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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

NURSING FACULTY AS SELF-CARE INFLUENCERS:
CURRENT NURSING STUDENTS' PERSPECTIVES

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Shane Yardley

College of Natural and Health Sciences
School of Nursing
Nursing Education Program

August 2024

This dissertation by Shane Yardley

Entitled *Nursing Faculty as Self-Care Influencers: Current Nursing Students' Perspectives*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Natural and Health Sciences in School of Nursing, Nursing Education program

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ABSTRACT

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The future of health care depends on nurses who can provide expert patient care and are equally prepared to care for themselves. This balance allows nurses to effectively model caring for themselves to their patients while also enabling them to withstand the inevitable rigors of the profession. As role models, nursing faculty exhibit behaviors that influence students or role aspirants' ability and motivation to successfully perform self-care. For nursing faculty to be intentional in their influence in this area, they must understand what students interpret as helpful and detrimental in facilitating their self-care.

The purpose of this study was to determine how U.S. nursing faculty impact students' self-care throughout their pre-licensure nursing education. A qualitative descriptive research design was utilized. Seventeen individuals from four states volunteered for participation. Analysis revealed four main themes: (a) perception of role model, (b) role modeling process, (c) perception of goal and goal-related behaviors, and (d) faculty behaviors impacting self-care.

This study determined that students need support beginning early in their program since some participants cited the first semester of nursing school as the most stressful. Compassion and empathy are required from faculty when students' attention is required outside of the academic environment to navigate life stressors or engage in extracurricular activities. Participants in this study found it helpful when faculty talked about and facilitated discussions surrounding self-care. Sharing of themselves by modeling behaviors, providing feedback, allowing physical

rejuvenation during course and clinical breaks, and referral to appropriate resources when necessary were also perceived as beneficial. Lack of organization and coordination among faculty was highlighted by participants as a major barrier to students' self-care.

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CHAPTER I

INTRODUCTION

Adequate self-care has the potential to positively impact student learning, improve the well-being of the nursing workforce, and cultivate a new generation of nurses who are better prepared to model self-care practices for patients (Nevins et al., 2019). It is imperative that nursing faculty provide a caring, positive, and supportive environment where students can thrive, excel, and operate at their best (Wei, Dorn et al., 2021). As nursing faculty place emphasis on students' self-care, they show alignment with professional nursing organizations such as the American Association of Colleges of Nursing (2021), the American Holistic Nurses Association (n.d.), the American Nurses Association (cited in Stone, 2021), the International Council of Nurses (cited in Linton & Koonmen, 2020), and the National League for Nursing (cited in Cox & Sanderson, n.d.). Self-care by students also aligns with prominent nursing frameworks such as integrative nursing (Kreitzer, 2015; University of Minnesota, n.d.), holistic nursing (Morris, 2022a), and Watson's philosophy and science of caring (cited in Linton & Koonmen, 2020). As nursing students understand the importance of self-care, the stress and anxiety associated with nursing programs might be eased (Ashcraft & Gatto, 2018). Researchers call for nursing students to find a balance in caring for themselves as they enter the profession to care for others (Bartlett et al., 2016). To underscore its importance, self-care statements are now being included in professional oaths in the medical profession (Tackett, 2018), and self-care is an ethical obligation in nursing (Linton & Koonmen, 2020).

Nursing faculty are ideally situated to role model, nurture, and positively influence students' (or role aspirants') health promotion and self-care (Lewis, 2018; Wei, Henderson et al., 2021). This influence could build resilience throughout the pre-licensure education for nursing students (Bartlett et al., 2016; Hofmeyer et al., 2020). Nursing faculty's effective role modeling and appropriate prioritization of self-care have the potential to influence not only the current student but, vicariously through the student, also influence the student's future patients as these students grow into role models for their patients and others once in practice (Blum, 2014; Green, 2019; Nevins & Sherman, 2016). Although faculty might not always be aware of the influence they have in this area (Mills, 2019), a deliberate focus on and transparent engagement in self-care by nursing faculty creates a foundation for students on which they can build as they enter the rigors of the nursing profession (Nevins et al., 2019).

No single uniform, mutually agreed upon, and widely operationalized definition of self-care existed in the literature (Ashcraft & Gatto, 2018; Fontaine et al., 2021; Hartweg & Metcalfe, 2022; Martinez, Luis et al., 2021; Matarese et al., 2018; Slemon et al., 2021). The term self-care has been used beyond nursing, transcending disciplinary bounds (Hartweg & Metcalfe, 2022). Self-care in practice is broad, individualized (Matarese et al., 2018; Sachan et al., 2022), fluid, and limitless. Due in part to the differing uses of the term, self-care practices are varied, ambiguous, not definitively consistent in the published literature, and are far removed from a one-size-fits-all mantra (Fontaine et al., 2021). Despite self-care being recognized as important to enhancing student well-being (Nevins et al., 2019), this ambiguity has hampered nurse educators' efforts to integrate self-care into the curriculum effectively (Slemon et al., 2021). For the purpose of this study, Martinez, Connelly et al.'s (2021a) definition, formulated after a thorough concept analysis, was utilized: "the ability to care for oneself through awareness, self-

control, and self-reliance in order to achieve, maintain, or promote optimal health and well-being” (p. 423). Appendix A provides definitions of key terms chosen for this study.

The myriad and various suggestions of what is included in self-care offered by Martinez, Luis et al. (2021) demonstrated how diverse self-care might be (a) performing physical activity (such as sports, yoga, or dance) for at least 30 minutes every day; (b) drinking eight glasses of water per day; (c) sleeping seven to eight hours per night; (d) learning a new hobby; or (e) reflective journaling. Likewise, Hensel and Laux (2014) stated that self-care includes a need for individuals to take responsibility for their health, partake of a healthy diet, engage in regular physical exercise, employ stress management techniques, establish and maintain healthy relationships, and pursue spiritual growth. The American College of Lifestyle Medicine (n.d.) also proposed six pillars that might be utilized as a basis for self-care: (a) nutrition (preferably a whole food, plant-predominant diet); (b) restorative sleep (which improves sleep quality); (c) physical activity (on a regular and consistent basis); (d) social connection; (e) stress management; and (f) avoidance of risky substances (such as tobacco and excessive alcohol). Nevins and Sherman (2016) suggested adding hygiene and complementary alternative therapies to these lists.

An understanding of which specific practices are considered self-care by nursing students is not necessary to explore the influence of faculty on students’ self-care. Students’ perceptions of faculty behaviors that protected or were detrimental to their own self-care regimens were this study’s focus. These unique student insights were explored through a qualitative, descriptive study.

Background

Registered nurses comprise the greatest proportion of the healthcare sector workforce (Laughlin et al., 2021). A nursing shortage is expected well into the future with approximately 1.1 million nurses needed in the United States and 13 million nurses required globally (Morris, 2022b). Nursing shortages are associated with a decline in safety and increased patient mortality (Rosenberg, 2019).

Many researchers have found nursing school to be a time of high stress and increased anxiety for students pursuing entrance into the profession (Amattayakong et al., 2020; Ashcraft & Gatto, 2015; Bakker et al., 2019; Bartlett et al., 2016; Boath et al., 2016; Boulton & O'Connell, 2017; Gross, 2018; Mills, 2019; Mills et al., 2020; Olvera Alvarez et al., 2019; Sachan et al., 2022; Slemon et al., 2021; Uysal & Caliskan, 2022; Vo et al., 2022; Younas, 2017). Nursing students experience greater amounts of stress than students in the general student body of higher education (Bartlett et al., 2016). To intensify this issue, historically, nursing students are either young adults who have not had the life experience to adequately expose them to self-care as it relates to health promotion (Nevins & Sherman, 2016) or are nontraditional students who experience several stressors outside of their academic responsibilities such as work and family (Bartlett et al., 2016). Due to the stress of nursing school, nursing students are more prone to burnout compared to students in other fields (Burleson et al., 2023; Vo et al., 2022). The Commission on Collegiate Nursing Education (2018) set the expected completion rate at 70% for accreditation purposes.

Faculty not intervening early when they recognize a pattern that indicates students are exhibiting behaviors that would ultimately lead to failure and attrition has been expressed as a significant contributor to this low completion threshold. Similarly, lack of support from faculty,

family, and places of employment contributes to students feeling as though they do not have the necessary resources to complete a program of study. Students also reported lacking the time management skills and study habits essential to making it through a treacherous program of study such as nursing (Elkins, 2019).

The attrition rate of students from nursing programs is concerning and comes at great personal and social costs (Boath et al., 2016; Canzan et al., 2022; Lewis, 2018). Even if students drop out soon after starting a nursing program, they have already committed to significant financial academic costs due to prerequisite coursework. In addition to the financial aspect, students commit a great deal of time to their studies and have to face the reality of abandoning the dream—sometimes lifelong held—of becoming a nurse (Boath et al., 2016; Lewis, 2018). The impact of attrition often goes beyond the individual to negatively impact the student's family (Boath et al., 2016). Furthermore, every student who drops out of a nursing program is one less to enter the profession and help address the nursing shortage (Canzan et al., 2022).

It is challenging to substitute new students to take the place of one who has dropped out of a program. The cohort model, complex nature, and scaffolding of nursing curricula make it unlikely that vacancies would be filled (Lewis, 2018) even if admitted students dropped out within the first weeks of beginning a program. In addition to wasting a competitive position, if students drop out late in a program, they have taken precious, diminishing clinical learning opportunities from other students within the cohort (Bakker et al., 2019).

Those students who do make it to graduation are not immune from continued physiological and psychological stress as they transition into professional roles (Gross, 2018; Kox et al., 2020; Olvera Alvarez et al., 2019). To compound the nursing shortage, about one-third of new nurses look for a new job during their first year of practice (Kirkendall, 2023) and

exit the profession within the first two years after licensure (Tate, 2022). Nurses leaving the profession often claim they do so to safeguard their health and prioritize their well-being (Mills, 2019). Additionally, unprecedented levels of burnout and turnover exist as the effects of the Coronavirus disease (COVID)-19 pandemic continue to make themselves known (Yang & Mason, 2022). Even before COVID-related stressors, Bartlett et al. (2016) presumed that high levels of stress anticipated in the profession drove potential students away from selecting nursing as a career trajectory.

When students undergo the immense stress often experienced in nursing school, they might experience higher rates of physical (i.e., migraines and upper respiratory infections) and psychological (i.e., anxiety and sleep disturbances) diagnoses than their general student body counterparts (Bartlett et al., 2016). Nursing students might turn to unproductive or harmful means, such as substance use or avoidance of social interactions, to cope with the strains of nursing school (Bakker et al., 2019; Boulton & O'Connell, 2017; Vo et al., 2022). Nursing students are less likely to have the emotional and physical bandwidth to engage in health-promoting behaviors if they are unable to overcome the high levels of stress and anxiety associated with nursing school (Gross, 2018).

Nursing faculty support is instrumental for students to engage in self-care practices to manage stress and anxiety through self-care and health-promoting behaviors (Gross, 2018). Students' perceptions of faculty caring could impact their intent to continue in their studies and graduate (Henderson et al., 2020). It could also be a protective factor against harmful behaviors such as substance misuse (Boulton & O'Connell, 2017).

Unfortunately, Bakker et al. (2019) found that rather than seeking support from faculty, any relief found for students during times of stress or crises was usually found outside of their

established programs of study. Jenkins et al. (2019) warned that mental health resources on college campuses are often limited, especially those tailored to nursing students' specific needs. These facts underscore the importance of nursing faculty conveying the importance of self-care skills to students. These efforts might help students prioritize self-care throughout their pre-licensure nursing education and sustain them as they prepare to enter their first tumultuous years as a nurse.

Many extant studies suggested that extreme working conditions, anxiety, chronic stress, and lack of self-care adversely affected nursing students' and practicing nurses' quality of life, professional capacity (Bakker et al., 2019; Bartlett et al., 2016; Burleson et al., 2023; Green, 2019; Gross, 2018; Kirkendall, 2023; Kox et al., 2020; Kreitzer, 2015; Linton & Koonmen, 2020; Olvera Alvarez et al., 2019; Sachan et al., 2022; Sanad, 2019; Tackett, 2018; Vo et al., 2022; Wei, Dorn et al., 2021; Younas, 2017), and attrition (Ashcraft & Gatto, 2015, 2018; Bakker et al., 2019; Burleson et al., 2023; Kox et al., 2020; Linton & Koonmen, 2020; Vo et al., 2022). Although nurses commonly prioritize patients' overall wellness above their own, evidence suggested that nurses who cared for themselves and operated at the height of their own wellness gave better patient care (Linton & Koonmen, 2020; Nevins et al., 2019). Patients and families of nurses and nursing students who engaged in adequate self-care perceived these professionals more positively, considered them better role models, and had a greater chance through advocacy and education of being encouraged to focus on their own self-care (Ashcraft & Gatto, 2015; Younas, 2017). Hence, Nevins and Sherman (2016) argued the importance of nurse educators developing knowledge, skills, and attitudes surrounding self-care in the health promotion of patients during these budding nurses' educational preparation. Additionally, a significant advantage of adequate self-care, managing stress, and developing appropriate coping techniques

was not only a decrease in physical and psychological symptoms but also increased resilience (Bartlett et al., 2016; Hofmeyer et al., 2020; Jenkins et al., 2019) and improved professional adequacy (Hensel & Laux, 2014). Increasing resilience is especially important since nursing students are inherently at risk for impaired resilience due to ongoing stress (Leaken et al., 2018).

Despite these efforts to emphasize the importance of self-care, researchers found that nursing students' self-care practices were deficient (Nevins et al., 2019). Green (2019) and Mills (2021) found that self-care continued to be neglected in health care and nursing education. Jenkins et al. (2019) reported that the concept of self-care has been “limitedly integrated into nursing education” (p. 13). Ashcraft and Gatto (2018) declared that nursing students were not being adequately prepared to care for themselves to enter the profession as new graduates.

Nursing students (Amattayakong et al., 2020; Bakker et al., 2019; Younas, 2017) and practicing nurses (Kox et al., 2020; McNamara, 2019; Nevins & Sherman, 2016; Ross et al., 2019) alike reported many barriers and challenges that prohibited them from adopting and sustaining self-care practices. Among these were the nursing profession’s historical view that self-care is selfish or self-indulgent (Fontaine et al., 2021; Linton & Koonmen, 2020) and difficulties in establishing a balance between caring for self and caring for others (Bakker et al., 2019; Kox et al., 2020; Mills, 2021; Younas, 2017). It is a challenge for nurse educators to clearly convey to students that the choice between prioritizing self or others is not dichotomous (Hofmeyer et al., 2020; Tackett, 2018).

Significance of Study

Nursing school and the transition into the profession are tremendously stressful times for students and new graduates (Amattayakong et al., 2020; Ashcraft & Gatto, 2015; Bakker et al., 2019; Bartlett et al., 2016; Boath et al., 2016; Boulton & O’Connell, 2017; Gross, 2018; Kox et

al., 2020; Mills, 2019; Mills et al., 2020; Olvera Alvarez et al., 2019; Sachan et al., 2022; Slemon et al., 2021; Uysal & Caliskan, 2022; Vo et al., 2022; Younas, 2017). The future of healthcare depends on nurses who can provide expert patient care and are equally prepared to care for themselves. This balance would allow them to effectively model caring for themselves to their patients and others and withstand the inevitable rigors of the profession. It is theorized that much of the learned behaviors of self-care preparation and prioritization that nurses exhibit occurred throughout their pre-licensure educational preparation. As role models, nursing faculty exhibit behaviors that influence students, or role aspirants', ability and motivation to successfully perform self-care (Green, 2019; Nevins et al., 2019). For nursing faculty to be intentional in their influence in this area, it is essential that they understand what students interpret as helpful and detrimental in facilitating their self-care. U.S. pre-licensure nursing students' unique perspectives should be considered to have an informed understanding of faculty behaviors that might be considered for adoption, perpetuation, or discontinuation.

Orem's Self-Care Deficit Theory

The primary theoretical framework guiding this study was the motivational theory of role modeling (Morgenroth et al., 2015). This theory is introduced and discussed in Chapter II. However, Doretha Orem's (1971) self-care deficit theory was so seminal to the understanding of self-care in nursing that a discussion of this theory is helpful and necessary in comprehending this important topic.

Orem (1971) proposed in her theory that humans make choices based on a myriad of complex social, physiologic, and environmental factors that ultimately result in favorable or unfavorable health outcomes. In her work, Orem defined self-care as "the practice of activities that individuals personally initiate and perform on their own behalf in maintaining life, health,

and well-being” (p. 13). She further declared that “self-care is an adult’s personal, continuous contribution to his own health and well-being” (p. 13).

Orem (1971) suggested that by nature, certain populations—namely children, the ill, and the elderly—have an inherent need for assistance with some or all of their self-care needs. This need constituted the requirement for nursing care and was the basis for the self-care deficit theory. An adult’s values and health-related goals influence their decisions and actions related to self-care activities. An individual’s decisions and actions are, of course—and perhaps most importantly to Orem—impacted by what an individual is *able* to do. An individual’s understanding also impacts what they *know* to do.

An individual is not simply born with the innate and intuitive ability to operationalize self-care. Self-care is a learned behavior. This is especially true regarding self-care learned in family units and cultural norms. When community safeguards break down, the individual is left to determine and carry out what is best for them and their wellness path (Orem, 1971). When this occurs, individuals make deliberate choices that positively or negatively impact their own self-care. Orem (1971) explained: “A person who works in a hazardous occupation or environment in which the risk of injury or disease is great gives less consideration to health and well-being than to other needs or desires which can be fulfilled through the job” (p. 15).

While the contemporary view of self-care has changed within the nursing profession to focus on an individual’s self-care in balance with that of the client, certainly this statement was contextually in line with views of that era. Self-care does not occur in silos. Rather, it is part of everyday activities and constitutes “action which is positive and practical” (Orem, 1971, p. 19). Orem (1971) suggested that when an individual is well, self-care falls by the wayside and is not

in the forefront of their mind. Rather, time and effort are invested into other portions of a person's life such as work and family or activities of daily living (Orem, 1971).

The therapeutic value of self-care must be carefully examined to determine its potential for contributing to an individual's overall well-being. Self-care should support one of the following objectives: "(1) support of life processes and promotion of normal functioning; (2) maintenance of normal growth, development, and maturation; (3) prevention, control, or cure of disease processes and injuries; and (4) prevention of or compensation for disability" (Orem, 1971, p. 20). According to Orem (1971), self-care can be necessary all of the time (universal self-care) or it might only be necessary situationally during exposure, illness, or injury (health deviation self-care).

Significant subcategories of self-care practices and demands for consideration under Orem's (1971) theory included "(1) Air, water, and food; (2) Excrements; (3) Activity and rest; (4) Solitude and social interaction; (5) Hazards to life and well-being; and (6) Being normal" (pp 21-28). These subcategories are essential to human survival and contribute to an individual's ability to thrive. Orem's seminal work also identified two phases of deliberate action regarding self-care.

Orem (1971) proposed that in phase one—decisions about self-care, an individual must consider which actions should be taken and which should be avoided. An individual must have a sufficient depth of awareness of demands, internal and external factors, and resources to deliberately choose the best course of action. In phase two—action to accomplish self-care, a course of action is decided upon and expenditure of effort is expected to "satisfy the demands for care" (Orem, 1971, p. 35). An individual's agency is demonstrated by their ability to begin and persevere on the journey to meet self-care demands. Deficits in ability diminish the power of

agency, giving rise to the demand for assistance and constitute the reasons why “people need nursing” (Orem, 1971, p. 37).

Problem Statement

Nursing students report high stress levels throughout their education and as they enter the profession as well as multiple barriers to self-care. This ongoing stress leads to burnout and attrition, contributing further to the nursing shortage. Nursing faculty likely, many times unknowingly, exhibit behaviors both protective and detrimental in nature that impact a pre-licensure nursing student’s ability and motivation to perform self-care.

