management needed the most attention. Stress is a psychological response manifested by emotional or physical tension affecting students' academic performance and overall well-being (Coskun et al., 2019). Nursing students face stressors such as financial burden, academic responsibilities, and challenges in the clinical setting while learning how to care for patients (Jenkins et al., 2019). In our project, participants claimed they did not get enough sleep, did not make time for relaxation, or searched for methods to relieve stress. Many students were employed with familial obligations preventing them from practicing self-care. However, in our project, single participants who did not have children scored low on stress

management. One participant reflected on the difficulty of self-care practice for busy graduate students during the COVID-19 pandemic. Having busy schedules affected other participants' scores. For example, the participant who scored lowest in the surveys had a minimal improvement although she was single but had full-time employment. She liked the self-care videos but did not have time to incorporate them into her schedule.

Significance and Implications

The current climate of nursing students' inadequate exposure to self-care is a concern because they should have the ability to provide care for themselves while promoting healthy behavior to their patients (Mak et al., 2018; Rueda-Medina et al., 2020). Several researchers conducted studies to determine how academic or occupational stress affected nursing students and how self-care can effectively promote healthy lifestyles. However, most of these studies examined baccalaureate and not graduate students enrolled in a master's degree NP program. The lack of research among NP students who are the future health decision-makers assessing, diagnosing, and treating patients can be problematic because they are health educators and health advocates (Mak et al., 2018). As novice NPs, they should have the capacity to successfully manage occupational stressors before they begin their new roles as health decision-makers, mostly because their expertise, knowledge, and contribution to the healthcare system is warranted (Jenkins et al., 2019; Mak et al., 2018; Rueda-Medina et al., 2020). Future researchers may consider studying NP students' self-care practices, or lack thereof, and the barriers to self-care practice.

While enrolled in a master's degree program, Jenkins et al. (2019) recommended NP students should be required to learn and practice self-care without being burdened by a grade. Instead, self-care practices should count as extra credit or a voluntary assignment. Our project,

however, was voluntary. Although four participants withdrew, they could have opted to remain and continue to strive toward a healthy lifestyle if an extra credit had been offered. In addition, on average, the participants' improvement was minimal. We wonder whether participants could have had significant health improvement if the self-care videos were presented during class and discussed, if health gurus were invited as speakers, or if meditation and yoga were taught before each class session began. Thus, to encourage healthy behaviors among novice NPs, we call for collaboration among school leaders and faculty members to endorse health-promoting lifestyles, contributing to future NPs' careers and personal successes.

Integrating self-care practice modules in the curriculum can help produce novice NPs equipped to care for themselves as they care for their patients. As new NPs leave their former roles as expert RNs, they can practice self-care techniques to manage occupational stressors and balance personal relationships. These novice NPs become healthcare providers with healthy behaviors who share these practices with patients (Pender et al., 2011). They can also have a positive economic impact by creating jobs and rendering services to increase healthcare access, provide quality patient care, and improve patient outcomes (Buerhaus, 2018; Soco et al., 2020).

Limitations

The project was convenience sampling with a small sample size limiting generalizability. There was no control group comparing NP student's lifestyle habits with other students not enrolled in the health sciences. It was also voluntary, so other potential participants were not allowed to engage in the interventions.

Dissemination Plan

We plan to disseminate the project, its results, and the potential benefits of self-care practice modules to NP students (or all college students) when integrated into the curriculum by a

constant discussion with educators and university leaders. We also plan to submit a manuscript to a nursing journal to reach nurses and students worldwide. The NP students and novice NPs are the primary beneficiaries. Therefore, focusing on their health-promoting lifestyles and practicing self-care at home, school, or work can positively affect people around them. They can share their practices with colleagues and patients, helping others live healthy lifestyles.

Conclusion

Our project's findings suggest NP students are interested in learning self-care practices to live healthy lifestyles. Based on the HPLP II surveys, some areas could be improved, particularly stress management, nutrition, and physical activity. Although minimal, there were improvements, not declines, in all six health-promoting activities as a group. Individually, some experienced significant improvement with health responsibility and internal relations. The spiritual growth was consistently high during the project. The self-care practice modules may have helped them maintain or improve these activities. Overall satisfaction was high, and students reflected on how helpful it was to receive reminders about living healthy. They identified ways to increase self-care engagement, such as more meaningful incentives (i.e., larger monetary values, extra credit), text message reminders, and time management tips. Educators should consider integrating evidence-based self-care education modules into the NP program curriculum to assist NP students with health-promoting lifestyles.

