Nursing is rewarding and demanding work, both personally and professionally. It is well known that nurses who practice self-care are well positioned to provide high quality care to their patients and families. However, the demanding nature of professional nursing practice may limit the amount of time for self-care and even create significant health issues for some individuals. In Canada, during a typical week, over 7% of registered nurses (RNs), or approximately 137,000 publicly employed RNs are absent from work due to injury, illness, disability, or burnout (Brunke, 2002; Canadian Nursing Advisory Committee (CNAC) (2002). This alarming rate of absenteeism is 80% greater than for the rest of the full-time labor force (Brunke; CNAC). Undoubtedly, the influencing factors associated with high rates of absenteeism are complex. Nurses face many challenges in today’s work environment, including difficult patients and families, interpersonal conflicts, and inadequate staffing (Sherbun, 2006). More often than not, the lack of adequate staffing creates challenging work situations where nurses can suffer physically, psychologically, spiritually, and emotionally. With rising patient acuity and nurse shortages, it is becoming more difficult for nurses and nursing students to meet workplace demands while maintaining adequate self-care. Increasingly, the importance of self-care has been highlighted within most nursing curricula. However, student nurses’ perspectives about self-care are not well understood; this topic will be examined in this article.

Self-Care and Nursing Education
Canadian nursing education programs focus on academic achievement and skill attainment, often at the expense of teaching about self-care. For example, during their education, nursing students are often exposed to binge drinking, smoking, erratic sleep behaviors, poor nutrition, and a lack of exercise (Chalmers, Seguire, & Brown, 2002; Clement, Jankowski, Bouchard, Perreault, & Lepage, 2002; Haddad, Kane, Rajacich, Cameron, & Al-Ma’a‘aitah, 2004). Moreover, nursing students often experience high levels of stress while engaged in their nursing education programs (Dreary, Watson, & Hogston, 2003; Shipton, 2002; Tully, 2004). These common occurrences in student nurses’ lives have received little attention, despite nursing’s claim of a holistic perspective of health and an emphasis on primary healthcare (Canadian Nurses Association, 2002).

Nurse educators are role models for nursing students. If nurse educators fail to demonstrate self-care themselves, students may subtly pick up on this deficit and mir-
ror such behavior themselves.

Understandably, nurse educators’ credibility may be called into question when the self-care practice, which nurses value, are not promoted and practiced, both personally and professionally. Those who espouse one message but send another by their actions are often devalued. Nurse educators need to examine the ways in which students are exposed to self-care knowledge and experience, as a way of promoting fundamental concepts about self-care within nursing education (Uustal, 1997).

Several researchers have examined the effectiveness of self-care and holistic nursing education initiatives for undergraduate nurses (Downey, 2007; Schank, 1999; Stark, Manning-Walsh, & Vliem, 2005; Timmerman, 1999). For example, Downey, studied the effects of an elective holistic course on personal and professional holistic practices among 200 nursing students, 1 to 7 years after taking the course. The researcher asked participants about their use of concepts from the holistic course and their use of complementary therapies in both personal and professional health practices. The majority of participants reported that the holistic course positively influenced their use of holistic concepts in both practice and personal settings. Participants also reported using complementary therapies frequently in their personal lives but found that professional use was difficult due to time constraints. This study suggests that holistic courses may provide a viable and positive venue for increasing self-care among nursing students.

Other researchers have examined the health behaviors or self-care practices among nursing students (Clement et al., 2002; Haddad et al., 2004; Irazusta et al., 2006; Purcell, Moyle, & Evans, 2006). For example, Clement et al. examined the health behaviors of 52 nursing students and 93 education students over a 3-year period in Quebec, Canada. These health behaviors were compared to statistics from the general population in Quebec. The researchers asked participants about sleep patterns, smoking habits, exercise, nutrition, alcohol consumption, use of seat belts, breast examinations, and pap tests. Although participant attrition may have biased results, the researchers found that there were no significant differences between student groups across the 3 years. However, both groups of students used tobacco and alcohol significantly less than the general population. Not surprisingly, the students had significantly less sleep and exercise than the general population. Interestingly, nursing students also increased their participation in monthly breast self-examinations during this time in comparison to the general population.

Findings indicate that students may improve personal self-care habits in some areas while sacrificing others when they are in the university environment.