Purpose Statement

The purpose of this study was to determine how U.S. nursing faculty impacted students' self-care throughout their pre-licensure nursing education. Current pre-licensure nursing students were the population of interest for this study. If nursing faculty adequately understand how they influence student’s self-care behaviors, they might be increasingly able to implement and support student self-care behaviors within and alongside the curricula.

Research Questions

- Q1 According to current students’ interpretations, how do nursing faculty members act as role models to influence the valuation of, expectancy of, attainability of, and desirability of self-care practices among pre-licensure nursing students?
 - Q1a How do nursing faculty members facilitate and role model self-care to pre-licensure nursing students?
 - Q1b How do nursing faculty members inhibit or act as barriers to self-care for pre-licensure nursing students?

Summary

Self-care is of primary importance to the sustainability of the nursing profession. Nursing faculty have an important role in facilitating adequate student self-care in order to build resilience (Bartlett et al., 2016; Hofmeyer et al., 2020), limit nursing school attrition (Boath et al., 2016), prepare students to meet the challenges of nursing school (Mentag, 2020), and enter the rigors of the profession (Nevins et al., 2019). The results of this study would assist nurse educators in determining which practices facilitate and promote self-care practices among pre-licensure nursing students and which are detrimental to their well-being. By gaining a more thorough and documented understanding of students' perspectives, nurse educators could make more deliberate, intentional, and actionable decisions as they prepare the next generation of nurses for the nursing profession.

CHAPTER II

LITERATURE REVIEW

The purpose of this study was to determine how U.S. nursing faculty impacted students' self-care throughout their pre-licensure nursing education. Pre-licensure nursing students experience a great deal of stress and anxiety throughout their educational endeavors (Amattayakong et al., 2020; Ashcraft & Gatto, 2015; Bakker et al., 2019; Bartlett et al., 2016; Boath et al., 2016; Boulton & O'Connell, 2017; Gross, 2018; Mills, 2019; Mills et al., 2020; Olvera Alvarez et al., 2019; Sachan et al., 2022; Slemon et al., 2021; Uysal & Caliskan, 2022; Vo et al., 2022; Younas, 2017), which predisposes them to burnout and attrition (Ashcraft & Gatto, 2018). Nursing student attrition is a significant concern as the current nursing shortage (Morris, 2022b) contributes to decreased safety and increased mortality rates (Rosenberg, 2019). Nursing faculty are in a position to not only affect current students' self-care and health-promoting behaviors but also help students build resilience and longevity by demonstrating the value of and instilling an appreciation for self-care in their own lives (Ashcraft & Gatto, 2018).

Extant literature suggested that nursing faculty employ practices, both protective and detrimental in nature, that impact students' self-care, thereby affecting their resilience (Bartlett et al., 2016), which might directly impact attrition from nursing (Ashcraft & Gatto, 2015). Existing literature spoke of faculty behaviors in general terms, for example, capacity building (Kox et al., 2020) and social support (Chaabane et al., 2021; Hae-Ok & Insook, 2022). However, it is not always clear what concepts such as 'capacity building' mean and how they are employed in practice. This study sought to identify specific faculty behaviors that facilitated or discouraged

pre-licensure nursing students from appreciating the importance of and performing adequate self-care. Nurse educators influence student behaviors, even when they are unaware of their function as a role model (Mills, 2019).

The extant literature was reviewed to glean a greater understanding of (a) nursing students' anxiety, stress, burnout, and attrition; (b) mitigation of nursing students' anxiety and stress; (c) prevention of nursing students' burnout and attrition; (d) nursing students' self-care; and (e) protective and detrimental faculty behaviors influencing nursing students' self-care. Additionally, the motivational theory of role modeling (Morgenroth et al., 2015) is discussed as the theoretical framework guiding this study.

Documentation of Literature Search Strategy

The literature review was an iterative process. Literature on self-care was collected through coursework and conference attendance over the course of several years. Once an area of interest within the realm of self-care was narrowed down and a problem for exploration was identified, a thorough, comprehensive, and exhaustive search and critical examination of the extant literature and seminal works was performed. Databases searched were (a) CINAHL PLUS, (b) PubMed, (c) ProQuest Dissertations and Theses Global, and (d) ERIC. The following search strings were used: (a) (MH "Faculty, Nursing") AND (MH "Students, Nursing") AND ("Self Care"); (b) (MH "Students, Nursing") AND (MH "Self Care"); (c) (MH "Students, Nursing") AND (prevention OR mitigation) AND (MH "Stress" OR MH "Burnout, Professional" OR "Students Dropout" OR "Anxiety"); and (d) (nursing faculty) AND (nursing student) AND "self care" AND coping AND perceptions AND stress NOT covid-19).

Articles and books published within the last 10 years (2013-2023) were sought. Other search limiters, or inclusion criteria, included peer-reviewed, full-text articles. Articles were

excluded if they were not available in the English language. It was acknowledged that COVID-19 had a significant impact on the delivery of nursing education as well as faculty and student stress during the pandemic; however, articles with COVID-19 as a main topic of focus were excluded in an attempt to concentrate on non-pandemic self-care demands and solutions.

Before employing search limiters, 1,419 articles resulted. After employing the search limiters of peer-reviewed, English language, 2013-2023, and full-text, the field was narrowed to 238. Ultimately, after excluding duplicates, 25 articles were relevant and included in the literature review. Additional sources were garnered through co-citation analysis, also known as networking or citation tracing, performed on extant literature.

Guiding Theoretical Framework

The Motivational Theory of Role Modeling

Morgenroth et al. (2015) noted a need for an integrated theoretical framework that combined the extant but fragmented literature on motivation and role modeling. Expectancy-value models of motivation heavily influenced their work. They widened the lens from role model attributes, which had been thoroughly studied, to include perceptions of role models by role aspirants, a term introduced and defined in their work, and how this impacted the role model title and process (Morgenroth et al., 2015).

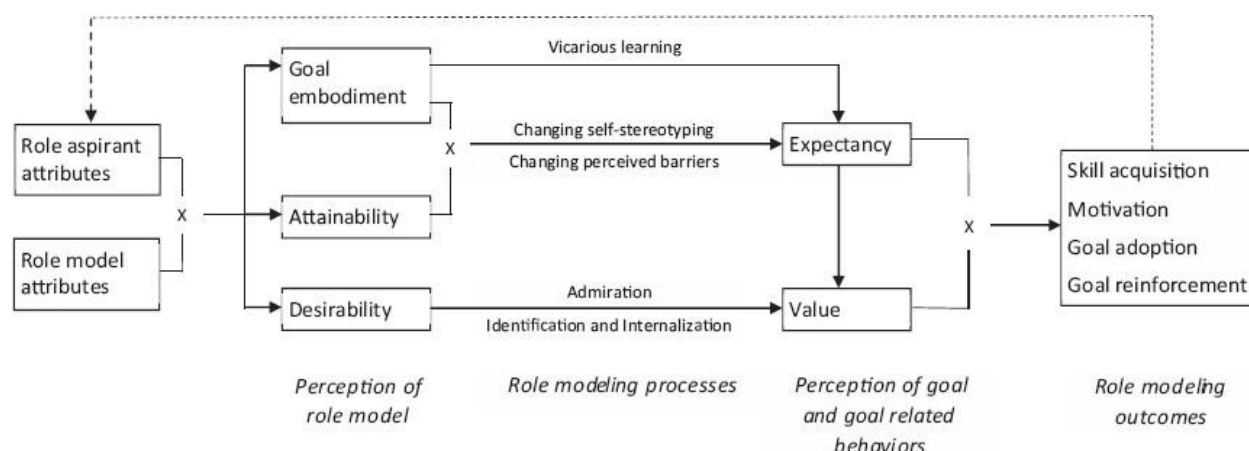
Morgenroth et al. (2015) proposed that the attributes of both role models and role aspirants affect the perception of the role model by the role aspirant. Three key attributes drastically influenced the process: (a) goal embodiment or the degree to which a role model has successfully achieved an aspirant's goals, (b) attainability or how attainable the goal is for the role aspirant, and (c) desirability or how desirable the goal is to the role aspirant. The attributes

influenced various processes that led to role aspirants developing and refining their goals (Morgenroth et al., 2015).

Although several definitions of role models were presented in the literature, Morgenroth et al. (2015) clarified the construct of role model by delineating three distinct functions role models serve: “(a) acting as behavioral models, (b) representing the possible, and (c) being inspirational” (p. 2). These functions are separate but connected and are not mutually exclusive.

Morgenroth et al. (2015) asserted that role models directly contribute to role aspirants’ expectations of success (expectancy) and perceived value of the goal (the value placed on the goal by the role aspirant). These authors also deduced that the role modeling process is cyclical in that role models could influence role aspirants’ attributes (expectancies, values, and goals), thereby influencing the role aspirant’s perception of the role model (Morgenroth et al., 2015).

The role modeling process is influenced by vicarious learning that takes place when a role aspirant learns how to do something from a role model. Goal embodiment and attainability are altered by the role aspirant's changing self-stereotype and changing perceived barriers. These factors, in turn, influence ‘expectancy’ or the degree to which the role aspirant believed they would obtain the goal. The role model also influences desirability for the role aspirant through the role aspirant’s admiration for the role model as well as how well the role aspirant relates to the role model and their achieved goals (identification and internalization). These, in turn, affect the value placed on the goal by the role aspirant. Figure 1 provides an overview of the Motivational Theory of Role Modeling.

Figure 1*An Illustration of The Motivational Theory of Role Modeling*

Note. From “The Motivational Theory of Role Modeling: How Role Models Influence Role Aspirants’ Goals” by T. Morgenroth, M. K. Ryan, and K. Peters, 2015, *Review of General Psychology*, 19(4), p. 466 (<https://doi-org.unco.idm.oclc.org/10.1037/gpr0000059>). Copyright 2015 by Sage Publications. Reprinted with permission (please see Appendix B).

Role Models as Behavioral Models

A theme among contemporary role model definitions was that role models provide an exemplar from which role aspirants might learn skills and behaviors. This was evident in various professional nursing and educational settings where role models were typically high performers whom role aspirants entering the profession imitate and whose persona they aspired to emulate (Morgenroth et al., 2015). However, Morgenroth et al. (2015) cautioned that this does not need to be the case. They argued that average individuals could likely be role models to somebody.

Motivation is an antecedent and consequence of the role modeling process. Role aspirants enter a scenario with the motivation to achieve a goal and then role models illustrate how to achieve the desired goal. Beyond modeling behavior and skills, role models foster cognitive and emotional strategies to supplement role aspirants’ efforts to obtain a desired goal. A role model’s effectiveness is measured by the role aspirant’s execution and achievement of the desired goal

(Morgenroth et al., 2015). An example in the context of nursing education is a nursing faculty member demonstrating or modeling skills and behaviors to show *how* an individual becomes a successful nurse in practice.

Role Models Represent the Possible

Role models make role aspirants' goals seem reasonable and achievable. They serve as models of what might be attained. Additionally, by studying a role model's current and past successes and failures, role aspirants can identify the necessary steps to reach the same pinnacle of success. Seeing someone successful in a role aspirant's ideal sphere provides solace and encouragement on their journey.

Vicarious learning is learning how to do something from observing the ways of others. Representing the possible goes beyond vicarious learning to demonstrate that what a role aspirant aspires to is, indeed, achievable (Morgenroth et al., 2015). An example in nursing education might be a faculty member who practices as a flight nurse, demonstrating to an aspiring student that their dream of flight nursing is achievable.

Role Models as Inspirations

Role models impact what role aspirants deem desirable and worth sacrificing to obtain. They are able to make a goal look desirable to begin with. Role models give us a starting place upon which to build our own personal values, characteristics, and aspirations (Morgenroth et al., 2015).

Role models as inspirations help role aspirants set a standard for themselves. This standard, in turn, motivates the role aspirant to work toward something new or achieve a higher-level goal than was previously set. The main focus of the role model in this function is to facilitate the adoption of new goals by the role aspirant (Morgenroth et al., 2015).

An example in nursing education is a student noticing that a particular faculty member is always alert and attentive during course delivery. Upon inquiring, the faculty member states that it is because they eat a healthy diet and get enough sleep. The student is motivated to eat a healthy diet and get adequate sleep because they find the faculty member's alertness and attention necessary and desirable to a successful nursing career. The faculty member has *made* the goal desirable through their actions and behaviors.

Expectancy-Value Theories Informing the Motivational Theory of Role Modeling

Expectancy-value theories of motivation inform the process of how role aspirants set goals. Additionally, they seek to identify how, if at all, role models impact this process. Expectancy relates to how successful an individual expects to be on an identified task. However, Morgenroth et al. (2015) cautioned that one's belief in their own ability to succeed and the actual likelihood of success might not align. Value refers to how desirable success is to the role aspirant. How successful an individual believes they can be and how much they desire success are closely linked. Motivation is a product of how achievable and valuable an individual deems a goal to be (Morgenroth et al., 2015).

Both internal and external factors could impact expectancy and value. An internal factor affecting expectancy is perceived ability; external factors impacting expectancy are perceptions of discrimination and perceived goal difficulty. Similarly, internal factors that impact value are interest and enjoyment whereas the perceived reward of reaching the goal is an external factor. The greater value of a goal, such as becoming a nurse to help society, could motivate valuing the achievement of a goal outcome (helping society) rather than valuing the achievement of the goal itself (becoming a nurse). Role models could impact a role aspirant's motivation and goals by enhancing the expectancy and value role aspirants affix to goals (Morgenroth et al., 2015).

Nursing Students' Anxiety, Stress, Burnout, and Attrition

Nursing school has been noted as a time of high stress and increased anxiety for students pursuing entrance into the profession (Amattayakong et al., 2020; Ashcraft & Gatto, 2015; Bakker et al., 2019; Bartlett et al., 2016; Boath et al., 2016; Boulton & O'Connell, 2017; Gross, 2018; Mills, 2019; Mills et al., 2020; Olvera Alvarez et al., 2019; Sachan et al., 2022; Slemon et al., 2021; Uysal & Caliskan, 2022; Vo et al., 2022; Younas, 2017). Nursing students experience stress and anxiety at higher levels than students in other educational programs and are more prone to burnout (Burleson et al., 2023; Mills, 2019; Mills et al., 2020; Sachan et al., 2022; Vo et al., 2022). Compounding that, some nursing students experience an increase in these feelings proportionally and exponentially as they progress to higher levels in their educational programs (Sachan et al., 2022; Vo et al., 2022).

The high rates of anxiety, stress, burnout, and attrition among nursing students is concerning to nurse educators. This anxiety and stress prevent students from being in an ideal position to inspire patients and leads to burnout and attrition. Nurse educators wish to protect their students from the negative effects of these prominent conditions. Bartlett et al. (2016) found that nursing students experienced higher rates of physical symptoms related to stress and anxiety (i.e., migraines and upper respiratory infections) than their general student body counterparts. Additionally, psychological diagnoses (i.e., anxiety and sleep disturbances) are more prominent among nursing students (Bartlett et al., 2016). Uysal and Caliskan (2022) found a correlation between perceived stress and nursing students' reactions with students who perceived higher levels of stress experienced greater levels of physical and psychological illness.

Nursing students might turn to unproductive or harmful means, such as substance use or avoidance of social interactions, to cope with the strains of nursing school if they feel

unsupported by faculty (Boulton & O'Connell, 2017; Uysal & Caliskan, 2022; Vo et al., 2022) or might discontinue their program of study altogether (Bakker et al., 2019). Avoidance of coping was noted as detrimental to well-being (Bartlett et al., 2016). Nursing students are less likely to have the emotional and physical bandwidth to engage in health-promoting behaviors if they are unable to overcome the high levels of stress and anxiety associated with nursing school (Gross, 2018).

Many studies suggested that extreme working conditions, anxiety, chronic stress, and lack of self-care adversely affected nursing students' quality of life, professional capacity (Bakker et al., 2019; Bartlett et al., 2016; Burleson et al., 2023; Green, 2019; Kacan & Pallos, 2021; Olvera Alvarez et al., 2019; Sachan et al., 2022; Sanad, 2019; Vo et al., 2022; Wei, Dorn et al., 2021; Younas, 2017), and attrition (Ashcraft & Gatto, 2018; Bakker et al., 2019; Burleson et al., 2023; Vo et al., 2022). One of the most common stressors that nursing students face occurs in the clinical environment. Students have moderate to high levels of stress and anxiety as they approach their first clinical learning opportunity due to a fear of adverse experiences in clinicals (Jenkins et al., 2019; Sanad, 2019; Uysal & Caliskan, 2022; Wei, Dorn et al., 2021). Difficulties and dissatisfaction regarding clinical placements were noted as 'the straw that broke the camel's back' for some students (Boath et al., 2016). Additionally, research suggested a connection between student stress/burnout and performance in academic (Bartlett et al., 2016; Sachan et al., 2022; Wei, Dorn et al., 2021) and clinical environments (Nevins et al., 2019; Sachan et al., 2022).

Nevins et al. (2019) pointed out an incongruence could occur when nurses attempted to educate patients on self-care behaviors if negative attributes were present in the nurse's own life. Conversely, patients and families of nursing students who engaged in adequate self-care

perceived these professionals more positively, considered them better role models, and had a greater chance through advocacy and education of being encouraged to focus on their own self-care (Younas, 2017). Considering nurse educators' influence on student behaviors, Nevins and Sherman (2016) advocated that nurse educators assist students in developing the necessary knowledge, skills, and attitudes to encourage self-care and enhance health promotion among the patients they encountered. In addition to being in a better position to impact patients' self-care, a significant advantage of nursing students performing adequate self-care, managing stress, and developing appropriate coping techniques was not only a decrease in physical and psychological symptoms but also increased resilience (Bartlett et al., 2016; Hofmeyer et al., 2020; Jenkins et al., 2019) and improved professional adequacy (Hensel & Laux, 2014).

Attrition from nursing programs is a complex, multifaceted, expansive issue (Boath et al., 2016). The pervasiveness of burnout among nursing students increases the risk of attrition from their program of study (Arian et al., 2023). The attrition rate of students from nursing programs is concerning in part because it contributes to increasing the nursing shortage (Canzan et al., 2022). If students drop out late in a program, they have taken precious, diminishing clinical learning opportunities, already in short supply, from other students within a cohort (Bakker et al., 2019).

The effects of stress, anxiety, and burnout on nursing students' experiences have been studied thoroughly. What was less clear, however, was how nursing faculty might use their influence to decrease these experiences in their students. Clarifying ways in which faculty could leverage their influence to prevent, diminish, and mitigate anxiety, stress, burnout, and attrition is an area that warrants further exploration and investigation.

Mitigation of Nursing Students' Anxiety and Stress and Prevention of Burnout and Attrition

Nurse educators recognize a need to mitigate nursing students' stress and anxiety to prevent burnout and attrition. Mitigation efforts are important in retaining students in programs of study and in the field of nursing. It is necessary to examine what is known about how stress and anxiety are currently being mitigated to prevent burnout and attrition.

Improving the levels of stress students experience could positively counteract high rates of burnout (Burleson et al., 2023). Nursing faculty might impact students' self-care and, thereby, impact their ability to approach clinical and academic learning situations with a resilient mindset (Hofmeyer et al., 2020). Nevins and Sherman (2016) and Uysal and Caliskan (2022) concurred that promoting healthy behaviors might profoundly impact curtailing the negative physical and psychological effects students experienced from stressors. This was congruent with Nevins et al.'s (2019) findings that when basic physiological needs were met, there was an increased threshold for confronting stressors.

Uysal and Caliskan (2022) warned that nursing students do not always appropriately employ effective coping strategies to combat stress. Self-care has historically been neglected in health care and nursing education (Green, 2019; Mills, 2021). Students are not being adequately prepared to care for themselves as they enter the rigors of the profession as new graduate nurses (Ashcraft & Gatto, 2018). In a convenience sample of 155 nursing schools throughout 39 U.S. states, Cochran et al. (2020) found that none of the schools reviewed regularly screened for burnout syndrome and few schools offered resilience training as part of the curriculum. In fact, only 9% of schools in the study had formally integrated resilience training into the curriculum (Cochran et al., 2020). Jenkins et al. (2019) proposed that nursing programs contribute to students' stress and, therefore, have a responsibility to provide solutions and support to students.