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Appendix A

Table 1

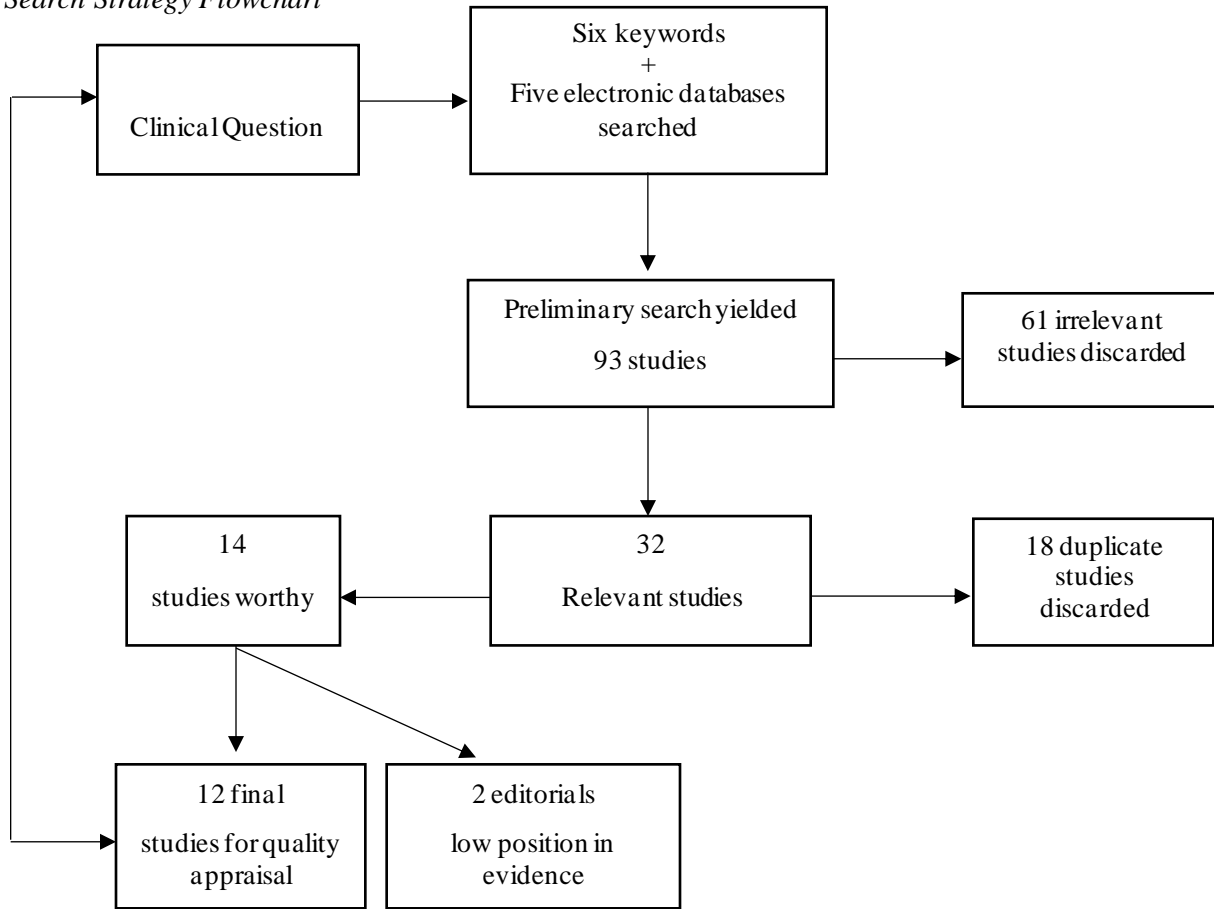
Search Results of 5 databases and government agency

DATABASE	KEYWORDS	# OF ARTICLES ACCEPTED and LEVEL OF EVIDENCE/QUALITY	SEARCH DATES
APA PsychInfo	nursing students OR nurse practitioners AND self-care OR self-help AND health promotion OR health behavior	1 accepted 1 – Level III / high	October 9, 2020
CINAHL	nursing students OR nurse practitioners AND self-care OR self-help AND health promotion OR health behavior	3 accepted 1 – Level III / high 2 – Level III / good	October 13, 2020
EMBASE	nursing students OR nurse practitioners AND self-care OR self-help AND health promotion OR health behavior	1 accepted 1 – Level III / good	October 9, 2020
MEDLINE	nursing students OR nurse practitioners AND self-care OR self-help AND health promotion OR health behavior	4 accepted 1 – Level II / high 1 – Level II / good 1 – Level III / low 1 – Level III / good	October 13, 2020
PUBMED	nursing students OR nurse practitioners AND self-care OR self-help AND health promotion OR health behavior	3 accepted 1 – Level II / high 2 – Level III / high	October 12, 2020 to October 15, 2020
AGENCY for HEALTHCARE RESEARCH and QUALITY	nursing students OR nurse practitioners AND self-care OR self-help AND health promotion OR health behavior	0	October 12, 2020

Note: The number of accepted studies from each database and level of evidence and quality.