Self-care is an important proactive strategy for nursing students as it may have tremendous influence on student burnout and attrition. Gardener, Deloney, and Grando (2006) found that students highly value self-care as a medium for facilitating completion of their nursing education programs. Therefore understanding the self-care behaviors of students is needed to help educators decrease student attrition and increase the ability of students to learn in positive and encouraging learning environments.

**Philosophical Underpinnings**

The aim of this study was to examine baccalaureate student nurses’ perspectives about self-care. This examination was undertaken through a holistic perspective—an integral view point for nursing care. A holistic perspective subscribes to the notion that the whole person is addressed in terms of body, mind, and spirit within an environmental context (Long, Mercer, & Hughes, 2000). Accordingly, living organisms are indivisible, with parts being interdependent and interrelated. Therefore, when a nurse is in a client-care situation, the nurse cannot be isolated from the client’s healing and is a part of the whole experience even at material, physical, and energetic levels.

Within holism, nurses believe that all of a whole person’s experiences are interconnected in an ongoing process within the world (Watson, 1988). Patient care is provided from a stance of moral obligation that involves commitment to preserving human dignity and humanity. In contrast to the caring relationship that the nurse has with the patient, the nurse needs to foster a morally obligated relationship with the self that is focused on health and well-being. Accordingly, the nurse needs to turn the caring gaze on the self and re-examine one’s moral obligation in preserving one’s own health and wholeness.

The major focus of nursing is caring. Caring has been described as a process where the nurturance of people is the aim of the profession and discipline of nursing (Boykin & Schoenhofer, 1993). A nurse grows in the capacity to express caring and the beingness of the nurse is expanded when caring for self is valued and practiced along side of caring for others. A nurse who engages conscientiously in self-care extends to the patient the positive benefits of the self in harmony and wholeness. A nurse who identifies self as a holistic practitioner is likely to be involved in realistic, personal self-care practices. In this process, well-being, or being the best one can be, is promoted by nurses themselves. This level of self-care, in turn, creates balance or health as harmony of mind, body, and soul (Watson, 1988).

Nurses need to examine themselves in relation to whether or not they are experiencing harmony in all dimensions of mind, body, and spirit. In particular, nurses may need to seek ways for dynamically nourishing harmony within self prior to caring for others. Of great importance, theories about caring that include the care provider as an essential focus of caring need to be developed.
Self-Care for Caring Practice

Method
This exploratory, descriptive, quantitative study examined undergraduate student nurses’ self-care behaviors in one nursing program at a university located in Western Canada.

Instrument
Based on the literature and student input, a questionnaire was designed by the authors. The questionnaire contained 27 questions and included demographic questions. Students were asked to report on a variety of self-care topics including sleep, exercise, diet, fluid intake, weight, checkups, relaxation, complementary therapy use, alcohol intake, health goals, and smoking. Ethical approval for the study was obtained from the University’s Ethical Review Committee. Student participation in the study was voluntary and each questionnaire was completely anonymous.

Procedure
Instructors in each of the 4 years of the nursing program were invited to administer the self-care questionnaires in their classes. Students were asked to complete the questionnaire on a voluntary basis. If the students did not wish to complete the questionnaire, they left it blank and returned the survey envelope to the teacher. The completed envelopes were collected by the teachers. The questionnaire was administered to 330 diploma and degree nursing students. Of the 330 participants, 211 students responded to the questions (64%). Of the remaining respondents, 16% were between 26 and 30 years, 7% were between 31 and 35 years, and 10% were between 35 and 60 years. Most respondents were female (93%). Ninety-four percent of the students were full-time and 6% were part-time students. About two-thirds (68%) of the respondents were from the first 2 years of the nursing program. The students represented diploma (28%), post-diploma (3%), and baccalaureate (41%) nursing students. Most of the students were single (64%), 22% were married, and 14% described their marital status as separated, divorced, common-law, or widowed. More than half of the students (58%) worked part time or casual while another 38% were not employed.

Findings
Self-care activities were broadly categorized into meeting daily needs, health-promotion activities, and engagement in health and healing modalities. These areas were regarded as indicators of the student nurses’ self-care activities.