The deleterious effects of stress, burnout, and attrition urgently necessitate that nursing faculty and nursing programs are diligent about integrating coping strategies and supportive activities early in programs of study and include them within and alongside their curricula throughout students' educational experiences. Recommendations of strategies included health promotion, relaxation, mindfulness, peer support/mentoring, or study groups (Ashcraft & Gatto, 2018; Bartlett et al., 2016; Blum, 2014; Lewis, 2018; Mills, 2019; Nevins & Sherman, 2016; Nevins et al., 2019; Quina Galdino et al., 2020; Sachan et al., 2022; Vo et al., 2022; Wei, Dorn et al., 2021). Programs that used these measures supported student well-being (Mentag, 2020), retained students in their programs of study, and assisted them in preparing to make the arduous transition into practice (Gross, 2018). Frequent assessment of student stress levels along with a supportive environment and, when needed, referral to professional counseling services have been recommended as beneficial interventions, especially for nursing students as they progress in their programs of study (Sachan et al., 2022; Vo et al., 2022) and those required to repeat coursework within a program (Lewis, 2018).

These studies have shown evidence that the risk for students to experience stress and anxiety might be mitigated through self-care measures. It is unknown how nursing faculty might fully use their influence to affect this. The aim of this study was to address this important issue.

Nursing Students' Self-Care

No single, mutually agreed upon, and widely operationalized definition of self-care existed in the literature (Ashcraft & Gatto, 2018; Fontaine et al., 2021; Hartweg & Metcalfe, 2022; Martinez, Luis et al., 2021; Matarese et al., 2018; Slemon et al., 2021). Self-care in practice is broad, individualized (Matarese et al., 2018; Sachan et al., 2022), fluid, and limitless. For these reasons, self-care practices were varied, ambiguous, and inconsistently used in

published literature (Fontaine et al., 2021). Although Matarese et al. (2018) advocated for a “shared terminology” (p. 296) to assist in more streamlined literature searches and focused research endeavors, they remained doubtful that a consensus would be reached due to the individualized nature and varying perspectives inherent in self-care. Even with this lingering doubt, Martinez, Connelly et al. (2021) made a concerted effort, after a thorough concept analysis, to formulate a comprehensive definition of self-care that transcended disciplines. Despite self-care being recognized as important to enhancing student well-being (Nevins et al., 2019), the ambiguity surrounding a widely operationalized definition of self-care has hampered nurse educators’ efforts to integrate self-care into the curriculum effectively (Slemon et al., 2021).

Students’ Self-Care Practices

Emery (2020) recommended specific self-care practices be embedded into the curriculum including (a) taking allocated breaks, (b) exercising and physical activity, and (c) practicing mindfulness. Emery cited taking scheduled breaks as a means of resting and rehydrating to improve cognition, keeping physically active to stay in shape for duty and to enhance mood, and practicing mindfulness to be grounded in the present moment. Similarly, Blum (2014) found that proper diet, exercise, and stress-reduction techniques proved to be themes of self-care in students. Likewise, Tierney et al. (2023) found that students reported music, exercise, and relaxation, followed by massage and nutrition, as most helpful in decreasing stress.

Barriers to Self-Care

The academic rigor experienced in nursing school often comes as a surprise to students (Lewis, 2018). For many nursing students, the stress and pressure inherent in nursing school lead to decreased self-care (Bakker et al., 2019). Despite knowing the benefits of adequate self-care

and health-promoting behaviors (Gross, 2018; Nevins et al., 2019) and self-care being an ethical obligation in the profession (Linton & Koonmen, 2020), Nevins et al. (2019) reported that nursing students' self-care practices were deficient.

Nursing students reported many barriers and challenges that prohibited them from adopting and sustaining self-care practices (Amattayakong et al., 2020; Bakker et al., 2019; Younas, 2017). Among these was the nursing profession's historical emphasis on caring for others rather than the self (Fontaine et al., 2021; Linton & Koonmen, 2020). Additional barriers included lack of time (Jenkins et al., 2019), especially during clinical practicum days (Nevins et al., 2019), and difficulties in establishing a balance between caring for self and caring for others (Bakker et al., 2019; Mills, 2021; Younas, 2017).

The combination of academic and clinical rigor inherent in nursing programs is a significant source of stress for students (Bartlett et al., 2016; Blum, 2014; Kacan & Pallos, 2021; Mills, 2019). Bartlett et al. (2016), Nevins and Sherman (2016) and Nevins et al. (2019) reported that nursing students often experienced competing rigorous academic and socio-cultural demands. This competition might lead to neglect of self-care endeavors and could have negative short- and long-term impacts on the student's health. In the short term, students might have problems with concentration, memory, impaired immune function, weight gain, depression, and experience significant fatigue (Nevins et al., 2019; Uysal & Caliskan, 2022). Fewer nursing students were electing to participate in college or university-sponsored athletics than those in the general student body population and, overall, were working fewer paid hours (Bartlett et al., 2016), perhaps due to their rigorous academic and non-paid clinical responsibilities. In the long run, students might become graduates who function in the clinical environment with inadequate

well-being, compromised thought processes, and a lower threshold for compassion fatigue (Nevins et al., 2019).

Nevins et al. (2019) reported that although nursing students often experienced time constraints and other self-care barriers, they identified these practices as valuable and worthwhile and responded positively to communication regarding health-promoting behaviors. Nevins and Sherman (2016) confirmed that nursing students expressed a desire to improve their practices and knowledge regarding well-being. The authors concluded that individualized assessment of influencing factors on self-care behaviors was warranted.

Faculty Behaviors Influencing Nursing Students' Self-Care

Protective Behaviors

Because self-care is vital to not only the success of nursing students but students' positive influence on patients, it is necessary for nurse educators to promote self-care in their students. Faculty could provide a caring environment by consciously and deliberately choosing their actions and responses (Kirsten et al., 2019). Additionally, establishing self-care as a consistent, daily habit is necessary for nursing faculty to model self-care and health-promoting behaviors to students, who would later role-model these concepts to their patients (Nevins & Sherman, 2016).

Mentag (2020) reassured institutions, programs, and individual faculty that they could, indeed, make a positive difference in providing a supportive environment by implementing identified interventions. Lewis (2018) reiterated that faculty have a crucial role in the student-teacher relationship and possess tremendous power to influence a student's experience. Nevins et al. (2019) further declared that a mentor-mentee relationship exists among faculty and students and advised that faculty could have a substantial and lasting impact on students' self-care. Likewise, Kaur et al. (2020) reported that nursing faculty could help students develop

meaningful, lasting, and effective coping strategies. Green (2019) concurred that nurse educators can help pre-licensure nursing students endure the academic rigor and clinical practicum requirements by teaching them self-care. Mukan et al. (2021) agreed that nursing faculty are strong role models to budding students, especially in the clinical environment.

Wei, Henderson et al. (2021) performed a cross-sectional study that correlated 487 students' perceptions of faculty caring with their evaluation of their educational experiences as well as their caring behaviors toward patients. Using Pearson's correlation coefficient, the study authors determined there was a statistical relationship between students' perceptions of faculty caring and students' caring behaviors. The study revealed that the perception of faculty caring was a strong indicator of students' caring behaviors. While not directly measuring self-care, these findings had important implications for the phenomena under investigation because they validated and demonstrated the notion that faculty or role models did indeed impact the outcomes of their mentees or role aspirants.

The support of nursing faculty for students to engage in self-care practices was instrumental in managing stress and anxiety (Bartlett et al., 2016; Gross, 2018). For example, a high level of perceived faculty support was found to be a protective factor against substance misuse (Boulton & O'Connell, 2017). Students' perceptions of faculty caring could also impact their intent to continue their studies and graduate (Henderson et al., 2020).

Owens and Godfrey (2022) found that nursing faculty modeling professional identity might create an environment where students are empowered to pursue and prioritize health and well-being. Similarly, Nevins and Sherman (2016) suggested that embedding health promotion content throughout a program's curricula might encourage nursing students to practice healthy lifestyle behaviors themselves. Implementing strategies to increase nursing student engagement

in self-care activities, especially during clinical practice, might increase their personal and professional quality of life (Nevins et al., 2019).

Although much of the existing literature described faculty influence in broad terms, such as capacity building (Kox et al., 2020) and social support (Chaabane et al., 2021; Hae-Ok & Insook, 2022), two specific areas of influence were a focus in the literature: faculty influences on (a) reducing stress and anxiety, as well as mitigating burnout and attrition, and (b) enhancing coping mechanisms and resilience.

Interventions Aimed at Reducing Stress and Anxiety and Mitigating Burnout and Attrition

Gross (2018) explored short messaging services (SMS) text messaging as a method by faculty to decrease anxiety and improve health-promoting behaviors in nursing students. The longitudinal mixed-methods study of 57 nursing students had a particular impact on this topic. Although the quantitative portion of this study did not show a significant correlation between text messaging by faculty and students' healthy behaviors, the qualitative data from the study were insightful. An SMS text messaging service known as FLO (named after Florence Nightingale) was found to be a protective strategy, in conjunction with pastoral support, to help alleviate stress, reduce attrition, and ameliorate retention in 178 first-year nursing students (Boath et al., 2016). The mixed-method study by Boath et al. (2016) suggested that supportive clinical mentors, fostering a greater sense of belonging, and a greater focus on academic support throughout the student's entire education could help to decrease student anxiety.

Several behaviors were suggested in the literature to reduce stress and anxiety and mitigate burnout and attrition in nursing students. Moore et al. (2021) utilized journaling to explore the use of deep breathing, progressive muscle relaxation, mindfulness and physical exercise, aromatherapy, guided imagery, and yoga to decrease stress and increase resilience.

These authors found these techniques to be effective, quick, simple, and low-cost stress reduction methods. Another study recommended introducing and facilitating Feng Shui, music therapy, massage, Tai Chi, Reiki, a labyrinth walk, mantra, drum circles, traditional yoga, tea, herbal therapy, healing touch, and mindfulness meditation as means to reduce stress (Blum, 2014). A systematic review found the introduction of art therapy, biofeedback-assisted relaxation, exposure to pet therapy, guided imagery, co-meditation, aromatherapy, mindfulness, deep breathing, and cognitive behavioral therapy to be effective means of decreasing stress and anxiety (Turner & McCarthy, 2017). Quina Galdino et al. (2020) encouraged faculty to reduce unnecessary curricular overload and assist students in better managing their time to reduce stress and mitigate burnout.

Lewis (2018) utilized narrative inquiry to glean the perspectives of nursing school repeaters. These students revealed several ways nurse educators could impact the student experience including consideration of and empathy for extenuating circumstances (such as postponing a test if a circumstance in the student's life prevented them from being appropriately prepared). Additionally, they recommended advocacy for policies at the administrative level that supported individualization, dissemination of lived experiences from other nursing students (through written or seminar formats), and facilitation of peer support or mentoring groups to demonstrate respect for the individualization of the student experience to mitigate attrition.

Chaabane et al. (2021) performed a meta-analysis on seven systematic reviews and 42 primary studies to determine perceived stress, stressors, and coping strategies among nursing students in the Middle East and North Africa. The study authors reported peer and faculty mentorship, counseling when necessary, and an environment conducive to clinical training (i.e.,

a supportive environment) as ways to decrease perceived stress, enhance learning and productivity, and mitigate burnout in the nursing student population.

To answer the call of providing a supportive clinical environment, Nevins et al. (2019) advised promoting adequate exercise and hydration during clinical days to improve attention, alertness, cognition, memory, self-esteem, and performance, and to decrease anxiety, depression, and fatigue. Uysal and Caliskan (2022) were particularly interested in assisting nursing students in entering clinicals for the first time. These authors recommended mindfulness-based stress reduction to increase mindfulness and decrease stress's negative physical, psychological, and social effects for students entering the clinical environment.

Interventions Aimed at Enhancing Coping Mechanisms and Resilience

As well as stress prevention and mitigation of burnout, studies have also been performed on enhancing coping mechanisms and resilience in nursing students. Kaur et al. (2020) performed a qualitative descriptive study using semi-structured interviews to gain a better understanding of participants' perspectives of and experiences with coping as they came across stressful situations in clinical practice. Four themes were derived from this study: (a) learning about self, (b) knowing self, (c) value of social support, and (d) relationships with clinical instructors. A key finding in this study was that students' ability to cope with stress and anxiety effectively was enhanced through the development and maintenance of supportive and respectful relationships with clinical faculty. This could be operationalized through ongoing support, thoughtful and timely feedback, availability, and maintenance of an approachable attitude (Kaur et al., 2020; Mukan et al., 2021). Kox et al. (2020) added that monitoring for physical and psychological symptoms and maintaining a supportive and coaching attitude could help students feel more related to and increase their sense of belonging.

Green (2019) performed a study involving 25 nursing students to determine if a self-care education intervention influenced the areas of sleep, movement and exercise, dietary habits, complementary alternative therapies (aromatherapy and positive affirmations), overall general health, hydration, and the reduction of stress in accelerated nursing students. Students were provided written education as well as experiencing specific interventions including the introduction of music to assist with sleep hygiene, healthy snacks, facilitation and encouragement of exercise during breaks, aromatherapy, and positive affirmations during exams. Results indicated that students gained an increased appreciation for their need to manage their own stress with these teaching sessions. Students also reported a reduction of stress and an enhanced ability to cope after the intervention.

Ashcraft and Gatto (2018) performed a longitudinal intervention study with baccalaureate nursing students. Data collection occurred initially after admittance to the program ($n = 66$) and three years later at graduation ($n = 49$). The intervention was integrated into several layers of the curriculum throughout the students' three-year timeframe within the program. As part of this intervention, students had the opportunity to create an individualized care plan surrounding their identified areas for improvement. After critical reflection of their self-evaluation tools, students created a teaching portfolio with a teaching plan on one or more self-care strategies. Students then partnered and role-played as both teacher and client. Toward the end of the program, students were asked to reflect on their experiences throughout the interventional opportunity. They were asked to articulate how they would put the information they learned into practice. The American College Health Association National College Health Assessment II Survey served as the data collection tool (Ashcraft & Gatto, 2018). This study demonstrated that health perceptions improved post-intervention. Students reported an increased awareness of their

mental health post-intervention. Fewer students reported feelings of hopelessness and depression after participating in this study (Ashcraft & Gatto, 2018).

Co-facilitating psycho-pedagogical and social support groups with psychologists was cited as a way to individualize students' efforts surrounding increasing well-being (Silva et al., 2020). Holding walking seminars outside might be one plausible way for nurse educators to increase students' physical activity (Mills, 2019). Kramer (2018) found the use of energetic modalities (therapeutic touch and other subtle energy interactions) might decrease stress and physical pain and improve concentration, energy, academic performance, productivity, and problem-solving. Additionally, these behaviors were supportive in enhancing clinical learning experiences, interpersonal relationships, feelings of calmness, and a greater appreciation for and understanding of an individual's own self-care and the world in general (Kramer, 2018). A qualitative study using a heavily structured focus group with an estimate of 30 was proposed to explore the use of 360-degree video as an educational tool for mental health nursing students to reduce stress and increase confidence; however, the results of this study have not yet come to fruition (Laker et al., 2022).

Nurse educators were urged to teach students how to analyze negative situations to grow during challenging times (increase their resilience) to ultimately decrease burnout (Wei, Dorn et al., 2021). Facilitating role-play was another behavior in the literature identified as increasing resilience (Jiménez-Rodríguez et al., 2022). Mentag (2020) recommended that nursing faculty nurture students' strengths instead of remediating their deficiencies to bolster their confidence, thereby enhancing a crucial component of resilience.

Utilizing a relatively small convenience sample, Nevins and Sherman (2016) gathered survey data regarding baccalaureate nursing students' perspectives of self-care practices to gain a

clearer understanding of their part in health promotion. In their literature review, these authors cited other studies (outside of the 10-year time frame identified in this study) that suggested faculty promote student self-care by facilitating the coordination of assignment and project due dates in an attempt to reduce overload at a particular time, encouraging students to take planned breaks and consume water during clinical days, and educating students on methods to incorporate exercise into one's daily routine. The findings of this study revealed the students were highly interested in integrating health promotion practices into their lives to increase efficacy and improve chances of longevity in the profession but needed the support of faculty to do so. Wolf et al. (2015) found higher levels of support were associated with lower stress levels and supported this idea.

Detrimental Behaviors

When considering faculty influence on the self-care behaviors of nursing students, the impact by faculty was not always positive. Several studies also found detrimental influences nursing faculty could have on stress and self-care by students. In a qualitative descriptive study using a questionnaire for data collection, Sanad (2019) found poor faculty evaluation and lack of support from nursing staff contributed to students' stress. Similarly, nursing school repeaters reported through narrative inquiry that unsupportive clinical environments and the 'do or die' mentality of faculty that failure of a course meant inadequacy to perform as a professional was found to increase the stress and pressure students experienced (Lewis, 2018). Lack of support from faculty and faculty not intervening early when they recognized a pattern that indicated students were exhibiting behaviors leading to failure and attrition were cited as causes of stress in students who had dropped out from baccalaureate nursing programs (Elkins, 2019). Through data collected via survey, role confusion, gender discrimination, attitudes of medical

professionals, and being compared to fellow students correlated to higher stress levels and increased stress symptoms in nursing students (Bartlett et al., 2016).

Two mixed methods studies found faculty behaviors to be associated with significant causes of stress among nursing students. Quina Galdino et al. (2020) performed a sequential mixed methods study in Brazil utilizing questionnaires and surveys followed by interviews to gain a better understanding of the surveys. This study cited tight deadlines and power differentials between faculty and students as significant contributors to stress and burnout. Results indicated that approximately three-quarters of the nursing students in the study reported high emotional exhaustion, a component of burnout.

An embedded mixed methods study by Wolf et al. (2015) to determine predictors of stress among traditional vs. accelerated students found that problematic relationships between students and faculty contributed to stress. These authors utilized a questionnaire with both closed and open-ended questions. Among their findings were: (a) lack of coordination among faculty regarding exam and assignment due dates; (b) disrespect projected downward to students from those in positions of power; and (c) hazing-like behaviors from faculty to students. This finding was supported by Labrague et al.'s (2017) literature review, which cited workload and negative faculty interactions as significant contributors to student stress.

Studies like these underscored the importance of nursing faculty understanding their particular influence on students and limiting detrimental effects on student's self-care. Clearly, the importance of self-care cannot be overstated as it reduces stress and anxiety and mitigates burnout and attrition in nursing students. It is unknown how faculty might influence the level of self-care students experience. This gap was addressed in this study.

Summary

Nursing programs, of which faculty are a significant component, contribute to nursing students' stress and, therefore, have a responsibility to behave in a manner and enact solutions that focus on mitigating anxiety and stress and preventing burnout and attrition (Jenkins et al., 2019). The literature left little doubt that nursing faculty were seen as mentors and role models by role aspirants. Nursing faculty could use their influence to decrease stress and anxiety, mitigate burnout and attrition, and increase coping mechanisms experienced by nursing students by actively promoting self-care. Additionally, through the promotion and advocacy of self-care, nurse educators have the opportunity to prepare professionals who can readily role-model and positively impact their patients' self-care and wellness decisions and behaviors (Ashcraft & Gatto, 2015; Younas, 2017). Perceived detrimental behaviors should be avoided to provide students with the best learning atmosphere and an optimized opportunity for success.

Although research has been performed in this area, most of the studies were performed to evaluate specific interventions such as the use of complementary alternative therapies (Blum, 2014; Moore et al., 2021) and SMS text messaging (Boath et al., 2016; Gross, 2018). To date, student self-care perspectives have largely been collected via questionnaires or surveys (some with free-text or open-ended options), journaling, or focus groups. In their study, Kaur et al. (2020) utilized semi-structured interviews to garner student input; however, research questions centered on understanding nursing students' perceptions of and experiences coping with stress in clinical practice. Likewise, Elkins (2019) employed semi-structured interviews with a relatively small sample size ($n=18$) to explore baccalaureate nursing students who had failed to complete a program of study. One mixed-methods study also employed interviews to collect qualitative data to clarify quantitative survey responses regarding burnout.