Figure 1

Search Strategy Flowchart



Appendix B**Project Site Letter of Support**

SCHOOL OF NURSING
Byrdine F. Lewis College of Nursing and Health Professions

Mailing Address
P.O. Box 4019
Atlanta, GA 30302-4019

Phone: 404-413-1200
Fax: 404-413-1205



July 19, 2021

Dear IRB Committee Members:

I am providing this support letter for Debbie Noble, a Doctor of Nursing Practice (DNP) student who has been granted approval to implement her project (*Self Care: A Vital Practice to Improve Health-Promotion Lifestyle of a Novice Nurse Practitioner*) in the NUR7940 course (Advanced Professional Nurse Practice Issues) from August 2021 to December 2021 here in the School of Nursing. Ms. Noble's project proposes to integrate self-care practice modules into the Master's degree nurse practitioner curriculum to promote health-promoting lifestyles among nurses as they transition from being expert licensed professional nurses to novice nurse practitioners.

This is a follow-up letter from the one that was sent by Dr. Michelle Nelson February 17, 2021, the course administrator for NUR7940. Dr. Nelson has resigned from her position in the School of Nursing so we wanted to make sure that the IRB committee members know that we continue to support Ms. Noble's project implementation for fall 2021.

Please do not hesitate to contact me if you have questions. My email address is cgrantham@gsu.edu and my office phone number is (404) 413-1187. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Carol A. Hall Grantham".

Carol Hall Grantham, PhD, RN, CPNP-PC, CNE
Director, Master's Program
School of Nursing

Appendix C
Institutional Review Board Approval Letter



INSTITUTIONAL REVIEW BOARD

Mail: P.O. Box 3999 In Person: 3rd Floor
Atlanta, Georgia 30302-3999 58 Edgewood
Phone: 404/413-3500 FWA: 00000129

May 26, 2021

Principal Investigator: Susan E Breslin

Key Personnel: Aycock, Dawn; Breslin, Susan E; Noble Lanham, Debbie B; Sims, Traci

Study Department: B.F. Lewis School of Nursing

Study Title: Self-Care: A Vital Practice to Improve Health-Promoting Lifestyles of a Novice Nurse Practitioner

Funding Agency: Internal

Submission Type: Exempt Protocol Category 1, 2

IRB Number: H21588

Reference Number: 365037

Determination Date: 05/24/2021

Status Check Due By: 05/23/2024

The above-referenced study has been determined by the Institutional Review Board (IRB) to be exempt from federal regulations as defined in 45 CFR 46 and has evaluated for the following:

1. Determination that it falls within one or more of the eight exempt categories allowed by the institution; and
2. Determination that the research meets the organization's ethical standards

If there is a change to your study, you should notify the IRB through an Amendment Application before the change is implemented. The IRB will determine whether your research continues to qualify for exemption or if a new submission of an expedited or full board application is required.

A Status Check must be submitted three years from the determination date indicated above. When the study is complete, a Study Closure Form must be submitted to the IRB.

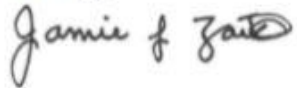
This determination applies only to research activities engaged in by the personnel listed on this

document.

It is the Principal Investigator's responsibility to ensure that the IRB's requirements as detailed in the Institutional Review Board Policies and Procedures For Faculty, Staff, and Student Researchers (available at gsu.edu/irb) are observed, and to ensure that relevant laws and regulations of any jurisdiction where the research takes place are observed in its conduct.

Any unanticipated problems resulting from this study must be reported immediately to the University Institutional Review Board. For more information, please visit our website at www.gsu.edu/irb.

Sincerely,

A handwritten signature in cursive script that reads "Jamie f Zaikov". The signature is written in black ink and is positioned below the word "Sincerely,".

Jamie Zaikov, IRB Member

Appendix D
Recruitment Letter

August 23, 2021

Dear colleagues/students,

I am writing to request participation in a Doctor of Nursing Practice (DNP) project conducted at the Georgia State University (GSU) master's program nurse practitioner course, the NURS7940 – Advanced Professional Nurse Practice Issues – the fall of 2021. You are eligible to participate because you are enrolled in said course.

The following information summarizes the project's purpose and requirements.