Meeting Daily Needs
Nurturing the physical self by paying attention to bodily needs is essential (Burkhardt & Nagai-Jacobson, 2001). The self-care activities categorized as the gratification of physical needs were sleep, hydration, and nutrition. The majority of students (83%) reported sleeping between 6 and 8 hours per night. The mean number of hours for sleep reported by the nursing students was 6.7 hours per night. Many of the respondents were dissatisfied with the number of hours they slept. The majority indicated that they occasionally (59%, n = 124) or consistently (25%, n = 52) slept enough. Sixty percent (n = 127) of the nursing students indicated that the amount of sleep was adequate while 39% (n = 83) indicated that they did not sleep enough.

Nursing students are constantly reminded to ensure that patients are well hydrated. To measure their own hydration, students were asked how many glasses of water or juice they drank per day on average. The mean number of glasses of water or juice per day was six, with 65% of the students indicating between four and eight glasses.

Furthermore, students were asked to recall how many glasses of water or juice they drank per day when they were working in clinical practice settings. The mean number of glasses of water or juice per day decreased from a mean average of six glasses of water or juice daily to an average of four glasses per day while the students were in clinical settings, with 69% of the students indicating between two and six glasses.

Eating a healthy diet, as perceived by the nursing students, contributes to a sense of well being. The majority of students indicated that they ate what they considered to be a balanced diet frequently (49%, n = 103) or consistently (28%, n = 58). An additional 23% (n = 49) of the students indicated that they rarely ate what they regarded to be a balanced diet.

Health-Promotion Activities
Habits such as exercise, alcohol use, smoking, and caffeine consumption can impact the overall health of the nursing students over time. Involvement with exercise may be dependent on the time students have available. A positive finding was that almost all the students reported that they exercised to some degree. Twenty-seven percent (n = 57) of the students exercised consistently, 44% (n = 93) exercised occasionally, 25% (n = 52) rarely exercised, and only 4% (n = 8) reported that they did not exercise at all. Forty-seven percent of the students exercised between 2 and 3 times per week for 30 to 60 minutes. Sixty-five percent (n = 135) of the students reported that the amount of time spent on exercise was not enough. Only 35% (n = 72) reported that the amount of time they engaged in exercise was adequate. The most common forms of exercise were walking; other cardio exercise such as running, jogging, and swimming; rollerblading; use of stair climbers; elliptical and/or treadmill machines; biking; aerobics; and weight training.

Alcohol use, smoking, and drinking caffeinated beverages are related to health. The
nursing students were asked about their use of alcohol and smoking habits as an indication of engaging in preventive healthcare measures. With regard to alcohol consumption, the majority of students (59%, n = 122) indicated “occasional” consumption. However, about one-third (35%, n = 72) said they “never” consumed alcohol. The mean number of alcoholic drinks consumed on a weekly basis was two (n = 20), with the majority (38%, n = 79) indicating no alcoholic consumption per week, 38% indicating two or less per week, and 19% reporting between two and a half and six drinks per week. Ten students (5%) reported drinking over six drinks per week with a range between 7 and 15.

Within this study, students did not engage in smoking to a great extent. The overwhelming majority of the nursing students (85%, n = 180) were non-smokers, with 8% (n = 16) of the students reporting their smoking habit as occasional smoking, 5% (n = 11) frequent smoking, and 2% (n = 4) heavy smoking. Of the 31 students who indicated that they smoked, the mean number of cigarettes smoked per day was 5.9, with a range of 0 to 25.

Beliefs about the health effects of caffeine consumption vary. The nursing students consumed a mean number of 1.4 servings of colas, coffee, and tea per day. The majority of the students (63%, n = 133) indicated that they drank one or less servings of caffeine per day and a further 29% (n = 61) reported that they drank between one and three servings per day.

**Engagement in Health and Healing Modalities**

Maintenance of health was explored by examining the students’ use of complementary therapies, relaxation strategies, and conventional health consultation. Active health-seeking behaviors were measured by the use of complementary therapies and medical checkups. The majority of the students (76%, n = 161) reported that they personally used complementary therapies.