Gap

Researchers called for further study into the topic of self-care of nursing students (Mentag, 2020; Nevins & Sherman, 2016). Specifically, calls to identify strategies to decrease stress and increase resilience (Cochran et al., 2020; Labrague et al., 2017; Sanad, 2019) and facilitate more supportive faculty-student relationships (Elkins, 2019; Reeve et al., 2013) in this population were identified. Jenkins et al. (2019) pointed out that “the integration of self-care into nursing education is relatively recent and under-researched” (p. 14). Nevins et al. (2019) endorsed the need for future research exploring faculty’s role in students’ self-care. It was proposed that “by gaining a better understanding of role models, role aspirants, and the process of role modeling we can develop better and more effective role model interventions” (Morgenroth et al., 2015, pp. 478-479).

Studies published on this topic were primarily focused on studying a specific intervention’s effect on outcomes such as stress and anxiety levels, burnout and attrition, and utilization of coping strategies. Qualitative studies using a semi-structured, open-ended interview format with research questions specifically seeking input regarding the research questions identified in this study have not been performed.

CHAPTER III

METHODOLOGY

Qualitative studies using a semi-structured, open-ended interview format with research questions specifically seeking input regarding the research questions identified in this study have not been performed. The purpose of this study was to determine how U.S. nursing faculty impacted students' self-care throughout their pre-licensure nursing education. A qualitative descriptive design was selected due to its ability to collect quality data to answer the research questions.

Constructivism

Constructivism is concerned with how we, as individuals, make meaning of the world. In constructivism as a worldview, the individual is an active participant in constructing meaning (Crotty, 1998). Role aspirants' (pre-licensure nursing students in this study) assign meaning to self-care behaviors exhibited by role models (faculty members) as they are immersed in and engage within the nursing school environment.

The constructivist view asserts that subjectivism and objectivism are closely melded together. In this worldview, intentionality (recognizing alignment between the role aspirant and the role model) calls for a certain consciousness from the role aspirant when engaging with the role model. In constructivism, it is acknowledged that the individual brings prior experiences that might influence the construction of new meaning (perhaps of self-care or reaching self-care goals, in this case). Likewise, the meaning constructed is contextual and individual (i.e., non-nursing majors might not ascribe the same meaning to faculty's self-care behaviors as nursing

majors do since goal embodiment is likely viewed differently from these perspectives; Crotty, 1998).

Qualitative Descriptive Research Design

A qualitative descriptive research design was selected as the ideal method to answer the research questions. Sandelowski (2000) affirmed that researchers selecting this design should not have to default to more traditionally recognized quantitative or other qualitative designs and pointed out that descriptive investigation is one of the most prevalent research approaches employed in practice disciplines.

Although the qualitative descriptive design is the least theoretical among the qualitative options, Sandelowski (2000) attested that the purpose the design fulfills is arguably more important than the design itself. This type of design is exemplary for researchers wishing to uncover the “who, what, and where” of events (Sandelowski, 2000, p. 338). It is common for researchers selecting this design to use open-ended interviews to collect data.

Through simultaneous collection and analysis of data while presenting data as what it is in everyday language by conveying a straight descriptive analysis and thereby turning power over to participants in the process, codes and themes could be generated from the data itself. Observations from the researcher while immersed in data collection could supplement participants' statements and should be considered important. Sandelowski (2000) suggested it is better to recognize and acknowledge this narrative interjection as an overtone rather than mislabel the type of research design being used. Researchers using this design should plan to stay close to the data while seeking a comprehensive summary of events upon which the researcher and participants can agree.

Keeping in line with the qualitative descriptive research design, semi-structured interviews were conducted to gain a greater understanding of how faculty influenced self-care among pre-licensure nursing students. Codes and observations were noted simultaneously throughout the data collection process on individual transcripts, which were transcribed verbatim. These codes and observations later helped this principal investigator (PI) to develop and support themes.

Research Questions

- Q1 According to current students' interpretations, how do nursing faculty members act as role models to influence the valuation of, expectancy of, attainability of, and desirability of self-care practices among pre-licensure nursing students?
 - Q1a How do nursing faculty members facilitate and role model self-care to pre-licensure nursing students?
 - Q1b How do nursing faculty members inhibit or act as barriers to self-care for pre-licensure nursing students?

Methods

Participants

Pre-licensure nursing students in the United States were invited to participate in this study. Typical purposive (also known as purposeful, judgmental, selective, or deliberate) sampling was employed to recruit willing participants (Merriam & Tisdell, 2016). Participants from across the United States were sought to gain perspectives from a variety of sources, thereby increasing validity (Creswell & Creswell, 2018). Seventeen participations from four states (California, Colorado, Delaware, and Utah) volunteered for this study.

Various avenues were utilized in an attempt to recruit enough appropriate participants to reach saturation. First, a letter including a student invitation for participation was drafted and sent to the contact of each publicly listed Commission on Collegiate Nursing Education,

Accreditation Commission for Education in Nursing, and Commission for Nursing Education Accreditation accredited associate and baccalaureate program with the request to forward the letter to eligible students (see Appendix C). Next, a letter including a student invitation for participation was drafted and sent to the National Student Nurses Association with the request to forward the letter to members (see Appendix D). The social media platform Facebook, specifically groups with the ability to reach the population of interest (i.e., Nursing Students; Nurses Helping Nursing Students; Tribe RN - Nurses & Nursing Students; Nursing Student Survival Guide; Everything Nursing - Nurses and Nursing Students; Nurses and Nurse Educators Supporting Nursing Students; UNC Ph.D. Nursing Education [Starting Fall 2020]) was also utilized for recruitment; see Appendix E).

Once a student contacted the PI to express interest in participating in the study, they were thanked for their interest, informed of the approximate time commitment (one hour), and screened for eligibility (see Appendix F). If eligibility criteria were met, an interview was scheduled at a mutually convenient time. The consent form (see Appendix G) was sent to the participant via email for their review prior to the scheduled interview date and time along with the video conferencing invitation. Participation in this study was completely voluntary and participants could withdraw from the study at any time without fear of retribution.

Inclusion Criteria

Pre-licensure nursing students in the United States were sought to participate in this study. Students who had completed at least the first semester of a traditional, non-accelerated, associate or baccalaureate degree registered nurse (RN) program were eligible to participate in this study. By requiring a minimum of one completed semester in a nursing program, the PI was

able to ensure that participants had adequate exposure to nursing faculty in order to provide informed insight throughout the data collection process.

Exclusion Criteria

Students at the PI's place of employment were excluded from participation in this study. Additionally, students who were enrolled in an accelerated program were excluded from this study since accelerated programs generally consisted of compact curricular and clinical expectations. Being in an accelerated program presented unique challenges to students, which might differ from the stress, anxiety, self-care facilitators, and self-care barriers they would experience in a traditional, non-accelerated, pre-licensure associate or baccalaureate degree RN program.

Sample

It was not possible to pre-determine a specific number of participants for this study under the qualitative descriptive design. The goal of data collection in this design was to obtain information until there was saturation or redundancy as demonstrated by a repetition of themes (Merriam & Tisdell, 2016). Patten and Newhart (2018) reviewed five journals published by the American Psychological Association and found a range of sample sizes in qualitative literature from 10 to 26 with an average of 13. Data saturation for this study was achieved at 17 participants.

Setting

An online video conferencing platform, Zoom™, was utilized to host interviews with participants. The platform allowed two-way audio and video communication between the participant and the PI. Participants were audio and video recorded during the interview so the conversation could later be transcribed verbatim with the aid of Otter.ai™ software.

Remuneration

Participants were offered remuneration commensurate with the anticipated interview time of one hour. A one-time \$20 Amazon™ gift card was offered for participation in this study. The code for the gift card was placed in the video conferencing chat at the conclusion of the interview.

Consent

The consent form (see Appendix G) was sent to the participant via email for their review prior to the scheduled interview date and time at the same time as the video conferencing invitation. Once the participant joined the video conference, the PI inquired if the participant had had the opportunity to review the consent form, and any questions on the consent form or interview process the participant had were answered prior to the commencement of recording. Verbal consent to proceed with participation in the study was obtained by the PI from the participant prior to the commencement of recording. Before beginning the interview, each participant was notified verbally that participation in this study was completely voluntary and the participant could stop the interview and withdraw from the study at any time without fear of retribution. However, it should be noted that only participants who completed the entire one-on-one interview received remuneration as the code to the gift card was placed in the video conferencing platform's chat function at the conclusion of the interview.

Data Collection and Handling

Prior to initiating the study, pilot testing was conducted with a small sample from the population of interest. This was utilized as a means of trialing interview questions, flow, and instructions, which were adjusted based on insight and feedback gleaned from the piloting experience (Creswell & Creswell, 2018).

Demographic information (see Appendix H) was collected verbally prior to the commencement of the recorded interview. One-on-one qualitative interview data were collected via audio and video Zoom recordings throughout this study and analyzed on an ongoing basis so the point of saturation could be recognized as the study progressed. Every attempt was made to transcribe recorded interviews verbatim, with the aid of Otter.ai software, immediately upon their completion to ensure accuracy and timeliness. During the data collection phase, specifically transcription, the PI deemed it necessary to recontact participants (i.e., audio cut out during recording) to clarify phrasing and seek contextual clarity.

The electronic Zoom™ recording was transcribed verbatim. The original recording will be stored on Zoom’s password protected data cloud for a period of three years. The de-identified electronic transcript was printed immediately upon transcription. The de-identified electronic file will be stored on a password protected universal serial bus (USB) flash drive for a period of three years. After three years, all files on the USB flash drive and all data cloud recordings will be deleted. In addition to the data cloud being password protected, the PI’s computer to access the data cloud was also password protected. Additionally, transcripts were analyzed as soon as possible after transcription to identify themes and the PI added observational notes. A codebook was used to record themes and was maintained securely as part of the audit trail.

Interview Questions

1. The definition of self-care chosen for this study is: “The ability to care for oneself through awareness, self-control, and self-reliance in order to achieve, maintain, or promote optimal health and well-being” (Martinez, Connelly et al., 2021, p. 423). Given this definition, what kinds of activities do you routinely engage in that demonstrate self-care?

2. How important is self-care and practicing self-care in your own life? *Valuation*
 - a. Additional probe: What role does self-care play in your life?
3. Can you think of a time when you noticed you needed self-care and then practiced it?
 - a. Additional probe: What did you notice that prompted the need for self-care?
 - b. Additional Probe: How did faculty impact this, either positively or negatively?
4. Have you developed any goals related to self-care in the past? If so, what were they? *Attainability*
 - a. Additional probe: What has your experience been in achieving these goals?
5. What are some barriers to self-care you have faced?
 - a. Additional probe: How do these barriers compare to your pre-nursing coursework and life?
6. Have your nursing faculty talked about the importance of self-care?
 - a. Additional Probe: Can you tell me more about what was discussed?
7. Throughout nursing school, what have your faculty members said or done to encourage you to take an active role in your own self-care?
 - a. Have faculty said or done anything that discouraged you from taking an active role in your own self-care?
8. How did faculty impact your confidence to practice self-care? *Expectancy*.
 - a. Did they contribute to a lack of confidence to practice self-care? *Expectancy*.
9. Have your nursing faculty talked about or demonstrated how they practice self-care?

- a. Additional Probe: Can you tell me more about what was discussed or demonstrated?
- 10. Did nursing faculties' self-care practices make you think that adequate self-care was necessary and achievable? How so? *Desirability*.
 - a. Additional probe: Do any specific faculty members come to mind when I mention adequate self-care? If so, what do you think made them stand out to you?
- 11. Have any specific faculty member behaviors been beneficial in facilitating or role-modeling self-care?
 - a. Have any been detrimental or prohibitive?
 - b. Additional probe: How does this compare to experiences with faculty in your pre-nursing coursework?
- 12. How has adequate self-care, or lack of self-care, impacted your nursing school experience? *Valuation*
 - a. Additional Probe: How did faculty impact this?
- 13. Is there anything else about self-care during nursing school that you would like to add?

Data Analysis

Descriptive statistics were utilized to compile and report demographic information.

Verbatim transcripts of interviews were created with the aid of Otter.ai software, printed, and coded concurrently throughout data collection using thematic analysis. Coding was done by hand and was aided by the use of DedooseTM software. Additionally, any observations of participants were added to the corresponding transcript. Themes and observations were kept in a codebook.

The steps recommended for qualitative descriptive research by Braun and Clarke (2006) were followed for this study: (a) familiarization with data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report. In the first step, the PI transcribed the interviews verbatim. Also, in this step, the PI reviewed the transcripts several times with the purpose of, “gaining a sense of the whole” (Vaismoradi et al., 2013, p. 401). Lastly, in this step, the PI noted initial ideas and observations on the corresponding transcript.

In the next step, the PI systematically collated coded data across interviews. Member checking, also known as respondent validation, was conducted with participants to ensure the PI’s interpretation of what was said aligned truthfully with what participants meant. To do this, the PI sent an email to each participant with their de-identified transcript after theme development to solicit their written feedback regarding accuracy (Creswell & Creswell, 2018; Merriam & Tisdell, 2016).

The third step involved searching for themes and gathering data across coded transcripts to support relevant themes and subthemes (Braun & Clarke, 2006). Vaismoradi et al. (2013) defined a theme as the intentional integration of different parts. Tracking this information was facilitated by using a codebook.

Themes were reviewed to ensure they aligned with coded data. As part of this step, a thematic map was developed. Names, along with clear definitions, were developed for each theme. Themes were continuously refined. Finally, the report was produced. This required substantial reflection on how the identified themes related to the study’s research questions (Braun & Clarke, 2006).

Rigor and Trustworthiness

Creswell and Creswell (2018) recommended several procedures to ensure rigor. These authors also recommended using multiple procedures to enhance validity. As mentioned above, participants from across the United States were sought to gain perspectives from a variety of sources. Students who had completed at least the first semester of a traditional, non-accelerated, pre-licensure associate or baccalaureate degree RN program were sought, which likely promoted accuracy during reflection since the events were recent.

An audit trail was transparently constructed and maintained throughout the research process. A crucial audit trail component was the interview guide to ensure that all pre-interview steps were met with each participant and to guide the interview so no crucial information was missed during the data collection phase (see Appendix I). The thematic codebook contributed to the integrity of the audit trail as well. The PI's research advisor read all interview transcripts and performed an informal co-analysis of themes to ensure the PI's themes aligned with the intended messages conveyed by the students.

The PI was deeply immersed in the environment of interest as a current nursing faculty member. However, this inherently came with lived experiences that might have influenced the results of the study. The PI was further immersed and spent prolonged time in the field by performing, transcribing, and analyzing one-on-one interviews with multiple participants.

Biases and Reflexivity

As a current nursing faculty member, the PI undeniably presented with preconceived notions about how nursing faculty influenced self-care among pre-licensure nursing students. For instance, the PI presumed a faculty member who was overweight lecturing about nutrition and healthy dietary habits did not have the same effectiveness as one who was fit. Similarly, the PI speculated that a nursing faculty member coming to class in the morning after working a night shift conveyed a negative message to students about the importance of sleep. These examples, and the PI's unique experiences as a nursing faculty member observing self-care throughout the curricula, represented possible examples of biases the PI could have brought to this study. These experiences could have influenced the codes identified in the study's analysis phase (i.e., the PI might have been inclined to present certain themes over others, might have subconsciously looked for evidence during analysis to support any preconceived notions, or might have influenced meaning associated with the data or the conclusions drawn about participants; Creswell & Creswell, 2018).

However, Creswell and Creswell (2018) presented solutions on how qualitative researchers could create an atmosphere of awareness, one of which was the use of reflexivity. Reflexivity was a means of mitigating the biases the researcher might bring to the study. Reflexivity involved deep introspective reflection with the goal of creating awareness surrounding not only the biases that one might bring but how they might influence the results of the study. Another way to mitigate these biases was to listen openly while allowing participants to convey their experiences and express their opinions freely. Likewise, data analysis should be approached with an attitude of genuinely seeking to understand the participant's point of view.

Ethical Considerations

After the study was approved by the PI's research advisor and entire committee, exempt approval was obtained from the University of Northern Colorado's Institutional Review Board (IRB; see Appendix J) prior to recruiting and collecting any data.

Maintaining the confidentiality of research participants was a main priority as the study progressed and documents were created and stored. Sensitive data such as name and institution of attendance as a student were not collected as part of this study. Instead, each eligible candidate was asked to choose a pseudonym. However, complete confidentiality could not be guaranteed despite reasonable efforts to secure and maintain confidentiality.

Due to geographical limitations, it was necessary for the PI and research advisor to collaborate electronically. This communication included only de-identified documents. Any information or documentation transmitted electronically required an individual password from both parties to gain access to (a) the operating system on the computer where the application was accessed (Windows or MacOS) and (b) the software where the information was viewed (email or Zoom). The original interview transcripts, the codebook, and any other pertinent information relating to the study will be maintained in a locked file cabinet in the PI's locked office for a minimum of three years. After this time, the records will be appropriately destroyed (i.e., shredded). Interview recordings kept on the data cloud will be maintained for a period of three years and then will be deleted.

Risks of participation were minimal. Participants could expect risks equivalent to carrying on a conversation with a co-worker in a professional setting. Participants were asked to reflect on their nursing school experience. As participants reflected, stressful times might have come to mind with associated psychological and physiological symptoms (i.e., reflection might

have been a trigger for some participants). In the unlikely event a participant became distressed (i.e., appeared visibly and/or verbally upset), the interview would have been stopped, the PI would have checked in with the participant to ensure their immediate needs were met, and the participant would have been reminded of existing resources (i.e., national mental health hotlines) and encouraged to seek psychological services (i.e., a counseling center) at the institution where they were enrolled as a student.

Participants might have benefited from the opportunity to reflect on self-care experiences throughout their nursing school experience. This was particularly true if the participant engaged in positive self-care activities they could draw from and repeat in the future. All participants could take pride in the fact they had contributed to the increasing nursing faculty members' understanding of how they influenced self-care, which might help future student cohorts.

Conclusion

Through the use of semi-structured interviews, this study attempted to give students the ability to candidly divulge experiences, both positive and negative, they had experienced throughout their educational tenure regarding faculty members' influence on their own self-care practices. A need was identified for more open-ended opportunities, offered through qualitative methodologies, for students to express their perspectives beyond individual, isolated interventions. A qualitative descriptive methodology provided support to existing quantitative and qualitative studies so conclusions could more easily be drawn regarding how nursing faculty influence pre-licensure nursing students' self-care throughout their program of study.

CHAPTER IV

FINDINGS

A clear need was identified in the literature for a study with the research questions proposed here regarding students' perspectives of faculty as influencers. The purpose of this study was to determine how U.S. nursing faculty impacted students' self-care throughout their pre-licensure nursing education. Current pre-licensure nursing students were the population of interest for this study. Zoom™ interviews with participants were transcribed verbatim with the aid of Otter.ai software. Transcripts were then coded with the aid of Dedoose software. Finally, thematic analysis was performed to arrive at the following conclusions.

Participants

Seventeen individuals volunteered to participate in this study. Analysis of these 17 interviews yielded data saturation. Aggregate participant demographic data are detailed in the following section and, where applicable, comparative data are presented. Appendix K provides individual participant demographic data.

Age

Participant age ranged from 20-37 with a mean of 25.2. The median age of study participants was 23 years of age, 29 years lower than that of the U.S. RN workforce, which is 52 years (Stone, 2021).

Gender

Of the 17 participants, 15 (88%) identified as female and two (12%) identified as male. According to the 2022 National Nursing Workforce Survey conducted by the National Council

of State Boards of Nursing and the National Forum of State Nursing Workforce Centers (Smiley et al., 2023), the percentage of participants who identified as male in this study (11.8%) was representative of the U.S. RN workforce at 11.2%.