Project title: Self-Care: A Vital Practice to Improve Health-Promoting Lifestyles of a Novice Nurse Practitioner

Purpose: To improve students' health-promoting lifestyles while enrolled in a master's degree nurse practitioner (NP) program by integrating self-care modules in their final-year curriculum.

Requirements: The project will last eight (8) weeks and will be implemented virtually or face to face if possible. Participants will complete a lifestyle self-care plan (LSCP), demographics survey, and conduct a pre-survey using the health-promotion lifestyle profile II (HPLP II) on week one. From week two to week seven, participants will view one 3-minute video. On week eight, post-survey HPLP II will be conducted along with a satisfactory survey.

Compensation: As a token of appreciation, a \$10 gift Amazon.com e-gift card will be given to participants who will complete the project, which will be disbursed one week after the project's completion.

Participation in the DNP project will be voluntary and will not negatively affect your class performance should you choose not to be involved. You may leave the project at any time after it begins if you choose to do so. Anyone who decides not to join will not be allowed to enter once the project starts.

If you have any questions or need clarifications about the project, please feel free to contact me at dnoble@gsu.edu or call me at 678-232-8966.

Yours sincerely,

Debbie B. Noble Lamham MS, RN, ACNS, ANP-BC
Doctor of Nursing Practice (DNP), candidate
Byrdine F. Lewis School of Nursing and Health Professions
Georgia State University, Atlanta GA

Consent Form

Georgia State University
Informed Consent

Title: Self-Care: A Vital Practice to Improve Health-Promoting Lifestyles of a Novice Nurse Practitioner

Principal Investigator: Dr. Susan Breslin

Student Principal Investigator: Debbie B. Noble Lanham

Introduction and Key Information

You are invited to participate in a Doctor of Nursing Practice (DNP) research study at Georgia State University (GSU). It is up to you to decide if you would like to take part in this task. The purpose of this research study is to thread the self-care practice modules into the NURS7940 – Advanced Professional Nurse Practice Issues – during the final-year curriculum of the master’s degree nurse practitioner program to improve the students’ health-promoting lifestyles.

Your role in the research study will last no more than 60 minutes on the first week, no more than 15 minutes per week over six consecutive weeks, and no more than 30 minutes on the last week. This research study’s span is eight weeks.

You will be asked to do the following: evaluate your lifestyle self-care plan (LSCP) by documenting them in a notebook, complete an HPLP II pre-survey and demographics survey, watch threaded weekly self-care videos and reminders, then complete a post-survey on the last day of the research study along with a satisfaction exit survey.

Participating in this study will not expose you to any more risks than you would experience on a typical day.

This study is not designed to benefit you personally. Instead, we hope to learn how self-care practice modules may help you improve your health behaviors while in school and prepare for better management of potential occupational stress as a new nurse practitioner in clinical practice.

Purpose

The purpose of the research study is to improve the health-promoting lifestyles of nurse practitioner students while enrolled in the master’s degree program by integrating self-care modules in the final-year curriculum. You are invited to take part in this assignment because you are registered in the NURS7940 – Advanced Professional Nurse Practitioner Issues – fall of 2021. A total of 75 people will be invited to take part in this study.

Procedures

If you decide to participate, you will be introduced to self-care practice and instructions on how to take part in the research study in person or via WebEx.

- You will interact with your fellow NP students in your cohort during introduction and exit instructions only.
- Your cohort will not know whether you decided to participate or not unless you choose to tell them.
- This research study will be threaded in your NURS7940 course in iCollege.
- All forms of surveys will be completed online via Qualtrics at GSU. You will be asked to provide your GSU student email address when you consent to participate.
- There will be four forms online:
 - HPLP II pre-survey
 - Demographics
 - HPLP II post-survey
 - Self-care satisfactions exit survey
- Short videos of no more than three minutes regarding self-care practice based on the HPLP II subscales will be threaded under announcements. Every week, each short video will have reminders of what subscale was shown in the week prior. These subscales are nutrition, physical activity, interpersonal relations, health responsibility, spiritual growth, and stress management.
- The subscale's video order of threading will be decided once the pre-survey HPLP II has been conducted, analyzed, and interpreted. The subscale with the lowest score will be threaded first to provide more time for the participants to practice. For example, the short video about nutrition will be incorporated first if it received the participants' lowest score.
- The videos are evidence-based practice and professionally performed by actors, produced by different companies worldwide, and accessed through the GSU Films on Demand organization.
- There will only be one short video once a week for six consecutive weeks
 - Week 1: you will complete a lifestyle self-care plan (LSCP) based on your current routine. Using a previously used notebook instead of buying a new one is highly encouraged. You will be given an LSCP example. Then, you will complete a pre-survey HPLP II and demographics survey in Qualtrics.
 - Week 2 to week 7: You will watch a short video about a self-care subscale topic. You will access it under announcements of your NURS7940 course. You will receive email reminders to practice self-care mid-week every week.
 - Week 4: You will be asked to review your LSCP and modify it if needed.
 - Week 8: You will be instructed to complete a post-survey HPLP II in Qualtrics along with a self-care satisfaction exit survey.
 -

Future Research

Researchers will not use or distribute your data for future research studies even if identifiers are removed.