According to the survey descriptor, complementary therapies are practice modalities used to supplement conventional care (Alberta Association of Registered Nurses, 1999). Examples of complementary therapies cited in the survey instructions included massage, herbs, homeopathy, and visualization. Students were asked to list which complementary therapies they used. The most commonly used complementary therapies were massage (n = 113, 54%), vitamins (n = 104, 49%), chiropractic (n = 52, 25%), herbal medicine (n = 51, 24%), yoga (n = 45, 21%), aromatherapy (n = 39, 18%), acupuncture (n = 19, 9%), and meditation/prayer/visualization (n = 33, 16%). Less used complementary therapies included homeopathy (n = 10, 5%), naturopathy (n = 8, 3.8%), reflexology (n = 4, 1.9%), and hypnosis/self-hypnosis (n = 4, 1.9%). Of the 160 students who used complementary therapies, the majority were very satisfied (48%, n = 76) or somewhat satisfied (32%, n = 67) with their use of complementary therapies. The remaining 11% (n = 17) were neutral. No student indicated dissatisfaction with their use of complementary therapies.

Nursing students were also asked to identify the complementary therapy with which they were most satisfied. Of the students who responded to the question, 39% (n = 58) indicated massage; 17% (n = 26) indicated vitamins; 9% (n = 14) indicated chiropractic; 9% (n = 14) indicated all complementary therapies that they used; and 8% (n = 12) indicated yoga. With respect to the effectiveness of the complementary therapies that were used, the majority of students indicated that they were “somewhat effective” (53%, n = 85) or “very effective” (44%, n = 71).

Since nursing practice is stressful, it is important that nurses utilize relaxation strategies. The most popular way for nursing students (n = 208, 99%) to relax was using complementary therapies such as yoga, music, prayer, meditation, deep breathing, or massage. Participants also said that exercise (n = 76, 36%), reading (n = 72, 34%), media (e.g., TV/movies) (n = 45, 21%), sleeping/napping (n = 43, 21%), and baths/showers (n = 36, 17%) helped them to relax. Under the “other” category of the question, socializing with friends and families accounted for 19% (n = 41) of the responses. Miscellaneous relaxation activities included baking and crafts (n = 38, 18%).

Conventional health consultation is another form of self-care. Of the students who answered the question about conventional health visits, some students (n = 27, 13%) never had regular health check up visits, while 92 (43%) occasionally had regular health check ups, and 89 (42%) students consistently had regular health check ups.

In order to engage in self-care activities, nurses need to set aside time on a regular basis. In response to a question asking about time they engaged in self-care activities each day. The mean number of minutes the students spent on self-care was 68.5 per day, with 57% (n = 129) of the students indicating between 60 and 120 minutes, and 22% (n = 46) specifying between 30 and 60 minutes. Employment commitments, in addition to family and academic obligations, may affect the amount of time taken for self-care. Fifty-eight percent (n = 122) of the nursing students were employed part-time, 4% (n = 8) were working full-time, and 38% (n = 81) reported that they were not working.

The long- and short-term health goals for the students were similar; the most popular long-term goal was greater physical fitness with a short term goal of exercise. Losing weight ranked highly as both long- and short-term goals. Forty percent (n = 85) of the students considered themselves overweight while 48% (n = 102) thought their current weight was just right.

Students were also asked about their current health status. The majority stated that their health status was good (n = 133, 63%) or excellent (n = 49, 23%). Thirteen percent (n = 27) of the students described their
health as “fair,” while only 0.5% (n = 1) indicated a “poor” health status.

Discussion

Self-care has been regarded as an intervention for health promotion and disease management. The promotion of self-care activities in nursing is vital to retain and sustain nurses in the current healthcare system. It is important that educators integrate self-care into nursing curriculums to encourage students to maintain their health. It is also imperative that educator’s role model self-care for students. Encouraging self-care will promote positive learning and working environments for both nurses and nursing students.

This study explored the self-care activities of nursing students located in Western Canada. The self-care activities reported in this study were undertaken without formal integration or prompting in the nursing program. The students may have been provoked by this study to change their self-care activities. For example, the nursing students reported sleeping an average of 6.7 hours with the majority of students reporting 6 to 8 hours. Their dissatisfaction with the number of sleep hours may instigate change in the number of hours they sleep at a later point since people who report less sleep recount poor self-rated health (Steptoe, Peacey, & Wardle, 2006). The results are similar to previous data about nursing students who reported sleep deprivation (Clement et al., 2002). Sleep is also important in its positive association with smoking cessation (Rapp, Buechele, & Weiland, 2007) and its lack is associated with inflammation and obesity (Simpson & Dinges, 2007).