Ethnicity

Three of the 17 participants (17.6%) reported they were of Hispanic, Latino, or Spanish origin. This was significantly higher than that of the U.S. RN workforce, which is 6.9% (Smiley et al., 2023).

Race

Two participants (11.8%) described themselves as Asian, 14 (82.4%) as White, and one (5.9%) preferred not to answer. The U.S. RN workforce is 7.4% Asian and 80% White (Smiley et al., 2023). Therefore, a higher proportion of those who reported being Asian participated in this study.

Location of School Attendance

Recruitment efforts were aimed at gathering a representative sample from across the United States. Four states were represented in this study: California, Colorado, Delaware, and Utah. Students from Utah constituted the greatest number of participants (9); then Colorado (4), Delaware (3), and California (1), respectively.

Program Type

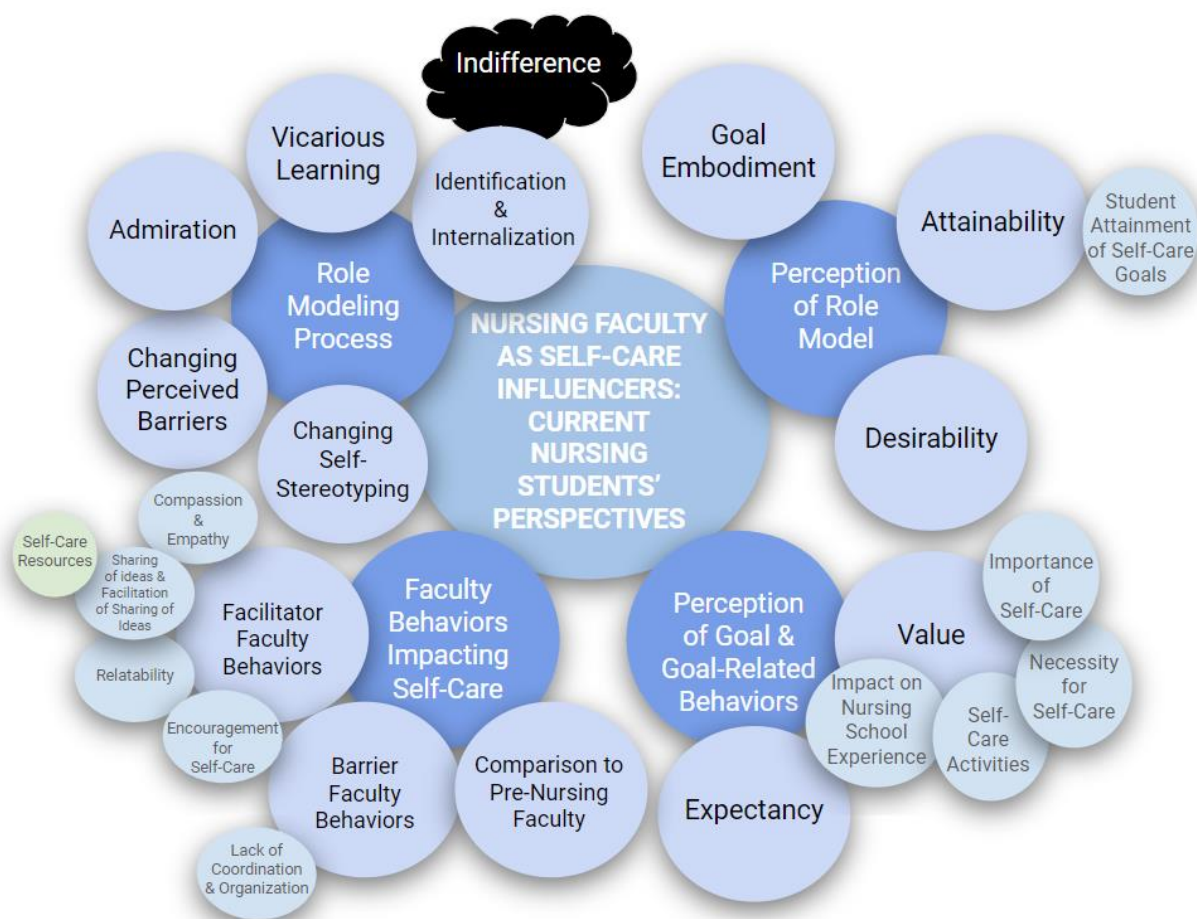
Nine (53%) of the 17 participants were attending an associate degree program. Eight (47%) of the participants were attending a baccalaureate degree program. According to Smiley et al. (2023), 35.6% of RNs hold an associate degree; whereas, 47.2% hold a baccalaureate degree. In this study, more participants were enrolled in an associate degree program than in a baccalaureate degree program. This ratio was consistent with answering Fontenot and

Mastorovich's (in press) call for the deliberate inclusion of associate degree RN programs in research endeavors.

Thematic Analysis

Braun and Clarke's (2006) recommended steps for qualitative descriptive research were utilized to guide the process of data analysis. Reflexivity was employed by the PI throughout the data collection and analysis phases of this study (Creswell & Creswell, 2018). Observations of participants were collected during interviews throughout the data collection phase of this study (see Appendix L for field notes).

Interviews were transcribed verbatim by the PI with the aid of Otter.ai software. Next, each transcript was examined and codes were assigned. The coding process was aided by the use of Dedoose software. Based on this study's research questions and Morgenroth et al.'s (2015) motivational theory of role modeling, the codes were distilled and themes emerged. Ultimately, four themes and multiple sub-themes emerged. Labels and clear definitions were developed and assigned to each theme. The PI's research advisor was included in the co-analysis of transcripts and theme development. Member checking was performed by sending to each participant the corresponding transcript of their conversation as well as a list of themes to ensure their ideas were captured correctly. Seven of the 17 participants responded and all were in agreement that the themes and sub-themes aligned with their intended messages. Figure 2 provides a map of the themes and sub-themes

Figure 2*Map of Themes and Sub-Themes*

Participant Perceptions of Self-Care

The majority of participants conveyed pro self-care perceptions and feelings as well as reported positive experiences and faculty interactions surrounding self-care. However, some participants conveyed how faculty negatively impacted their self-care. One participant, Becky, was particularly indifferent to self-care. When asked how adequate self-care or lack of self-care had impacted her nursing school experience, Becky said, “I don't think its impacted it at all. I give a hundred percent as often as I can.”

Participants compared and contrasted their pre-nursing coursework and life to being in a nursing program. It was readily apparent throughout the data collection and analysis processes that participants had identified, and had to overcome, nursing program barriers to engage in adequate self-care. Two principal nursing program barriers identified by participants were time and rigor.

Program Comparison to Pre-Nursing

Participants were asked how the self-care barriers they identified compared to their pre-nursing coursework and life. Some participants felt once in nursing school they were always immersed in it. Rinthil stated, “Prior to nursing school, working 9 to 5, 5 o'clock I clocked out. Nursing school, you don't really clock out of. I didn't used to have barriers after 5 pm, now I do.”

Participants also felt their nursing coursework was more intense than what they had experienced in their pre-requisite courses. Lexi expressed this sentiment when she discussed how the content in nursing school differed from her prerequisite coursework: “The workload is different, too, where the actual nursing program is a lot heavier in material and challenges me more than pre-nursing did.”

One of the major differences between being in a nursing program and being enrolled in pre-requisite courses, according to participants, was the amount of responsibility they felt to learn the material and their perceived usefulness of the information long term. Participants placed a greater emphasis on their nursing coursework due to its applicability to their long-term career goals. Lydia discussed this when she said, “School before nursing school was necessary, but where it wasn't, I don't want to say like my passion, but where it wasn't something that I was

going to be doing every day, I didn't care as much.” Brooke added, “After joining nursing school, I'm taking it very seriously. I'm like every assignment is important.”

Flo pointed out that the way a student was required to think was different once in nursing school. She discussed how there was an expectation to think critically once in a nursing program: “Learning is completely different, you have to learn, you know, NCLEX style way. It's not just studying and memorizing and going to the test and knowing the exact answer. You've got to put puzzle pieces together and figure out why it's happening.”

Time as a Barrier

A major barrier to participants performing adequate self-care once in nursing school seemed to be the time commitment a nursing program required. Participants discussed how clinicals, specifically, prevented them from engaging in self-care activities. Regarding her barriers, Lexi found, “Definitely having to get up early for clinicals has been one. Because that makes it so I can't go to my jujitsu practice the night before. It makes it harder to cook because I'm going to bed so early.”

Participants felt the endless tasks and requirements of nursing school placed a strain on their schedules, thereby prohibiting adequate self-care. Rebecca lamented, “There's always an assignment that's due, studying that needs to be done, a clinical that needs to be attended.” Ashley added, “Sometimes it is hard to do things and to focus more on growth and other goals besides nursing while you're in this program. Because, so much time goes towards your nursing, and your learning, and your clinicals, and everything like that.”

Rigor as a Barrier

Another identified barrier was rigor. Lydia compared nursing school to “drinking out of the fire hose.” Smith stated the cumulative expectations of nursing school were “a shock.” Chloe

talked about both the mental and physical strains associated with nursing school, “It's challenging! It's busy. And, it's physically demanding.”

Participants seemed to feel the weight of nursing school and the importance of understanding the information. From her comment, it appeared that Rebecca certainly felt this way: “It's stressful in general. There's a lot that we have to know and learn, you know, being responsible for other humans.” This seemed to be especially true in the beginning semesters of nursing school, at least for some participants. AJ recalled, “My first semester, I believe it was the most challenging semester of the nursing program, especially coming from someone that does not have that much healthcare experience.”

Identified Themes and Sub-Themes

Through the data analysis process, several themes were identified that directly answered the research questions. Four main themes and multiple sub-themes were discovered. The four main themes were (a) perception of role model, (b) role modeling process, (c) perception of goal and goal-related behaviors, and (d) faculty behaviors impacting self-care. The sub-themes identified under theme one—perception of role model were goal embodiment, attainability, and desirability. Under theme two—role modeling process, the sub-themes were vicarious learning, changing self-stereotyping, changing perceived barriers, admiration, and identification and internalization. Sub-themes under theme three—perception of goal and goal-related behaviors were expectancy and value. Finally, connected to theme four—faculty behaviors impacting self-care, the related sub themes were comparison to pre-nursing faculty, facilitator faculty behaviors, and barrier faculty behaviors. Themes and sub-themes are explored, discussed, and supported using participant's words.

Theme One: Perception of Role Model

As outlined by Morgenroth et al. (2015), the perception of the role model is influenced by the attributes of both the role model and the role aspirant. This study specifically sought to uncover how role models' attributes impacted role aspirants' perceptions of the role model related to self-care. Utilizing the motivational theory of role modeling as a guide, the perception of the role model by the role aspirant was influenced by three key factors: (a) goal embodiment, (b) attainability, and (c) desirability (Morgenroth et al., 2015). Morgenroth et al. further clarified the construct of role model, all of which participants spoke to during the data collection phase of this study by delineating three distinct functions role models serve: "(a) acting as behavioral models, (b) representing the possible, and (c) being inspirational" (p. 2). Participants in this study viewed faculty as positively impacting their perceptions, with only a few reporting negative perceptions.

Goal Embodiment

Goal embodiment, or the degree to which a nursing faculty member (role model) had successfully achieved the nursing student's (role aspirant's) goals, was explored as a component of the perception of the role model as it related to self-care in this study. Participants talked about how their faculty had overcome barriers to reach optimal physical health, something that seemed to be important to participants. Speaking of her lab instructor's efforts, Clara said, "She used to have really high blood pressure and was very overweight and she decided to take care of herself." She added, "I know my diet isn't that healthy, so maybe I should start."

Participants related how learning to successfully juggle personal and professional demands to have a long and fulfilling career was important to them. They envisioned that one way to do this was by making adequate time for self-care, which some of their faculty members

had been able to do. Flo recalled, “Her life seems pretty busy, so if she can have time to have hobbies like that and enjoy herself that shows something.”

Attainability

Attainability refers to how achievable a goal is for the role aspirant (Morgenroth et al., 2015). Participants reported mixed perceptions of the attainability of self-care based on their experiences and interactions with faculty. Clara confidently stated, “If they can do it, I can do it. That's just how I see it.” Rebecca remembered one faculty member who “did prioritize that self-care for her, so it made me think, like, okay, yeah, I guess it is doable.”

However, Becky felt that faculty’s self-care practices were out of reach for a student. She discussed faculty’s vacations several times throughout the interview. Becky recalled how her faculty members were able to take vacations that did not necessarily feel attainable to her at the point where she was: “when they talk about their vacations is totally different than what our vacations are.”

Lydia discussed a faculty member who set unrealistic expectations of herself and her students, which made self-care feel unattainable. Lydia recalled that this faculty member would say, ““Oh, yeah, I got like three and a half hours of sleep.”” Lydia reflected on similar expectations this faculty member had of students: “It just made it hard to balance self-care on top of feeling like we had to do all of those things.”

Participants recognized the value of making and achieving self-care goals before and during their time in the nursing program. Goals were varied as were the participants' experiences in achieving these goals. Participants spoke about the physical and mental aspects of self-care when discussing their goals. Smith described a couple of goals related to physical self-care: “The first thing I do when I wake up is stretch and then I go to the gym three times a week.”

Regarding achieving these goals, she said, “Due to my school schedule sometimes I can only go once. But, I make sure to go every week at least once.”

Participants also mentioned goals related to mental self-care. Among them, they talked about journaling and mindfulness. Rebecca spoke more about the mental side of self-care: “I also really enjoy meditation. I try to do that as often as I can for about ten minutes every day, to take a minute to just calm down. I'm pretty consistent, just because I know that it helps me so much to take that time, so I try to prioritize it.”

Desirability

Desirability is how preferable the goal is to the role aspirant (Morgenroth et al., 2015). Several participants mentioned how desirable self-care was to them beyond nursing school. Their perspective was that self-care would help them to transition smoothly into their nursing careers.

Jennifer had a faculty member who

compared it to [being] on an airplane when they do the whole safety briefing, you have to put the oxygen mask on yourself before you put it on other people. And, if you're continually getting burnt out with your day-to-day or not doing that self-care for yourself, it impedes how you're able to care for others.

Kara also found adequate self-care desirable. She spoke about how her faculty members were able to “fill their cup up” by “spending quality time with their family.” Kara acknowledged faculty’s emphasis on self-care and expressed admiration for fatigue prevention, saying it was helpful: “Knowing that other people, especially in this professional role, experience some sort of, like, fatigue in that sense, and that they actively do things to prevent that.”

Theme Two: Role Modeling Process

According to Morgenroth et al. (2015), the role modeling process is composed of vicarious learning, changing self-stereotyping, changing perceived barriers, admiration, and identification and internalization. Certain perceptions of a role model, namely goal embodiment and attainability, could be altered by these processes. Additionally, these factors also influenced a role aspirant's perception of goal and goal-related behaviors, i.e., expectancy and value.

Participants discussed indifference as a potential barrier to the role modeling process. If role aspirants did not feel the need for a role model, there was potential for the entire role modeling process to become obsolete. Indifference is discussed further under the sub theme of identification and internalization.

Vicarious Learning

Participants reported that their faculty taught them how to perform self-care behaviors through discussion and demonstration. Lydia observed, "She shares how she participates in self-care with us. So, she sets that example as well as encouraging us." Flo reported, "She actually plays the Native American flute and she brought it into class and played it for us on a break. So yeah, that showed her hobbies and what she does outside of being a professor." Daisy identified "healthy diet and exercise, being mentally healthy, breathing exercises and mindfulness" as methods her faculty members role-modeled. "We actually practiced all those different things in class and our professor encouraged us to use that when we're feeling stressed and use [them] as [a] coping mechanism."

Participants reported that this vicarious learning was sometimes accomplished unknowingly by faculty. Kara reflected on how "techniques she learned in nursing were transferable to her own self-care: "They've taught us a lot of guided imagery and, like,

meditation techniques to help our patients with pain. It has been kind of helpful, you know, to think about how we can help our patients and then use that tool, not only for them, but for ourselves as well.”

Changing Self-Stereotyping

Participants reported that faculty had a profound impact on them as they transitioned into the role of caregiver. Smith recounted how a faculty member deeply impacted her by helping to see that she was worthy of self-care even as she dealt with the rigorous demands of the nursing program: “She inspired me to take care of me.” Sally discussed a paradigm shift in how she valued her own self-care through learning of her faculty member’s experiences. As her faculty member worked as a new mother on an OB unit, Sally reported her faculty member realized “I’m educating all these people about being a new mother, and I’m not even doing it myself. [She realized that she] needs self-care. All nurses should have self-care.” Clara recalled an epiphany she had regarding taking on the persona of nurse: “I feel like you should also be a good example for these patients that you’re gonna have. I think just if you practice that now, maybe you can influence your patients one day to practice self-care.”

Changing Perceived Barriers

Despite the value placed on self-care, many participants reported barriers to actually performing it such as work responsibilities, financial constraints, and environmental concerns (such as weather). Sally stated, “I have to work and be financially independent while in nursing school.” Brooke noted “wintertime” and “weather” as potential barriers to her self-care.

Faculty attempted to assist participants in addressing these perceived barriers to help the students see they were not insurmountable. Chloe said her faculty “opened a peanut butter and jelly station upstairs in the nursing facility so that if we don’t have enough money for food, or if

we didn't pack a lunch, we can go and make ourselves a sandwich. So, they've done a lot of stuff like that.” Smith also reflected on how she was reminded of available resources at her institution:

The second or third week of classes last semester they had someone from the staff in our classroom and she was talking about the resources that we have, if we ever need. The gym and the personal trainers that they are there for us if we ever need. Also, if we ever need help as in like, if you ever go through any hardships, financial hardships, we have a food pantry there. They have a food pantry for us. They even mention[ed] something about, if you ever need help financially, we will point you in the right direction of where to go.

Admiration

Admiration relates to how highly role aspirants regard role models. Clara acknowledged that a career in nursing comes with its challenges but appreciated her faculty’s efforts to take care of themselves. Clara’s perspective was that although none of her professors were perfect, “They're very resilient beings and they got through it, and they're still here.” She recalled in particular one faculty member: “[He] takes care of himself. He has really good insight and he has experiences to back it up. I respect him wholeheartedly.” Clara identified how this faculty member’s experiences influenced her self-stereotype:

This specific instructor had shared some personal experiences as well, and I feel like it upped a level of respect in my eyes. The fact that you know he's still here, he's still going, and he still loves his job. [He] must be doing something right. So I take his advice, like really personally.

Lexi verbalized how she admired a faculty member for maintaining boundaries and keeping a sense of balance: “She didn't give us her personal phone number. She kept, like, some

privacy. Which I admire for sure.” Lydia said, “A lot of them they don't work Friday evening through Sunday night, which is fabulous. So yeah, they've been good examples of that as well.” These participants appreciated that their faculty members normalized boundaries that allowed them to have time for self-care outside of work.

Identification and Internalization

Identification and internalization describe the degree to which role aspirants relate to a role model and their achieved goals. Brook said, “Faculty can relate to nursing students because they were nursing students before.” Kara reflected,

I think that having those experiences shared by our professors has led me to think that they have dealt with similar things, while they were practicing bedside nursing before their time as educators. Knowing that they also experience the same feelings or similar feelings of being burnt out or worn down and that they took time for themselves.

Some participants did not associate faculty members as being in a role to influence self-care at all. Rinthil said, "I put my plan in place myself." Rather than crediting a faculty member with being a role model, Rebecca said self-care "has just been something that I wanted to prioritize and know that I needed to prioritize." Similarly, Becky did not feel like faculty had an impact on her self-care: "I don't think they've affected or impacted it negatively or positively. It's just that the one says what he says, and I'm either going to do it or not." AJ's perspective was that faculty members only cursorily mentioned self-care:

I know professors [have] a responsibility to teach the materials and let us be better prepared for the NCLEX. But I don't really see a great deal of focus on self-care. Maybe it's more like since they already told us at the beginning that they expect us to better manage ourselves, or like they already gave us the warning. So yeah, I feel like most of

the time the professor[s] didn't really focus on self-care like emphasizing self-care to balance ourself mentally and physically. I think most of them stress on just doing well, reaching out for help if we need it.