Risks

In this study, you will not have any more risks than you would in a normal day of life. No injury is expected from this study, but if you believe you have been harmed, contact the research team

as soon as possible. Georgia State University and the research team have not set aside funds to compensate for any injury.

Benefits

This study is not designed to benefit you personally. Instead, we hope to learn how self-care practice modules may help you improve your health behaviors while enrolled in the master's degree program and prepare for better management of potential occupational stress as a new nurse practitioner in clinical practice.

Alternatives

The alternative to taking part in this study is not to take part in the study.

Compensation

You will receive a \$10 Amazon.com e-gift card as a token of appreciation for participating and finishing this research study. The e-gift card will not be given if you decide to withdraw before the research study ends. This will be disbursed and sent to your GSU student email address one week after completing the research study.

Voluntary Participation and Withdrawal

You do not have to be in the research study. If you decide to participate and later change your mind, you have the right to drop out at any time. You may stop watching the videos or reading the reminders under announcements. This will not cause you to lose any benefits to which you are otherwise entitled.

Confidentiality

We will keep your records private to the extent allowed by law. The following people and entities will have access to the information you provide:

- The Doctor of Nursing Practice team
 - Dr. Susan Breslin, DNP Chair
 - Dr. Traci Sims, Project team member
 - Dr. Dawn Aycock, Project team member
 - Debbie B. Noble Lanham, student principal investigator
- GSU Institutional Review Board
- Office for Human Research Protection (OHRP)

We will use your GSU student email address to identify the surveys. No name, home address, telephone number, or student ID number will be collected. The information you provide will be stored in Qualtrics and accessed through a personal computer with a password only known to the student principal investigator. Data sent over the internet may not be secure. The surveys you access will be in Qualtrics, which is secured and encrypted by GSU. IP addresses will not be collected or searched.

When we present or publish this research study's results, we will not use your email address or name, or other information to identify you.

Contact Information

Contact:

Dr. Susan Breslin at 404-973-7770 or sbreslin@gsu.edu

Debbie B. Noble Lanham at 678-232-8966 or dnoble@gsu.edu

- If you have questions about the study or your part in it
- If you have questions, concerns, or complaints about the study
- If you think the study has harmed you

The IRB at Georgia State University reviews all research that involves human participants. You can contact the IRB if you would like to speak to someone who is not involved directly with the study. You can contact the IRB for questions, concerns, problems, information, input, or questions about your rights as a research participant. Contact the IRB at 404-413-3500 or irb@gsu.edu.

Consent

You can download or print a copy of this consent form to keep for your records.

If you are willing to volunteer for this research study, please select YES, I consent to continue with the survey. If you do not want to participate, please select NO, I do not consent.

Thank you for your time.

Appendix E**Demographic Characteristics, HPLP II Survey, and Exit Satisfaction Survey****Demographics (circle or write the appropriate answer)
Uploaded and accessed on Qualtrics****Ages**

20-35 years-old
36-45 years-old
46-55 years-old
56-60 years old

Gender

Female
Male
Other (option to specify gender identity)
Prefer not to answer

Racial Background

Asian
American Indian or Alaska Native
Black or African American
Native Hawaiian or Other Pacific Islander
White
Two or more races/some other race
Prefer not to answer

Marital Status

In a serious relationship
Single
Married
Divorced
Prefer not to answer

Employment Status

Full-time
Part-time
As needed basis
Unemployed
Prefer not to answer

Parental / Familial Obligations (may choose more than one category)

Not a parent
Single parent
Co-parent
Grandparents raising grandchildren
Children caring for aging parents
Prefer not to answer

LIFESTYLE PROFILE II

DIRECTIONS: This questionnaire contains statements about your *present* way of life or personal habits. Please respond to each item as accurately as possible, and try not to skip any item. Indicate the frequency with which you engage in each behavior by circling:

N for never, **S** for sometimes, **O** for often, or **R** for routinely

	NEVER	SOMETIMES	OFTEN	ROUTINELY
1. Discuss my problems and concerns with people close to me.	N	S	O	R
2. Choose a diet low in fat, saturated fat, and cholesterol.	N	S	O	R
3. Report any unusual signs or symptoms to a physician or other health professional.	N	S	O	R
4. Follow a planned exercise program.	N	S	O	R
5. Get enough sleep.	N	S	O	R
6. Feel I am growing and changing in positive ways.	N	S	O	R
7. Praise other people easily for their achievements.	N	S	O	R
8. Limit use of sugars and food containing sugar (sweets).	N	S	O	R
9. Read or watch TV programs about improving health.	N	S	O	R
10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).	N	S	O	R
11. Take some time for relaxation each day.	N	S	O	R
12. Believe that my life has purpose.	N	S	O	R
13. Maintain meaningful and fulfilling relationships with others.	N	S	O	R
14. Eat 6-11 servings of bread, cereal, rice and pasta each day.	N	S	O	R
15. Question health professionals in order to understand their instructions.	N	S	O	R
16. Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week).	N	S	O	R
17. Accept those things in my life which I can not change.	N	S	O	R
18. Look forward to the future.	N	S	O	R
19. Spend time with close friends.	N	S	O	R
20. Eat 2-4 servings of fruit each day.	N	S	O	R
21. Get a second opinion when I question my health care provider's advice.	N	S	O	R
22. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling).	N	S	O	R
23. Concentrate on pleasant thoughts at bedtime.	N	S	O	R
24. Feel content and at peace with myself.	N	S	O	R
25. Find it easy to show concern, love and warmth to others.	N	S	O	R

	NEVER	SOMETIMES	OFTEN	ROUTINELY
26. Eat 3-5 servings of vegetables each day.	N	S	O	R
27. Discuss my health concerns with health professionals.	N	S	O	R
28. Do stretching exercises at least 3 times per week.	N	S	O	R
29. Use specific methods to control my stress.	N	S	O	R
30. Work toward long-term goals in my life.	N	S	O	R
31. Touch and am touched by people I care about.	N	S	O	R
32. Eat 2-3 servings of milk, yogurt or cheese each day.	N	S	O	R
33. Inspect my body at least monthly for physical changes/danger signs.	N	S	O	R
34. Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking).	N	S	O	R
35. Balance time between work and play.	N	S	O	R
36. Find each day interesting and challenging.	N	S	O	R
37. Find ways to meet my needs for intimacy.	N	S	O	R
38. Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.	N	S	O	R
39. Ask for information from health professionals about how to take good care of myself.	N	S	O	R
40. Check my pulse rate when exercising.	N	S	O	R
41. Practice relaxation or meditation for 15-20 minutes daily.	N	S	O	R
42. Am aware of what is important to me in life.	N	S	O	R
43. Get support from a network of caring people.	N	S	O	R
44. Read labels to identify nutrients, fats, and sodium content in packaged food.	N	S	O	R
45. Attend educational programs on personal health care.	N	S	O	R
46. Reach my target heart rate when exercising.	N	S	O	R
47. Pace myself to prevent tiredness.	N	S	O	R
48. Feel connected with some force greater than myself.	N	S	O	R
49. Settle conflicts with others through discussion and compromise.	N	S	O	R
50. Eat breakfast.	N	S	O	R
51. Seek guidance or counseling when necessary.	N	S	O	R
52. Expose myself to new experiences and challenges.	N	S	O	R

We would like to get your honest thoughts about your participation in the SELF-CARE project.

For each statement below, select the response that best indicate how you feel.

Strongly Disagree **Disagree** **Agree** **Strongly Agree**

1. My time as a participant has been enjoyable.	1	2	3	4
2. Since becoming a participant I know more about the benefits of self-care.	1	2	3	4
3. The researchers did not give me the help I needed to improve my health behaviors.	1	2	3	4
4. The self-care practice videos/reminders I received were helpful.	1	2	3	4
5. Since becoming a participant I know more about staying healthy.	1	2	3	4
6. I would tell a friend to become a participant in this project.	1	2	3	4
7. I was able to achieve better health during this project.	1	2	3	4
8. The duration of this project was too long.	1	2	3	4
9. I would participate in this project again.	1	2	3	4
10. I enjoyed completing the weekly lifestyle self-care plan.	1	2	3	4
11. The program motivated me to change my behaviors to improve or maintain healthy lifestyle.	1	2	3	4
12. I felt the program was personalized for me and others like me.	1	2	3	4
13. The short health behavior videos I watched were informative.	1	2	3	4
14. The health videos I watched motivated me to achieve better health.	1	2	3	4
15. The reminders/announcements motivated me to achieve better health.	1	2	3	4

SELF-CARE Exit Interview

16. What did you like best about the project?

17. What did you like the least about the project?

18. Is there anything else you would like to say about your participation in this project (ex. Ideas for how to improve this self-care practice module for nurse practitioner students)?