Self-care activities change while the nurses are in the clinical setting, especially if the setting is busy. The measure of hydration reinforces how self-care activities may be altered in clinical settings. While on the average, the majority of students drank between four and eight glasses of water or juice when they were not on clinical duty, the number of glasses of water or juice decreased to between two and six glasses when the students were on duty. The complexity of clinical settings may interfere with student nurses’ capacity to engage in self-care. In the short term, the effect may be negligible; however, the long-term effect may reinforce less favorable self-care behaviors. Personal responsibility is needed for monitoring health (Alspach, 2007). Nurses need to take time to care for themselves by being present to self (Authier, 2004) and to make a concerted effort during the course of a clinical day and can take a few minutes for self-care. Hydration activities and relaxation sessions will enable student nurses to recover resilience so that they can better care for others authentically.

While most of the students indicated that they frequently (49%) or consistently (28%) ate a healthy diet, 23% of the students indicated that they rarely ate a balanced diet. Since changes in hydration while in the clinical setting are evident from the study questionnaire, it is possible that there may be alterations in nutrition due to stressful classroom and clinical schedules.

The participants in this study were engaged in a diverse range of exercise activities. As students in the nursing program, academic obligations may have affected available time for exercise since sixty-five percent of the students indicated that they did not spend enough time on exercise. Student dissatisfaction with the decreased time spent on exercise could be related to the student’s perceived impact on health. The level of sedentarism among first-year nursing students was reported as higher than other first-year female students and continued to be high in the final year of the program (Irazusta et al., 2006). Lack of physical exercise in nursing students may be a barrier to patient education about exercise. Furthermore, physically active nursing students are more capable of providing dietary counseling than sedentary students (Irazusta et al.). Although academic responsibilities may hinder exercise for the nursing students at this time, family and work demands may be major obstacles for exercise at a later time (Gabrielle, Jackson, & Mannix, 2007). Educators need to become more aware of the need for exercise involvement in self-care and create an impetus for curriculum changes that improve nurses’ health across the life span.

The use of complementary therapy by the undergraduate nursing students indicates an existing knowledge base about complementary therapies and experience with the use of these modalities. Complementary and alternative therapies were used for self-care by students engaged in an on-line course for graduate students (Stephenson, Brown, Handron, & Fraser, 2007). In this study, students overwhelmingly used complementary therapies to facilitate relaxation. Stress relief can be fostered by the use of complementary approaches (Lindop, 1993; Stephenson et al., 2007).

The lack of self-care is a compelling concern for nurses. The pervasive notion of caring for the other with scant regard for self-care may be detrimental to nurses. Older nurses are negotiating the dilemma of the “firmly-held belief nurses should always be there for others” (Gabrielle et al., 2007, p. 322). The value of attending to others before caring for self must be changed. Nursing educators need to develop awareness of the importance of self-care and to mentor and teach students about the importance of attending to self. In the clinical setting, the environment must be caring and harmonious in order for the nurse to experience renewal (Turkel & Ray, 2004). “If one does not appreciate the self as a caring person or if the nurse does not care for self, it is impossible for her to compassionately care for others” (Turkel & Ray, p. 250). Self-care is situated as an integral aspect of health. However, self-care requires emphasis in nursing education programs and educators need to examine their own self-care strategies. Findings of this study coincide with results from Clement et al. (2002) and Purcell et al. (2006), indicating that time de-
Voted to school may have a negative influence on self-care activities.

Conclusion
There are strong linkages between patient care, holism, and self-care. Holism must encompass the patient in relation to the nurse and must include holistic practices. Not only do nurses have therapeutic relationships with patients, they need to strengthen the relation with self to experience the lived world of self-care. Pragmatically, nursing students can further patient care by engagement in self-care activities such as exercise, nutrition, complementary therapies, and relaxation. Holistic perspectives, which include the nurse and patient as integral to caring, are essential and necessary to address the current nursing shortage.

In this study, the nursing students practiced a positive level of self-care. It is important to convey the findings to educators in the nursing program so that current levels of self-care are reinforced and strengthened. In addition, a follow up study of the students, once they have graduated, needs to be completed to explore self-care practices in the work place.

Furthermore, self-care practices of educators require examination. The contribution of educators to the health and career longevity of the students under their tutelage cannot be underestimated. Emphasis on self-care activities is needed by nurse educators to retain students and create positive learning environments. Self-care measures can stem burnout and attrition in nursing education programs. As expected by patients, educators, nursing students, and nurses need to stand back and take stock of their own health. It is important to remember that the body is a living organism that requires care and attention.

References


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