Theme Three: Perception of Goal and Goal-Related Behaviors

Expectancy-value models of motivation heavily influenced Morgenroth et al.'s (2015) work. These models proposed that role models directly contribute to role aspirants' expectations of success and the value they place on a goal. Participants reflected on how experiences and interactions with faculty impacted their expectancy related to self-care. Participants also recognized the value and importance of self-care activities as they discussed the impact they had on their nursing school experience.

Expectancy

Expectancy refers to the degree a role aspirant feels they are going to be able to perform self-care. Participants addressed expectancy when they talked about how faculty impacted their confidence. Jennifer spoke about how faculty positively influenced her confidence: "Them telling me that they were able to do things to take care of themselves while in nursing school makes me feel capable of doing the same thing and protecting my mental health."

Conversely, Chloe's perspective was her faculty did not help develop her self-efficacy in self-care: "They've reinforced that we should do it. But that doesn't make me feel like I'm better at it because they've told me to do it." Lydia's perspective was her faculty's impact was negative in her influence to practice self-care: "She made it really hard to do self-care because we were trying to get all of her stuff done before the deadlines." As the faculty placed heavy academic burdens on her students, Lydia stated this contributed to a lack of self-care "because I didn't want to take the time and then miss stuff for her class."

Value

Value relates to the worth that the role aspirant places on the goal. Participants expressed their value of self-care as they discussed the importance and necessity of self-care, the self-care activities in which they participated, and the impact they had on the nursing school experience. Just as participants' self-care goals were varied, so were their self-care activities. Brooke cautioned, "Self-care isn't black and white, and one thing won't necessarily work for another person."

Importance of Self-Care. Becky claimed that practicing self-care was "bottom of the priority list. I wouldn't say that it's a very big role at all." However, her perspective was not shared by the other participants. Rinthil felt self-care was "mandatory, in and outside of the nursing program. I determined that without self-care as a part of my life that is absolutely mandatory, I would become depressed and the work I was doing didn't feel like it was valuable to me anymore." Rebecca expressed,

It's pretty important for me. I notice a big change in my academic performance, in my clinical performance, as a mom and a wife, just in general. I notice that if I don't prioritize some time to take care of me and my mental health and my physical health, then everything else kind of suffers.

Lexi found going home to be with family "beneficial for my mental health and for my schooling too. It helps me to focus better and not get as burnt out." Sally summarized, "I think during nursing school it's really important to have self-care because it is a huge time for stress in your life."

Necessity for Self-Care. Participants discussed times when they noticed they needed self-care. Clara said she had a moment where she recognized, "I just need to pause to walk away

from my school work and just kinda like, give myself one hour of not thinking about it. So I did.” Lydia reflected,

I was just really struggling to balance nursing school, and working, and family life, and just all of the things. So, I actually had to start setting aside a day or half a day, just to relax and do the things that I wanted to do opposed to the things that I felt like I needed to do.

Self-Care Activities. Some participants' perspectives were that self-care was simply meeting their basic hygiene needs. Clara reported her instructor as saying, "Shower, for God's sake. Make sure that you fit that in." Becky also identified hygiene as self-care: "It's just taking care of my basic needs. So skincare and brushing my teeth." Sally agreed: "A lot of my self-care just includes doing household chores, making sure that my environment is clean and organized. That really helps me stay focused and feel good about myself."

Physical activity was another area of focus for participants. Lexi confirmed this when she said, "I would say my biggest self-care activity is going to the gym." Brooke agreed: "I try to work out every day, either by going to the gym or doing yoga."

Participants valued spending time with family and friends as a form of self-care. Rinthil stated, "Three times a month I will make sure that I go down to stay with my girlfriend for a few days at a time, wherever I have gaps." Sally agreed: "I like to spend time with my friends and my dogs."

Impact on Nursing School Experience. Participants reflected on how self-care, or lack of self-care, impacted their nursing school experience. The majority of participants felt self-care impacted their experience positively. Lydia recalled, "The weeks that I wasn't able to take some time off I struggled even harder [the] next week just because I wasn't taking that time for

myself.” Similarly, Daisy said, “Self-care has helped me to not feel overwhelmed and be able to accomplish all that I need to in the week.” Jennifer reflected, “I feel like when I practice self-care I’m a lot more capable of doing task[s] in nursing school, and I’m a lot more motivated to do my school work if I take care of myself because I’m not burnt out.”

Smith and Willow contrasted how they felt with lack of self-care versus adequate self-care. Smith said, “I wasn’t eating proper or exercising I didn’t have energy, and I was always in a sad and depressed mood.” She continued, “When I started prioritizing my self-care I started to have more energy and do better, not only in school, but in my social life and personal life.” Similarly, Willow found,

When I do really good with self-care, I feel like I can find the positives in things a lot better instead of like, “Oh, I have to get up early today, and I have to be at this clinical” and like, “Oh, I got to see all these cool things today.” But, I feel like when I lack self-care I tend to see more of the negatives.

Theme Four: Faculty Behaviors Impacting Self-Care

Participants were asked to compare their nursing faculty’s impact on self-care to that of other faculty including the individuals who taught pre-nursing courses. They felt more supported by their nursing faculty to practice self-care than in their experiences with pre-nursing coursework faculty. Participants also reflected on faculty behaviors that were both facilitators and barriers to their self-care. Participants identified encouragement for self-care, compassion and empathy, relatability, and sharing of ideas and facilitation of sharing of ideas as beneficial to their self-care endeavors. Specifically, they found it helpful when faculty facilitated or shared self-care resources. Whereas, they found a lack of coordination and organization among faculty as detrimental to their self-care efforts.

Comparison to Pre-Nursing Faculty

Overall, participants spoke more positively about nursing faculty and self-care than they did about their pre-nursing faculty. Lydia said, “All of my pre-nursing school was online. And, all of the professors I had were pretty hands-off, which was fine. So, they didn't really sway me either way.” Daisy agreed: “I definitely think nursing school talks about self-care way more, I don't really remember in any of my prerequisite courses them discussing it.” Jennifer added, “I feel like I'm just more involved with my nursing coursework professors than I ever was with my pre-nursing [faculty]. Because I feel like they're more involved and they care more about your success.”

Facilitator Faculty Behaviors

Participants identified several faculty behaviors they felt were particularly helpful in facilitating their self-care. Among these were (a) encouragement for self-care, (b) compassion and empathy, (c) relatability, and (d) sharing of ideas and facilitation of sharing of ideas. Multiple positive faculty behaviors were offered across these sub-themes.

Encouragement for Self-Care. Participants recalled ways in which their faculty members encouraged them to participate in self-care activities. Daisy stated, “Just the frequency that they talk about it, you can tell that it's a priority and that it's something that is easy to apply.” Chloe stated her faculty intentionally blocked an hour of time for self-care:

One of our classes has actually scheduled an extra hour of class time that we don't do in the class so that we can go home and take care of ourselves. But, on our schedule, it appears that we are booked for that that hour of class time. But. that's really an hour that they want us to take for ourselves.

Rebecca mentioned how one of her instructors changed an assignment to facilitate time for self-care:

I remember one instructor, one semester, did actually take away an assignment on one break that we had so that we didn't have to work on a school break. So, she's like, "Okay, I will change this assignment so we can do it later on in the semester so you guys can actually take a break when you're supposed to."

Brooke recalled that her faculty advocated for opportunities for students to take advantage of self-care: "When we are working, or when we are in clinicals [faculty would tell us that] it's very important for us to have that 30-minute break." Brooke continues: "They also give us breaks during class time, because they want us to be moving around. They want us to stretch. They want us to go to the bathroom. They want us to go get water or get a snack. And, they understand that we're human, too."

Compassion and Empathy. Several participants found the compassion and empathy their faculty members exhibited were advantageous. Lexi stated, "I think I've never felt shamed for how I run from thing to thing, like my fun activities outside of school. I've never felt shamed, or that I'm not doing enough."

Rinthil and Sally both related experiences where they needed and received compassion and empathy from faculty. Rinthil remembered a faculty member who reached out to him and asked if there was anything that he wanted to talk about: "Just as an open statement. And I was like, you know, actually. last week, I really kind of crashed a bit and talked to her about the events and everything." He remembered that the outcome was positive: "It took a huge weight off my shoulders." Sally recalled, "Within the past year I had a lot of family stuff come up and a lot of stress. During that time I was having to take a lot of time off of class." She recalled,

“They’re always just super understanding, and I don’t feel like I am being judged, I guess, or in a time crunch.”

Relatability. Participants also appreciated how relatable their faculty members were. Ashley expressed, “It makes a difference for sure when they listen and have compassion for us in what we’re facing, because they’re also facing things, too.” Rinthil added, “We can talk like we’re equals at the moment and that really helps with being able to be open, communicate. and in this particular case discuss things that would be related to self-care.” Rinthil reflected fondly on conversations with one particular faculty member: “He hunts and I hunt and so like I’d be in his office just chit-chatting about this and that. And so just having that openness to talk to him like a friend.”

Sharing of Ideas and Facilitation of Sharing of Ideas. Participants discussed how their faculty members gave them ideas on how to adequately care for themselves throughout nursing school. AJ remembered, “Some professors [would] give us advice on how to study for nursing school and classes. In a way, by doing so, we’re also cutting down on time and giving us more time for self-care.” Jennifer recalled an assignment that a faculty member had given her regarding sleeping habits: “When we turned it in, she’d be like, ‘Okay, like, I love what you’re doing. But here’s some suggestions that could possibly help you continue to take care of yourself.’”

Rebecca reflected how at the beginning of a semester her faculty would “generally just kind of open the floor for discussion like, ask for examples, ‘What do you guys do to take care of yourself?’” She remembered, “Everyone would give examples and it would kind of help to think, ‘Oh, well, that’s something I never thought of. Maybe I could try that.’” Ashley spoke about when her faculty facilitated ideas among her peer course colleagues: “We were able to kind of

bounce around ideas with me, and my peers. That was nice because then you kinda hear what other people are doing. And then, you can give your input.”

Willow stated that her faculty “provided resources to campus, like yoga classes or mindfulness. They provided resources for headspace and stuff.” Sally also reflected on resources: “They also really stress, if you are feeling kind of burnt out, they give us resources on how to do self-care. We've had a few workshops that we can go to. For SNA we've also had some meetings that are just self-care specifically for finals week.” Chloe added that her faculty hosted “a group of volunteer animal, stress relief animals. They had the team come with all their animals to our campus, and they brought them into the nursing building, and they had them bring all these little dogs and puppies.”

Barrier Faculty Behaviors

Some participants related that their nursing faculty had behaviors that were detrimental to their self-care. Participants identified some faculty who neglected to teach, encourage, or model self-care. Becky reported, “I think that it's just mainly the one instructor that really talks about it. The rest of them don't talk about it at all.” Lexy added, “I've had some that are very, like promote, promote self-care a lot, and then some that don't really mention it at all.”

Several participants discussed how faculty had conveyed that the expectations of nursing and nursing school were such that they would not or should not have time for self-care. Rebecca recalled, “Mainly, the messaging that I took away was, ‘Yeah, nursing school sucked, and we gained weight, and everyone's tired, you don't get any sleep, and you're barely functioning.’ It's mostly, just like, negative talk.” Smith had a faculty member who said, “‘Say goodbye to your family and friends. If you have time for your family and friends, you are doing nursing wrong.’” Daisy agreed: “I will say there have been a few professors that have made comments like, just

talking about their nursing school experience and kind of negatively talking about how like we should not have time to have a life, because that's just how nursing school is.”

Sally recalled one faculty member: “That has kind of been like, ‘You need to be doing all of these things, and they need to get done’ and basically ‘You need to figure it out.’” Rebecca recalled an experience where she did not receive the support she desired:

There's only been one instructor that I can remember that, and it was our first semester, and anything, any questions, or suggestions that we would have about, “Okay, we're kind of drowning here. We need more, we need more help here.” Her response was always, “Welcome to nursing school.” You know, it's just like, “Okay, like this is how it is. So sorry. You know, we all did it.”

Several participants expressed how lack of coordination and organization among their nursing faculty negatively impacted their stress and self-care efforts. Daisy recalled, “My first semester of the nursing program there wasn't a lot of organization. And, that caused stress.” Kara expressed frustration with different faculty who “didn't communicate to coordinate like, ‘Oh, I can't have this test on this day, because this other class, or they're already taking another class where they're having the test on the same day in the afternoon.’” Brooke agreed: “Do they not realize that we have all of this, and they only want us to focus on their test or their skills check-off?” Rebecca felt a disconnect between faculty’s encouragement for students to take care of themselves and the expectations within the program: “Sometimes it's frustrating when they say, ‘Take care of yourself. And, by the way, you have four assignments due tomorrow.’”

Conclusion

In summary, four themes and multiple sub-themes emerged from this study, which sought to examine the perspectives of nursing students on how their faculty influenced them in the performance of self-care. Morgenroth et al.'s (2015) motivational theory of role-modeling was used as a framework for guiding the study. Theme one (perception of role modeling) examined how role models' attributes impacted role aspirants' perceptions of the role model related to self-care. The study confirmed that the perception of the role model by the role aspirant was influenced by three key factors: (a) goal embodiment, (b) attainability, and (c) desirability.

Theme two (role modeling process) answered the question of how faculty contributed to the self-care role modeling process through vicarious learning, changing participants' self-stereotyping, and changing perceived barriers. Additionally, participants' perceptions regarding their admiration and identification and internalization were explored. Participants discussed indifference as a significant barrier to the role modeling process.

In theme three (perception of goal and goal-related behaviors), participants reflected on how faculty impacted their expectancy related to self-care. Participants examined role models' contributions to the value role aspirants placed on a goal. Participants also elaborated on the value of self-care as they discussed: (a) the importance of self-care, (b) the necessity for self-care (c) self-care activities they engaged in and (d) the impact it had on their nursing school experience.

Theme four (faculty behaviors impacting self-care) described facilitator and barrier faculty behaviors impacting self-care. Participants were asked to compare their pre-nursing faculty to their nursing faculty in regard to their contributions to self-care. Participants identified several faculty behaviors that facilitated their self-care efforts: (a) encouragement for self-care,

(b) compassion and empathy, (c) relatability, and (d) sharing of ideas and facilitation of sharing of ideas. Participants found sharing or facilitation of sharing self-care resources particularly helpful. Although most participants described faculty as having a positive impact on their perceptions, some participants reported that faculty were barriers to self-care. Participants highlighted the lack of coordination among faculty as having a negative impact on their time to perform self-care.

CHAPTER V

DISCUSSION AND CONCLUSIONS

Chapters I through III laid a solid foundation for this study. A comprehensive literature review was conducted analyzing what was known on the subject of how faculty members impacted self-care and, perhaps most importantly, what was not known. A gap was identified indicating a need for students' perspectives on how faculty impacted students' self-care. A qualitative descriptive methodology was chosen as the best means of answering the research questions.

The purpose of this study was to determine how U.S. nursing faculty impact students' self-care throughout their pre-licensure nursing education. Seventeen participants engaged in semi-structured interviews and provided invaluable insights to answer the research questions.

The following research questions guided this study:

- Q1 According to current students' interpretations, how do nursing faculty members act as role models to influence the valuation of, expectancy of, attainability of, and desirability of self-care practices among pre-licensure nursing students?
 - Q1a How do nursing faculty members facilitate and role model self-care to pre-licensure nursing students?
 - Q1b How do nursing faculty members inhibit or act as barriers to self-care for pre-licensure nursing students?

Results of the analysis of the semi-structured interviews were presented in Chapter IV. In this chapter, the findings are contextualized and connections are made between the newly acquired data and the existing literature. The theoretical perspective guiding this study is discussed in relation to the results and an expectancy-value-cost model is presented as an

alternative to traditional expectancy-value models. Study limitations are discussed as are implications on education and research.

Theoretical Perspective

The theoretical perspective informing this qualitative research study was constructivism. The meaning the participants, as current nursing students, ascribed to faculty behaviors was specific to the nursing school environment. Participants contextualized their statements during the semi-structured interview process. Participants had prior experiences that impacted their construction of new meaning (i.e., setting and reaching self-care goals). Participants' statements continually demonstrated active involvement in constructing meaning as evidenced by immersion with faculty in the nursing school environment.

In theme one, role aspirants (pre-licensure nursing students) assigned meaning to self-care behaviors exhibited by role models (faculty members) as they were immersed in and engaged within the nursing school environment. In theme two, participants demonstrated intentionality (recognizing alignment between the role aspirant and the role model) throughout the interview processes when they reflected on how faculty members had acted as role models and facilitated and role-modeled self-care throughout their nursing school experience. Participants discussed how faculty embodied the goal of adequate self-care, taught them through vicarious learning, and influenced expectancy. In theme three, participants further reflected on how self-care had impacted their nursing school experience. Finally, in theme four, participants compared and contrasted their pre-nursing faculty to their nursing faculty, assigned meaning and value to faculty behaviors, and conveyed how this shaped their reality related to self-care.

Morgenroth et al.'s (2015) motivational theory of role modeling guided this research and was embedded into the data collection and analysis processes. Themes and sub themes were

discovered, constructed, and outlined under the context of this model. As described in Chapter IV, this theory was a useful guide to answer the research questions and the findings did in fact align with theoretical elements.

Expectancy (the degree to which a role aspirant feels that they are going to be successful) and value (the worth that the role aspirant places on the goal) heavily influenced Morgenroth et al.'s (2015) work. These concepts were presented and discussed in detail throughout the previous chapters. Barron and Hulleman (2015) highlighted a third, and complementary but less recognized and researched, component to the existing expectancy-value models—cost.

Barron and Hulleman (2015) proposed that costs, which are not only monetary, could present as barriers such as time. For example, if students chose to engage in self-care, they were taking away from time that could have been devoted to their nursing studies. The physical demands of nursing and nursing school could be another example. Students might fear that if they worked out before a clinical, they might be exhausted and not have the stamina to meet the physical demands of the clinical environment.

“Motivational dynamics” might be more thoroughly explored by incorporating the construct of cost into traditional expectancy-value models (Barron & Hulleman, 2015, p. 505). Cost was a significant component of whether or not participants chose to engage in an activity. The effort and resources needed to accomplish a task were deemed too costly when they were perceived as “too much” by a participant (Barron & Hulleman, 2015, p. 508). In addition to exploring motivation from the perspective of whether participants felt capable of (expectancy) and wanted to (value) approach a task, Barron and Hulleman (2015) recommended exploring cost with the question, “Am I free of barriers that prevent me from investing my time, energy, and resources into the activity?” (p. 508). Based on the findings of this study, the addition of cost

into the theoretical framework is a recommended alteration to the model presented. Although the model presented throughout this work was consistent with recommendations of other theorists, the additional concept of cost could enhance it.

Discussion

Participants confirmed that nursing school was a time of high stress (Amattayakong et al., 2020; Vo et al., 2022) where significant barriers to self-care were present. Lack of time (Jenkins et al., 2019) and the rigor (Bartlett et al., 2016; Blum, 2014; Kacan & Pallos, 2021; Mills, 2019) of nursing school were identified by participants as significant barriers to adequate self-care. Most participants agreed that nursing school was more intense in time and rigor than their pre-nursing coursework. Just as Lewis (2018) found, participants did seem to find the rigor of nursing school to be a shock.

Some participants discussed their first semester of nursing school as being the most stressful. This was contrary to the findings of Sachan et al. (2022) and Vo et al. (2022) whose participants reported an increase in stress and anxiety as they progressed throughout the nursing program. Of note, participants in this study were not asked to disclose their semester of study as part of the interview process. Participants also discussed clinicals as a significant barrier to self-care. This was especially true in regard to time and rigor. This was in line with extant literature that suggested clinicals were a primary stressor (Jenkins et al., 2019; Nevins et al., 2019; Wei, Dorn et al., 2021). This finding suggested students needed support throughout their pre-licensure nursing education, whereas Sachan et al. (2022) and Vo et al. (2022) suggested that support be targeted at the final semesters.