Appendix F

Films on Demand Videos and Self-Care Statements

Spiritual Growth (SG)

1. <https://fod.infobase.com/OnDemandEmbed.aspx?token=128488&wID=96311&plt=FOD&loid=449107&w=640&h=480&fWidth=660&fHeight=530>

Interpersonal Relations (IR)

1. <https://fod.infobase.com/OnDemandEmbed.aspx?token=43742&wID=96311&plt=FOD&loid=123771&w=640&h=480&fWidth=660&fHeight=530>

Nutrition (NUT)

1. <https://fod.infobase.com/OnDemandEmbed.aspx?token=146643&wID=96311&plt=FOD&loid=0&w=640&h=480&fWidth=660&fHeight=530>

Physical Activity (PA)

1. <https://fod.infobase.com/OnDemandEmbed.aspx?token=125013&wID=96311&plt=FOD&loid=450269&w=640&h=480&fWidth=660&fHeight=530>

Health Responsibility (HR)

1. <https://fod.infobase.com/OnDemandEmbed.aspx?token=195587&wID=96311&plt=FOD&loid=0&w=640&h=480&fWidth=660&fHeight=530>

Stress Management (SM)

1. <https://fod.infobase.com/OnDemandEmbed.aspx?token=205612&wID=96311&plt=FOD&loid=0&w=640&h=480&fWidth=660&fHeight=530>

Self-care Practice Statements of the HPLP II Subscale Themes by Debbie B. Noble Lanham

(These will be posted as weekly reminders along with videos)

Spiritual Growth:

Mindfulness and yoga create harmony, balance, and connection within ourselves and with others.

Let's continue to practice self-care!

Interpersonal Relations:

Effective communication can create meaningful closeness and intimacy with loved ones. Use your words!

Nutrition:

Eating healthy does not have to be complicated. Eat a balanced meal and avoid processed foods.

Don't overeat. That's self-care enough!

Physical activity:

A five to ten-minute walk around your house is a start. Increase by ten minutes per day. Park your car away from buildings. Get up from your chair every hour if you have a desk job. Small acts of physical activity will add up to a healthy body. Practice self-care!

Health responsibility:

Our smart devices can detect if we do not feel good. Listen to them. See your healthcare provider if you're feeling off. Self-care starts with you!

Stress management:

Manage your stress by visualizations and mental breaks throughout the day. Close your eyes for 60 seconds every hour or so. Imagine a joyful moment in your life. Smile. There, you just practiced self-care.

Appendix G

Table 2

Demographics Characteristics

Variable	Total = 17 N	Percent %
Age		
20-35 years old	11	64.7
36-45 years old	2	11.8
46-55 years old	2	11.8
56-65 years old	2	11.8
Gender		
Female	17	100
Male	0	0
Other – specify gender identity	0	0
Racial Background		
Asian	0	0
American Indian or Alaska Native	0	0
Black or African American	5	29.4
Native Hawaiian or Other Pacific Islander	0	0
White	10	52.9
Two or more races / some other race	1	5.9
Prefer not to answer	1	5.9
Marital Status		
Single	3	17.6
Married	9	52.9
Divorced	1	5.9
In a serious relationship	4	23.5
Employment Status		
Full-time	7	41.2
Part-time	4	23.5
As needed only (makes your own schedule)	4	23.5
Unemployed	2	11.8
What is your parental or familial obligation(s)? May choose more than one option.		
Not a parent	9	52.9
Single parent	2	11.8
Co-parent	6	35.3
Grandparents raising grandchildren	0	0
Children caring for aging parents	2	11.8
<i>*Two participants are both co-parents and children caring for aging parents*</i>		

Appendix H

Table 3

Health Promoting Lifestyles Profile II (HPLP II) Total Scores

HPLP II Total Score	Sample Size N	Minimum	Maximum	Mean	Standard Deviation (SD)
Pre-survey	17	115	191	151.52	19.35
Pre-survey	13	115	191	149.53	21.06
Post-survey	13	121	185	154.46	16.78

Note: Mean score difference calculated from HPLP II post- and pre-surveys. The higher the difference, the better the improvement. Pre-survey scores of the 13 participants who completed the project reveal improved healthy lifestyles compared to their post-survey scores.