Theme One: Perceptions of Role Model

Participants conveyed how their nursing faculty epitomized the goal of ultimate physical well-being. Participants in this study were able to reflect on their own self-care practices in relation to their physical goals including diet. This was supported by Nevins et al. (2019) who found that reflecting on self-care practices could create a foundation on which students could build. In this study, faculty members helped students reflect on their own self-care practices in relation to their goals, which Hensel and Laux (2014) documented was helpful in the context of diet. Faculty also encapsulated the goal of personal and professional balance by normalizing boundaries that allowed them to have time for self-care outside of work.

Faculty behaviors contributed both positively and negatively to participants' perceptions of how achievable self-care was. Faculty contributed positively by having successfully accomplished nursing school. Faculty also prioritized self-care in their own lives by normalizing boundaries, demonstrating to students it was possible to achieve balance in caring for self and caring for others, which previous studies found to be a challenge (Bakker et al., 2019; Mills, 2021; Younas, 2017). This supported Nevins and Sherman's (2016) suggestion for faculty to establish self-care as a consistent and daily habit in their own lives to be exemplary role models.

Participants spoke about how the appeal of self-care was impacted by faculty's examples. Participants perceived faculty's adequate self-care as a means to prevent fatigue and refuel themselves. Participants also discussed the necessity and importance of being examples to their patients once in an RN role, confirming Nevins et al.'s (2019) and Younas' (2017) findings that this was an important consideration for nursing students as future nurses. Similar to Nevins and Sherman's (2016) participants, most participants in this study expressed a desire to implement, or maintain, adequate self-care practices.

Theme Two: Role Modeling Process

Sometimes as a deliberate choice, other times unknowingly, participants related how faculty taught them how to perform self-care through discussion and demonstrations. This was supported by Mills' (2019) findings that nurse educators influenced student behaviors even when they were not aware they served as role models. Faculty have an impact, sometimes profound, on easing the transition process (Ashcraft & Gatto, 2018) students undergo when becoming caregivers. Participants delineated how faculty acted as inspirations by helping them to see they were worthy of self-care, challenging the historical nursing tradition that self-care is selfish or self-indulgent (Fontaine et al., 2021; Linton & Koonmen, 2020).

In addition to the time and rigor of a nursing program, participants recalled a variety of barriers to their self-care such as work responsibilities, financial constraints, and environmental concerns (weather). Participants reflected on how faculty members helped them realize these barriers were not insurmountable. This included providing resources, such as a peanut butter and jelly station, as well as reminding students of, and referring them to, existing institutional resources such as food pantries and financial assistance.

A major barrier to students connecting with faculty as role-models was indifference. Some participants talked about how they had instituted self-care on their own and did not feel faculty had played a part in influencing this implementation. This indifference has the potential to disrupt the entire role modeling process if participants do not view faculty as essential role models.

Theme Three: Perception of Goal and Goal-Related Behaviors

Participants reported their expectations of success related to self-care were negatively impacted by the demands placed on students by faculty. The choice to practice self-care or complete schoolwork should not be dichotomous as participants indicated. Adjusting curricular demands to increase students' time to practice self-care might positively enhance their expectations of success or perceptions of how successful they might be when pursuing self-care while continuing to meet the demands of nursing school. Quina Galdino et al. (2020) recommended faculty decrease unnecessary curricular overload.

Despite the barriers they had to overcome, participants overwhelmingly saw adequate self-care as valuable and worthwhile, confirming Nevins et al. 's (2019) findings. Self-care was interpreted differently by the various participants in this study, which was congruent with many other studies in the existing literature (Ashcraft & Gatto, 2018; Fontaine et al., 2021; Hartweg & Metcalfe, 2022; Martinez, Luis et al., 2021; Matarese et al., 2018; Slemon et al., 2021). Some participants perceived self-care as meeting their basic hygiene needs, consistent with Nevins and Sherman's (2016) work. Others focused on the physical aspect of self-care. To others, the mental aspects of self-care described by Hensel and Laux (2014) such as spending time with friends and family stood out.

Participants in this study discussed and confirmed specific self-care strategies and recommendations also reported in the extant literature (Ashcraft & Gatto, 2018; Bartlett et al., 2016; Blum, 2014; Lewis, 2018; Mills, 2019; Nevins & Sherman, 2016; Nevins et al., 2019; Quina Galdino et al., 2020; Sachan et al., 2022; Tierney et al., 2023; Vo et al., 2022; Wei, Dorn et al., 2021). Participants highlighted journaling as a means of self-care in many of the interviews, something also mentioned in the existing literature (Martinez, Connelly et al., 2021;

Moore et al., 2021). Participants confirmed previous studies that indicated adequate self-care led to improved professional capacity and increased bandwidth. This improved ability enabled them to successfully navigate the stressors associated with nursing school (Hensel & Laux, 2014; Jenkins et al., 2019).

Theme Four: Faculty Behaviors Impacting Self-Care

Many participants discussed how nursing faculty impacted their self-care and thereby influenced their ability to approach clinical and academic learning situations with resilience. This resilient mindset was determined to be essential by Hofmeyer et al. (2020). This qualitative study examined the influence of nursing faculty on the self-care behaviors of their students. This influence identified areas of focus for nursing faculty as well as identified faculty behaviors to avoid.

In line with Kirsten et al.'s (2019), Lewis' (2018), and Green's (2019) findings, participants reported their faculty members' behaviors did, indeed, have an impact on their nursing school environment, experience, and coping. Participants reported situations where faculty were supportive of their self-care. This support reportedly helped them to manage their stress as previously indicated (Bartlett et al., 2016).

Kaur et al. (2020) found the development and maintenance of meaningful relationships increased students' ability to effectively cope with stress. Three sub themes identified in this study supported this finding: (a) encouragement for self-care, (b) compassion and empathy, and (c) relatability. The ability to establish meaningful relationships with their faculty was beneficial to facilitating their self-care (Hensel & Laux, 2014) and participants were able to do this. Participants in this study appreciated how approachable and relatable their faculty were, a sentiment identified by Mukan et al. (2021), as a means of maintaining a supportive

environment. Participants reported a noticeable difference in the support they received from their nursing faculty compared to their pre-nursing faculty.

The frequency with which faculty members talked about self-care helped participants to prioritize it. Intentionally blocking time for self-care and changing assignments to facilitate breaks instead of having students work on homework during scheduled time off were cited as ways faculty encouraged self-care. Participants reported that when faculty encouraged them to take breaks during clinical and class time, they felt faculty were recognizing their essential human needs. This was congruent with Nevins et al.'s (2019) findings that when basic physiological needs were met, there was an increased threshold for confronting stressors.

Participants reported that faculty showed them compassion and empathy by allowing them to participate in extracurricular activities without judgment. This supported Bartlett et al.'s (2016) and Gross' (2018) findings that the support of nursing faculty for students to engage in self-care practices was instrumental in managing stress and anxiety. This was a logical recommendation by participants, considering Bartlett et al.'s finding that fewer nursing students participated in college or university-sponsored athletics than those in the general student body population.

The fact that faculty were not immune to life's challenges made them more relatable to participants. Most adults have competing academic, socio-cultural (Bartlett et al., 2016; Nevins & Sherman, 2016; Nevins et al., 2019), and familial demands to contend with and these participants were no different. Participants reported faculty could show empathy and compassion when students' attention was required elsewhere to navigate these stressors. This call for empathy and compassion by participants confirmed Lewis' (2018) statement that faculty did, indeed, play a crucial role in the student-teacher relationship and possessed an inherent power to

affect the student experience. Participants confirmed that tight deadlines could be a significant contributor to stress (Quina Galdino et al., 2020), indicating a need for faculty to have flexibility around deadlines.

Connecting with participants and recognizing they had hobbies and needs outside of school made it possible for participants to relate to faculty as equals. This relatability allowed participants to communicate with their faculty members openly. The ability to connect with students through supportive and respectful relationships to promote a caring environment was supported by Kirsten et al.'s (2019) and Kaur et al.'s (2020) work.

Participants appreciated when faculty shared of themselves through either demonstration or discussion. This was complementary to Owens and Godfrey's (2022) findings that faculty modeling professional identity empowered students to pursue and prioritize their own health and well-being. Participants discussed how faculty would facilitate students' self-care by giving them suggestions to streamline their studies to give them more time for self-care. Similarly, participants discussed experiences where faculty embedded self-care experiences in their curriculum (such as a sleep journal) where faculty would analyze participants' current practices and give them feedback. This behavior was demonstrated as effective in previous studies (Nevins & Sherman, 2016).

In support of Turner and McCarthy's (2017) work, participants adapted coping strategies they had been taught to help their patients to themselves. Faculty gave them opportunities to practice these self-care strategies in class. Additionally, participants in this study discussed how faculty hosted outside self-care resources such as a group of volunteer stress relief animals. Participants mentioned that faculty could facilitate self-care by incorporating workshops, especially during high-stress times like finals week, into existing clubs and organizations such as

a Student Nurses Association. Some participants found faculty's suggestions helpful in better managing their time. Quina Galdino et al. (2020) also found it necessary to help students better manage their time to reduce stress and mitigate burnout.

The literature spoke about the benefits of formal therapy and organized support groups (Silva et al., 2020). While participants of this study mentioned these as resources, they were not part of the primary conversation nor were they discussed as being operationalized formally. Participants in this study talked about members of their cohort but conversations implied the interactions (such as discussions surrounding self-care in class to bounce ideas off of each other, study groups, or therapists on-site after a stressful simulation) were much more informal than Silva et al. (2020) suggested when discussing formal therapy and support groups. However, faculty facilitating informal conversations among peers promoted the sharing of self-care strategies, which was perceived as helpful by participants.

Faculty could exhibit behaviors that are barriers to participants' self-care, thereby increasing their stress (Wolf et al., 2015). Lack of support, which was mentioned by Elkins (2019), was identified in this study as a lack of discussion by faculty surrounding self-care. Negative talk, the idea that "this is just the way nursing school is," and the idea that students needed to just "figure it out" were also cited as detrimental faculty behaviors in this study. Lewis (2018) referred to this as the "do or die" mentality. In concert with Elkins' (2019) and Sanad's (2019) findings, participants also confirmed that lack of support from faculty could increase stress.

A topic brought up by many participants as a barrier to self-care was the lack of coordination and organization among faculty, which Wolf et al. (2015) also highlighted as detrimental to students' self-care. Faculty who delivered their course in isolation, not recognizing

the demands on students in relation to the big picture of the entire curriculum, were perceived negatively by participants. Reducing curricular overload to facilitate scheduled time off was highlighted by participants as being especially true during planned institutional breaks. Similarly, Nevins and Sherman (2016) issued a call for faculty to promote self-care among students by facilitating the coordination of assignment and project due dates.

Limitations

Despite efforts to integrate rigor throughout the research process, limitations did exist. Recruitment attempts were made to garner perspectives from current nursing students throughout the United States. While the sample did include students from across the 48 contiguous states, they were heavily concentrated in the western United States. Future studies could benefit from a more widespread sample representative of diverse geographical areas to give a broader perspective of how faculty impacted nursing students across the United States.

Participants in accelerated programs were intentionally excluded from this study. This was a deliberate choice since accelerated programs generally consisted of compact curricular and clinical expectations. However, this could impact the transferability of the findings to this population.

During this study, participants were asked to compare their pre-nursing faculty to their nursing faculty regarding how they impacted their self-care. Some participants reported they were enrolled in pre-nursing coursework during the COVID-19 pandemic. During the COVID-19 pandemic, many courses were shifted to an online modality in an effort to limit exposure and protect the health of the public. This change in course delivery from face-to-face to online could have impacted participants' exposure to and interactions with their pre-nursing faculty. Therefore, comparison could be difficult if students were attending a face-to-face nursing

program and had different interactions with their nursing faculty than they did online with their pre-nursing faculty.

Finally, while this study was based on a sound theoretical model, the concept of cost was not explored as a component of the model. Barron and Hulleman (2015) suggested “motivational dynamics” might be better explored by including costs (p. 505). Future studies utilizing expectancy-value models might consider incorporating cost as an additional means of gaining insight into participants’ reasons for participating in, or foregoing, self-care.

Implications

This study focused on students’ perceptions of faculty as self-care influencers. Findings added to the growing body of research regarding students’ self-care and faculty’s influence. The insight gained has implications for nursing education and research. The majority of participants reported a recognizable emphasis on self-care in nursing education. This might indicate the importance of self-care was recognized and education surrounding self-care was being integrated by nursing faculty. Despite this, a plethora of opportunities exists for improvement by nursing faculty in the realm of promoting adequate student self-care. Recognizing their unique position, nursing faculty could take an active role in students’ lives to teach them self-care so they can endure the rigors of nursing school and ideally carry those lessons with them as they enter the demanding role of practicing nurse.

This study left little doubt that nursing faculty, as role models, could and did impact students’ self-care interpretations and practices and played a crucial role in establishing and maintaining a supportive environment. Nursing faculty could effectively practice self-care by implementing positive coping and self-care strategies in their own lives by modeling for students how to successfully balance multiple stressors. By embodying student’s self-care goals, nursing

faculty could help students reflect on their own self-care practices. Frequently talking about and facilitating discussions among groups of students surrounding self-care is one method by which nursing faculty could positively contribute to enhancing students' self-care. In so doing, self-care should be approached from an individualized perspective. It would be helpful for faculty to avoid forcing one specific focus (i.e., physical health) or activity (i.e., yoga) on students as evidenced by the wide spectrum of self-care activities identified here.

This study determined that students needed support beginning early in their program since some participants cited the first semester of nursing school as the most stressful. Faculty in nursing programs should abandon the mentality that lack of self-care is inherent in nursing education environments and nursing practice as was proposed (Fontaine et al., 2021; Linton & Koonmen, 2020). Nursing faculty could become inspirations by helping students see they are deserving of self-care. It is crucial for nursing faculty to avoid dialogue that could negatively impact students' perceptions related to self-care.

Students have responsibilities and demands outside of the academic environment that they cannot displace (such as family and work). Compassion and empathy are required when students' attention is needed elsewhere to navigate these life stressors. Another opportunity for faculty to show compassion and empathy would be to recognize the value for students to engage in extracurricular activities instead of concentrating solely on coursework.

One hallmark of an effective educator and mentor is continually working to develop and implement supportive behaviors (Mentag, 2020) that facilitate students' self-care. Nursing faculty have an important role in the student-teacher relationship (Lewis, 2018) and might consider the impact of reaching out to students to allow them a safe place to talk about their barriers and promote respectful and caring relationships. Facilitating this connection outside of

the strictly academic realm could increase open communication among nursing faculty and students.

Taking opportunities to share of themselves by modeling behaviors is another hallmark of an effective educator and mentor. When needed, students might benefit from being provided with helpful resources such as access to a food pantry and referral to appropriate formal resources such as financial aid or a trained counselor. This might decrease their stress, increase their attainability and expectancy related to self-care, and help them realize that barriers are not insurmountable.

Informal opportunities might be sought to facilitate the sharing of self-care ideas among peers. Opportunities might also be sought to give students advice on how to streamline their study to make more time for self-care, give feedback on current self-care practices, and facilitate self-care activities such as practicing self-care in class or providing information, specifically around stressful times such as finals week, during a Student Nurses Association meeting. Hosting outside self-care resources such as volunteer stress relief animals on campus would be another plausible method to enhance students' self-care.

Coordination and organization of course requirements among faculty might be a shared goal to decrease unnecessary curricular overload (Nevins & Sherman, 2016; Quina Galdino et al., 2020) to facilitate time for self-care. To overcome this barrier, nursing faculty might examine their individual course as one of many in the required curriculum and recognize the demands they are placing on nursing students with special attention to how the demands could be impacting students' self-care. One way to do this might be to intentionally block self-care time when putting together the semester's schedule. Another way to operationalize this might be to pay particular attention to the academic calendar to not overload students with required work

during their allocated institutional breaks. Participants described both of these as ways faculty modeled self-care and contributed to their own ability to engage in self-care.

Students have needs that require breaks, both in the academic and clinical settings (Emery, 2020; Nevins & Sherman, 2016). To facilitate self-care, students might be encouraged to frequently stretch, take the opportunity to eat healthy snacks, rehydrate, and use the restroom. Taking care of basic needs was identified as self-care and as one participant pointed out, if faculty feel like they need a break, students probably do too.

As nursing students are immersed in the nursing school environment, they hold unique and insightful perspectives of how faculty influence self-care in their particular programs of study. To gain insight individualized to their program, nursing faculty might consider approaching the nursing students in their program to gain their invaluable insights into how to make adjustments within their programs to better support students. Once obtained, it is imperative that nursing faculty critically reflect on these suggestions and, where possible, implement students' recommendations.

Future Research

Qualitative studies using semi-structured interviews surrounding self-care were limited. This study sought to explore nursing students' perspectives of nursing faculty. A similar study of how nurses in the clinical environment, such as preceptors, impact students' perceptions and implementation of self-care could add to this growing body of knowledge.

A finding in this study revealed contrary information to the existing literature. Some students in this study reported the first semester of their nursing program was the most stressful. Whereas, Sachan et al. (2022) and Vo et al. (2022) reported their participants experienced an increase in stress and anxiety as they progressed through the nursing program. A qualitative

descriptive study examining students' perceptions of stress by term in the program, as well as how self-care behaviors and practices evolved over time, could be valuable.

Students in accelerated and bridge nursing programs have unique demands placed on them. These students also typically have extensive academic backgrounds and faculty interactions, sometimes healthcare related, upon which to draw for comparison. Therefore, they might perceive nursing faculty behaviors differently than students in traditional pre-licensure programs. Similarly, students in graduate nursing programs might have extensive professional and academic backgrounds that influenced their current perceptions of self-care and nursing faculty behaviors. Qualitative studies specific to these populations, addressing the research questions explored in this study, might provide additional insight for nursing faculty.

Conclusion

Nursing school is a stressful time when students experience significant barriers to self-care including program rigor (Bartlett et al., 2016; Blum, 2014; Kacan & Pallos, 2021; Mills, 2019) and time (Jenkins et al., 2019). Nursing faculty have an onerous task of maintaining quality nursing education while helping students navigate these barriers to adequately care for themselves. Nursing faculty have an opportunity to make a positive impact on the short-term and long-term perceptions of self-care and self-care-related behaviors among nursing students (Kaur et al., 2020; Nevins et al., 2019). By incorporating the insight gained from current nursing students, nursing faculty could strengthen the support they provide to future nursing students during critical stages in their learning, development, and professional integration.

Using semi-structured interviews with 17 participants, this qualitative descriptive study sought to understand how nursing faculty acted as self-care influencers. Through data collection and analysis, the research questions were answered, adding invaluable student insight into how

faculty influence and act as facilitators of and barriers to students' self-care. The findings of this study have important implications for nursing faculty. Nursing faculty are in an ideal position to fulfill their professional responsibility of positively impacting students' perceptions of self-care and self-care-related behaviors. Through effective engagement in the role modeling process, faculty could adequately prepare students to care for themselves so they can successfully endure the professional challenges inherent beyond nursing school.

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APPENDIX A
DEFINITIONS OF KEY TERMS

Attrition. The level of students “who leave early without successfully completing their educational programme” (Boath et al., 2016, p. 80).

Anxiety. An emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes itself to meet the perceived threat: Muscles become tense, breathing is faster, and the heart beats more rapidly. Anxiety may be distinguished from fear both conceptually and physiologically, although the two terms are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat (American Psychological Association [APA], n.d.-a, para. 1).

Burnout. An individual’s response to unbridled stress that occurs on an ongoing basis and remains unaddressed (Fontaine et al., 2021).

Chronic Stress. The physiological or psychological response to a prolonged internal or external stressful event (i.e., a stressor). The stressor need not remain physically present to have its effects; recollections of it can substitute for its presence and sustain chronic stress (APA, n.d.-b, para. 1).