Table 4

Health Promoting Lifestyles Profile II (HPLP II) Scores at Pre-Survey and Post-Survey

HPLP II Subscales	Pretest Mean (SD) N = 17	Posttest Mean (SD) N = 13	Mean Score Difference from Post and Pre surveys N= 13 Mean (SD)
Stress Management	2.33 (.44)	2.55 (.37)	.29 (.28)
Physical Activity	2.47 (.71)	2.49 (.74)	.08 (.30)
Health Responsibility	2.62 (.43)	2.91 (.52)	.34 (.46)
Nutrition	2.78 (.54)	2.87 (.38)	.08 (.37)
Interpersonal Relations	3.12 (.51)	3.38 (.37)	.37 (.38)
Spiritual Growth	3.31 (.36)	3.50 (.39)	.17 (.26)

Note: Possible scores range from 1- 4; higher scores= better health-promoting lifestyles.

Appendix I

Table 5

Exit Satisfaction Survey Results

Self-Care Exit Satisfaction Survey N = 13		Mean	Standard Deviation (SD)
My time as a participant has been enjoyable.		3.23	.43
Since becoming a participant, I know more about the benefits of self-care.		3.23	.43
The researchers did not give me the help I needed to improve my health behaviors.		1.85	.89
The self-care practice videos/reminders I received were helpful.		3.46	.51
Since becoming a participant, I know more about staying healthy.		3.38	.50
I would tell a friend to become a participant in this project.		3.23	.43
I was able to achieve better health during this project.		3.00	.70
The duration of this project was too long.		1.77	.59
I would participate in this project a gain.		3.38	.50
I enjoyed completing the lifestyle self-care plan.		3.23	.43
The project motivated me to change my behaviors to improve or maintain a healthy lifestyle.		3.08	.64
I felt the program was personalized for me and others like me.		3.15	.55
The short health behavior videos I watched were informative.		3.23	.43
The health videos I watched motivated me to achieve better health.		3.15	.68
The reminders/announcements motivated me to achieve better health.		3.15	.55
Open-Ended Questions	Answers		
What did you like the best about the project?	“It was accessible and on your own time” “The videos were interesting!” “Weekly component that came to my email. I could plan for it but there was also a reminding aspect to it. I could also implement it as I was able.” “Short video clips that served as a reminder to care for myself” “Ideas/inspirations/encouragement/proof-of-need for better self-care” “The short videos” “The short videos were easy to fit in and learn from.” “for nurses” “The tips were suggestions that were easy to understand and easy to do. The videos were short which made it easier to keep up with them.” “The informational videos”		

<p>What did you like the least about the project?</p>	<p>“The survey like many can be too long”</p> <p>“I didn't have enough time to actually incorporate changes into my life!”</p> <p>“Unsure, honestly. It was set up well for busy clinicians during a global pandemic.”</p> <p>“Wasn't long enough or involved enough to truly implement change although the weekly videos were good reminders”</p> <p>“Because of my current state of overwhelm, I really struggled to find time to watch the videos or participate in the kind of self-care I know I need... I feel like right now I'm "just getting by", instead of "thriving", and I am pretty sure I could change it if I had the energy to plan out a better way.”</p> <p>“It went too long into the semester and with the demands of the clinicals, it was difficult to maintain the commitment”</p> <p>“don't have time”</p> <p>“Time commitment, no matter how small, is difficult during grad school.”</p> <p>“I believe the videos were too short hence less information.”</p>
<p>Is there anything else you would like to say about your participation in this project (ex. Ideas for how to improve self-care practice module for nurse practitioner students?)</p>	<p>“Like all the reminders about living a healthy lifestyle. Taking care of yourself is difficult, and often, forgotten when you have many obligations that don't necessarily cater to any healthy behaviors, but rather, continue to be high stressors.”</p> <p>“It was a fabulous module! It would be wonderful if students had access to some free or reduced-cost resources. Free resources could be listed together in a document. I'm thinking about Yoga with Adriene and such. If there's a yoga or pilates teacher that's willing to give students 2-3 sessions for free online, that would be amazing. The module was definitely sufficient. These are ideas for making it over-the-top amazing. Thank you for your efforts!”</p> <p>“Weekly tasks to help implement self care practices”</p> <p>“Something that would have helped me might have been a "coach" to sit down with me (briefly!) - even only one time - and help me (in some ways force me, but I mean that in a good way) to make an individualized plan for executing self-care in my own busy life. It is so easy to read things and think "that's a great idea!", but so much harder to find the energy to plan execution. I am the type of person who needs some hand-holding to make changes in my life, and it would have been nice to have the option for this type of counseling from someone who had experience in coaching self-care.”</p> <p>“Thank you!!!”</p> <p>“I enjoyed the short videos”</p> <p>“Great idea and great follow through! Definitely helped me figure out some small ways to do self-care.”</p> <p>“I believe if I received text reminders, I would be more involved in the self-care.”</p>