Compassion Fatigue. “Decreased ability to nurture due to the emotional, physical, and spiritual exhaustion that stems from constant encounters with suffering in others” (Nevins et al., 2019, p. 141).

Pre-Licensure Nursing Student. Any student who has completed at least the first semester of a traditional, non-accelerated, pre-licensure associate or baccalaureate degree RN program.

Resilience. The capacity to recover from adversity, maintain well-being, and respond effectively and persistently in the face of uncertainty (Bartlett et al., 2016; Hofmeyer et al., 2020; Wei, Dorn et al., 2021). For nursing students and new graduate nurses, the process of resilience may be operationalized as the ability to persist and complete a program of study, take and pass the NCLEX licensing exam, enter the workforce, and remain in the profession (Hofmeyer et al., 2020; Wei, Dorn et al., 2021).

Retention. “When students remain in one Higher Education Institute and successfully complete their programme of study within a specific time period” (Boath et al., 2016, p. 80).

Role Aspirant. “An individual who makes active, although not necessarily always conscious or deliberate, choices about in whose footsteps to follow based on their own values and goals” (Morgenroth et al., 2015, p. 466).

Role Model. “A person or group serving as an exemplar for the goals, attitudes, or behavior of an individual, who identifies with and seeks to imitate the role model” (APA, n.d.-c, para. 1).

Self-Care. “The ability to care for oneself through awareness, self-control, and self-reliance in order to achieve, maintain, or promote optimal health and well-being” (Martinez, Connelly et al., 2021, p. 423).

Self-Efficacy. “The confidence that one can successfully perform a specific behavior or broader task” (Morgenroth et al., 2015, pp. 469-470).

Stress.

The physiological or psychological response to internal or external stressors. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave. For example, it may be manifested by palpitations, sweating, dry mouth,

shortness of breath, fidgeting, accelerated speech, augmentation of negative emotions (if already being experienced), and longer duration of stress fatigue. Severe stress is manifested by the general adaptation syndrome. By causing these mind body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing quality of life. (APA, n.d.-d, para 1).

Stressor. “Any event, force, or condition that results in physical or emotional stress. Stressors may be internal or external forces that require adjustment or coping strategies on the part of the affected individual” (APA, n.d.-e, para. 1).

APPENDIX B

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The Motivational Theory of Role Modeling: How Role Models Influence Role Aspirants' Goals

Sage

Author: Thekla Morgenroth, Michelle K. Ryan, Kim Peters
Publication: Review of General Psychology
Publisher: SAGE Publications
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APPENDIX C

COMMISSION ON COLLEGIATE NURSING EDUCATION,
ACCREDITATION COMMISSION FOR EDUCATION IN
NURSING, AND COMMISSION FOR NURSING
EDUCATION RECRUITMENT LETTER

Date

Dear Chief Nurse Administrator,

My name is Shane Yardley. I am Ph.D. in Nursing Education Student at the University of Northern Colorado. I am currently in the dissertation phase of my program. I am actively recruiting students for an IRB-approved research study entitled *Nursing faculty as self-care influencers: Current nursing students' perspectives*. Eligible students must have completed at least the first semester of a traditional, non-accelerated, pre-licensure associate or baccalaureate degree RN program. At your convenience, will you please forward the following information to eligible students within your program? Thank you for your assistance.

Warm Regards,
Shane Yardley
University of Northern Colorado
Ph.D. in Nursing Education Student

Dear Student,

My name is Shane Yardley. I am Ph.D. in Nursing Education Student at the University of Northern Colorado. I am currently in the dissertation phase of my program. I am actively recruiting students for an IRB-approved research study entitled *Nursing faculty as self-care influencers: Current nursing students' perspectives*. Eligible students must have completed at least the first semester of a traditional, non-accelerated, pre-licensure associate or baccalaureate degree RN program. Data collection will occur in the form of a one-on-one interview via a video conferencing platform. The anticipated time commitment to participate in this study is approximately one hour. Remuneration in the form of a \$20 Amazon™ gift card will be provided. Students interested in participating can reach out to me via email. My email address is yard4827@bears.unco.edu. Please don't hesitate to reach out with any questions, concerns, or to discuss this opportunity further.

Warm Regards,
Shane Yardley
University of Northern Colorado
Ph.D. in Nursing Education Student

APPENDIX D

NATIONAL STUDENT NURSES ASSOCIATION
RECRUITMENT LETTER

Date

To Whom It May Concern,

My name is Shane Yardley. I am Ph.D. in Nursing Education Student at the University of Northern Colorado. I am currently in the dissertation phase of my program. I am actively recruiting students for an IRB-approved research study entitled *Nursing faculty as self-care influencers: Current nursing students' perspectives*. At your convenience, will you please forward the following information to NSNA members? Thank you for your assistance.

Warm Regards,
Shane Yardley
University of Northern Colorado
Ph.D. in Nursing Education Student

Dear Student,

My name is Shane Yardley. I am Ph.D. in Nursing Education Student at the University of Northern Colorado. I am currently in the dissertation phase of my program. I am actively recruiting students for an IRB-approved research study entitled *Nursing faculty as self-care influencers: Current nursing students' perspectives*. Eligible students must have completed at least the first semester of a traditional, non-accelerated, pre-licensure associate or baccalaureate degree RN program. Data collection will occur in the form of a one-on-one interview via a video conferencing platform. The anticipated time commitment to participate in this study is approximately one hour. Remuneration in the form of a \$20 Amazon™ gift card will be provided. Students interested in participating can reach out to me via email. My email address is yard4827@bears.unco.edu. Please don't hesitate to reach out with any questions, concerns, or to discuss this opportunity further.


Warm Regards,
Shane Yardley
University of Northern Colorado
Ph.D. in Nursing Education Student

APPENDIX E

SOCIAL MEDIA RECRUITMENT POST



Take part in an
exciting
research
opportunity!



Let your
opinions be
heard!

Attention Students

Pre-licensure students who have completed at least the first semester of a traditional, non-accelerated, associate or baccalaureate degree RN program are being sought for an exciting research opportunity entitled, *Nursing faculty as self-care influencers: Current nursing students' perspectives*.

~Data collection will occur in the form of a one-on-one interview via video conferencing. The approximate time commitment for participation is 1 hour. ~

Interested participants should contact the primary investigator, Shane Yardley, at (435) 669-0645 or yard4827@bears.unco.edu to be screened for eligibility.

Note: This study is approved by UNCO's Institutional Review Board

APPENDIX F
ELIGIBILITY SCREENING FORM

Candidate #: _____

Date: _____

1. Are you a current nursing student in the U.S.?
(no=exclusion)
☐ Yes ☐ No
2. Have you completed at least the first semester of a traditional, non-accelerated, pre-licensure associate or baccalaureate degree RN program?
(no=exclusion)
☐ Yes ☐ No
3. Are you in an accelerated pre-licensure associate or baccalaureate program?
(yes=exclusion)
☐ Yes ☐ No
4. Are you a current nursing student at Southern Utah University?
(yes=exclusion)
☐ Yes ☐ No

Inclusion Decision:

☐ Include

☐ Exclude

Candidate Agrees to a One-On-One Interview:

☐ Yes

☐ No

Participant's Chosen Pseudonym: _____

(Note: Only allow the participant to choose a pseudonym if the candidate meets eligibility criteria and agrees to a one-on-one interview).

APPENDIX G
CONSENT FORM



UNIVERSITY OF
NORTHERN
COLORADO

INFORMED CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

University of Northern Colorado

Study Title: Nursing faculty as self-care influencers: Current nursing students' perspectives

Primary Investigator: Shane Yardley, Ph.D. in Nursing Education Student;
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Research Advisor: Dr. Darcy Copeland, Ph.D., RN; darcy.copeland@unco.edu;
(970) 351-1930

Purpose: The purpose of this study is to determine, through the lived experiences of current nursing students, how U.S. nursing faculty impact students' self-care throughout their pre-licensure nursing education. Pre-licensure nursing students will be the population of interest for the study. If nursing faculty adequately understand how they influence student's self-care behaviors, they may be increasingly able to implement and support student self-care behaviors within and alongside the curricula.

Methods: Using one-on-one semi-structured interviews, you will be asked to share your experiences regarding how nursing faculty have influenced your self-care throughout your pre-licensure education. The interviews will be conducted using the two-way online video conferencing platform, Zoom™. Interviews will be audio and video recorded so that, upon completion, a verbatim transcript can be created with the aid of Otter.ai™ software. These transcripts will be analyzed for themes.

If you agree to participate in this research study, the following will occur:

- You will participate in an approximately 60-minute audio and video recorded interview via the video conferencing platform Zoom™.
- You will be asked questions about your self-care and how faculty influenced your self-care throughout your nursing school experience.
- You will be asked generic demographic information such as the state or territory where you attend nursing school, the type of program that you are enrolled in (associate or baccalaureate degree), your age, your gender, your race, and your ethnicity.
- If there are any questions you don't want to or don't feel comfortable answering, it is okay to skip those. You are entitled to stop the interview or withdraw from the study at any point.
- If you complete the entire one-on-one interview you will receive a \$20 Amazon gift card.
- In the case of technical difficulties, or if I need contextual clarity, I may contact you after the interview to clarify what you said.
- I will email you a copy of the written transcript of our conversation to have you verify that the experiences you described were accurately captured.

Ethical Considerations: After being screened for eligibility, you will be asked to choose a pseudonym for tracking, analysis, and reporting purposes. The interview recording will be maintained on Zoom's™ password protected data cloud for a period of three years. In addition to the data cloud being protected, the PI's computer utilized to access the data cloud is also password protected. Electronic versions of the transcribed interviews will be printed and stored on a password protected USB flash drive for a period of three years. All physical documents related to the study (ex. Eligibility screening forms, transcribed interviews, codebook, etc.) will be maintained in a locked file cabinet in the PI's locked office for a minimum of three years. After a period of three years, all electronic data will be deleted and all physical documents will be destroyed appropriately (i.e. shredded). This study has institutional review board (IRB) approval through the University of Northern Colorado (UNCO).

Risks: Risks of participation are minimal. You can expect risks equivalent to conversing with a co-worker in a professional setting. You will be asked to reflect on your nursing school experience. As you reflect, stressful times may come to mind with associated psychological and physiological symptoms (i.e. reflection may be a trigger for some participants). In the unlikely event that you become distressed (i.e. appear visibly and/or verbally upset) the interview will be stopped, the PI will check-in with you to ensure that your immediate needs are met, and you will be reminded of existing resources (ex. national mental health hotlines) and encouraged to seek psychological services (i.e. a counseling center) at the institution where you are enrolled as a student.

- National Suicide Preventions Lifeline: 1-800-273-TALK (8255)/ Spanish: 1-800-799-4889
- National Alliance on Mental Illness (NAMI): 1-800-950-NAMI (6264)
- You can type 211 and be connected to resources including those for mental health

Benefits: You will have the opportunity to reflect on self-care experiences throughout your nursing school experience. This is particularly true if you engaged in positive self-care activities which you can draw from and repeat in the future. All participants can take pride in the fact that they have contributed to the increasing nursing faculty members' understanding of how they influence self-care, which may help future student cohorts.

Participation is Voluntary: Participation in this study is completely voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. If there are any questions you don't want to or don't feel comfortable answering, it is okay to skip those. Your decision will be respected and will not result in loss benefits to which you are otherwise entitled. It should be noted that only participants who complete the entire one-on-one interview will be offered remuneration, as the code will be placed in the video conferencing's chat feature at the conclusion of the interview.

Consent Process: Having read the above and having had an opportunity to ask any questions, verbal consent will be obtained prior to beginning the recorded interview if you choose to participate in this research study. A copy of this form will be emailed to you to retain for future reference.

Concerns: If you have any concerns about your selection or treatment as a research participant, please contact Laura Martin, Director of Research Compliance, Office of Sponsored Programs, University of Northern Colorado at Laura.Martin@unco.edu.

APPENDIX H
DEMOGRAPHIC INFORMATION FORM

Pseudonym: _____

Age: What is your age?

_____ Prefer not to answer

Gender: What is your gender?

Male Female Non-binary Non-conforming Transgender Prefer not to answer

Ethnicity: Are you of Hispanic, Latino, or of Spanish origin?

Yes No Prefer not to answer

Race: How would you describe yourself regarding race?

American Indian or Alaska Native Asian Black or African American Native

Hawaiian or Other Pacific Islander White MENA (Middle Eastern North African)

Two or more races Prefer not to answer

Location of School Attendance: In which U.S. state or territory are you currently attending nursing school?

_____ Prefer not to answer

Program Type: What type of program are you enrolled in?

Associate Degree Baccalaureate Degree Prefer not to answer

APPENDIX I
INTERVIEW GUIDE

Interview Scheduling:

- Determine eligibility via eligibility screening form
 - Allow the candidate to choose a pseudonym if they meet eligibility and agree to a one-on-one interview
- Schedule the interview, in a one hour block, for a mutually convenient time
- Obtain an email address where the consent form and video conferencing platform link can be sent.
- Email consent form
- Email video conferencing link

Interview Flow:

Prior to starting recording

- Inquire if the participant has had time to review the consent form that was emailed to them. If not, allow them to do so now.
- Ask if the participant has any questions on the consent form or interview process.
 - Answer any questions that the participant has.
- Obtain verbal consent from the participant to proceed with the recorded interview.
- Obtain verbal consent from the participant to recontact them as needed to clarify ideas.
- Obtain verbal consent from the participant to send them a coded email transcript of the conversation to verify that the experiences they described were accurately captured.
- Read participants the demographic information form and collect demographic information

Start recording

- Beginning Script: Thank you for taking the time to meet with me today to provide your invaluable insights. Having read the consent form, you understand that participation in this study is completely voluntary and that you can withdraw at any time without fear of retribution. I am recording this interview so that our conversation can be transcribed verbatim.

As you know, I am interested in learning how nursing faculty influence students' self-care throughout their pre-licensure nursing education. I am going to ask you a series of questions to guide the conversation. I invite you to be open and honest as you answer the questions. However, you can skip any questions that you don't want to answer or don't feel comfortable answering. Follow-up questions will be asked if additional information is desired or needed. Do you have any questions, concerns, or needs before we begin?

- Interview Questions:
 1. The definition of self-care chosen for this study is: "The ability to care for oneself through awareness, self-control, and self-reliance in order to achieve, maintain, or promote optimal health and well-being" (N. Martinez et al., 2021a, p. 423). Given

this definition, what kinds of activities do you routinely engage in that demonstrate self-care?

2. How important is self-care and practicing self-care in your own life? *Valuation*
 - a. Additional probe: What role does self-care play in your life?
3. Can you think of a time when you noticed you needed self-care and then practiced it?
 - a. Additional probe: What did you notice that prompted the need for self-care?
 - b. Additional Probe: How did faculty impact this, either positively or negatively?
4. Have you developed any goals related to self-care in the past? If so, what were they? *Attainability*
 - a. Additional probe: What has your experience been in achieving these goals?
5. What are some barriers to self-care you have faced?
 - a. Additional probe: How do these barriers compare to your pre-nursing coursework and life?
6. Have your nursing faculty talked about the importance of self-care?
 - a. Additional Probe: Can you tell me more about what was discussed?
7. Throughout nursing school, what have your faculty members said or done to encourage you to take an active role in your own self-care?
 - a. Have faculty said or done anything that discouraged you from taking an active role in your own self-care?
8. How did faculty impact your confidence to practice self-care? *Expectancy*.
 - a. Did they contribute to a lack of confidence to practice self-care? *Expectancy*.
9. Have your nursing faculty talked about or demonstrated how they practice self-care?
 - a. Additional Probe: Can you tell me more about what was discussed or demonstrated?
10. Did nursing faculties' self-care practices make you think that adequate self-care was necessary and achievable? How so? *Desirability*.
 - a. Additional probe: Do any specific faculty members come to mind when I mention adequate self-care? If so, what do you think made them stand out to you?
11. Have any specific faculty member behaviors been beneficial in facilitating or role-modeling self-care?
 - a. Have any been detrimental or prohibitive?
 - b. Additional probe: How does this compare to experiences with faculty in your pre-nursing coursework?
12. How has adequate self-care, or lack of self-care, impacted your nursing school experience? *Valuation*
 - a. Additional Probe: How did faculty impact this?
13. Is there anything else about self-care during nursing school that you would like to add?

- Ending Script: Thank you again for your time today. This has been a very fruitful experience. As you reflect on our conversation today, I encourage you to reach out to me if you have any questions, concerns, or would like to provide additional information that came to mind after the fact. My contact information can be found on the consent form that was emailed to you. In a moment, I will place the code to your Amazon™ gift card in the chat. Thank you and have a nice day.

Stop recording

- Place the code to the Amazon™ gift card in the chat and ensure that the participant received it.

APPENDIX J
INSTITUTIONAL REVIEW BOARD APPROVAL



Date: 01/27/2024
 Principal Investigator: Shane Yardley
 Committee Action: **IRB EXEMPT DETERMINATION – New Protocol**
 Action Date: 01/27/2024
 Protocol Number: [2312055879](#)
 Protocol Title: Nursing faculty as self-care influencers: Current nursing students' perspectives
 Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(701) (702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:



- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).
- You make changes to the research personnel working on this study (add or drop research staff on this protocol).
- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.
- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Interim IRB Administrator, Chris Saxton, at 970-702-5427 or via e-mail at chris.saxton@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - <http://hhs.gov/ohrp/> and <https://www.unco.edu/research/research-integrity-and-compliance/institutional-review-board/>.

Sincerely,
Michael Aldridge
Interim IRB Administrator

University of Northern Colorado: FWA00000784

APPENDIX K
INDIVIDUAL PARTICIPANT DATA

Table K1*Data for Individual Participants*

Participant (Pseudonym)	Age (In Years)	Gender	Ethnicity*	Race	Location of School Attendance	Program Type
AJ	23	Male	N	Asian	CA	Associate
Rinthil	29	Male	N	White	DE	Associate
Sally	21	Female	N	White	CO	Baccalaureate
Clara	27	Female	N	Asian	DE	Associate
Smith	26	Female	Y	White	DE	Associate
Brooke	20	Female	N	White	CO	Baccalaureate
Willow	21	Female	N	White	CO	Baccalaureate
Kara	21	Female	Y	Prefer not to answer	CO	Baccalaureate
Becky	37	Female	Y	White	UT	Associate
Flo	21	Female	N	White	UT	Baccalaureate
Lydia	21	Female	N	White	UT	Associate
Chloe	31	Female	N	White	UT	Baccalaureate
Daisy	24	Female	N	White	UT	Baccalaureate
Lexi	22	Female	N	White	UT	Baccalaureate
Rebecca	37	Female	N	White	UT	Associate
Jennifer	27	Female	N	White	UT	Associate
Ashley	21	Female	N	White	UT	Associate

Note. *Ethnicity: Y=Of Hispanic, Latino, or Spanish origin, N=Not of Hispanic, Latino, or Spanish origin

APPENDIX L

FIELD NOTES

Participant	Field Notes
AJ	<i>Comfortable, At ease, Confident, Thoughtful, Eyes darting while thinking, Sought clarification</i>
Rinthil	<i>Very open/Open book, Thoughtful, Eyes looking away in thought, Eye contact, Confident, Paused to think</i>
Sally	<i>Voice only, Really great examples</i>
Clara	<i>Outgoing, Flighty</i>
Smith	<i>Cultural/Language considerations</i>
Brooke	<i>Very thoughtful</i>
Willow	<i>Short answers, To the point</i>
Kara	<i>Laid back, Methodical</i>
Becky	<i>Quick answers</i>
Flo	<i>Intrigued, Thoughtful</i>
Lydia	<i>Engaged, Excited</i>
Chloe	<i>Audio</i>
Daisy	<i>Voice only due to participant wi-fi issues</i>
Lexi	<i>Energetic, Interested</i>
Rebecca	None collected
Jennifer	<i>Audio only (poor at times)</i>
Ashley	<i>Confident, Attentive</i>