SELF-CONCEPT: IMPLICATIONS FOR PROMOTING SELF-CARE

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Abstract

THESIS: Self-concept: Implications for promoting self-care within the nursing curriculum.

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Self-concept is an important element in linking healthy behaviors and health promotion information. Self-care should be encouraged among nursing students so the development of self-concept is achieved that is aligned with valuing personal health. The college years are important years for encouraging healthy lifestyle behaviors. Nursing students need to be aware of the importance of self-care and its relevance to being a healthcare professional. The purpose of this study is to explore the relationship between nursing students’ self-concepts and being healthy, popular, conventional and deviant and how self-concepts relate to healthy behavior and attitudes toward health promotion messages. A mixture of theoretical frameworks will be explored including Erikson’s self-care, Pender’s Health Promotion, Newman’s Health as Expanding Consciousness and Orem’s Self-Care. The instruments used will be the Health-Promoting Lifestyle Profile questionnaire, analyses of journal that will reflect on food choices, sleep/rest, relaxation techniques or recreational activities, exercise and healthy behaviors. The study will be conducted among college nursing students during a hospital clinical rotation with a
sample of thirty. Participation will be voluntary. Responses will be confidential. No risks are foreseeable. Benefits include the identification of behaviors that can be modified to promote healthy lifestyle habits.
Chapter I

Introduction

It has been noticed that nursing students often use health promotion and health education interchangeably. Nurses need to be educated and supported to actively participate in health promoting behaviors to become members of the wider health promotion community. Health promoting education has been effective in improving self-care behavior in nursing students. Developing and maintaining a positive attitude is a major factor when health-directed self-care is needed. Another concept is that nurses need a sense of belongingness. Current research is being conducted regarding service learning activities that develop health promotion.

Health promotion skills are a key component in most nursing education programs. In the past this education was usually a result of a community project or service-learning. In a study conducted by Indiana University School of Nursing a service-learning project was completed. The students in this service-leaning project perceived they experienced an increase in assessment, civic engagement, research, and health promotion. Other results were caring behaviors and cultural awareness. This service learning was a requirement in a course that focused on health promotion needs that is based on Healthy
People 2010 (Reising et al., 2008).

Results from the 1995 National College Health Risk Survey suggested that many students’ behaviors increase their likelihood of adverse health outcomes due to engaging in risky behaviors. Of these risky behaviors three: tobacco use, improper diet and lack of physical activity, increase the risk for cardiovascular disease and cancer (Diebold, Chappell, & Robinson, 2002). Health concerns related more to sexual attractiveness than to ill effects of health-damaging behaviors. Identified health promotion needs are accident prevention, personal healthcare, human sexuality, mental health, nutrition, physical fitness, prevention of tobacco, alcohol and drug use, consumer health and prevention of communicable and noncommunicable diseases (Diebold et al.). A healthy college concept as a whole is a strategy that promotes healthy lifestyles and reduces health inequalities through interventions such as health promotion courses or counseling implemented in college (McGarry, Powell, Low, & Unsworth, 2007).

Background and Significance

Health promotion is a dynamic cycle of activities. Similar to the nursing process health promotion requires the individual to assess what is needed, plan the action that is necessary, implement that plan and then evaluate to ascertain if changes or adjustments are needed. The Health Belief Model states that unless people perceive an identified risk as threatening to their well-being, they will not take action to prevent or avoid illness. Health promotion activities in an academic setting have the potential to significantly influence the prevention of illness and disease.
Health education, according to Whitehead, is defined as:

“…an activity that seeks to inform the individual on the nature and cause of health/illness and that individual’s personal level of risk associated with their lifestyle-related behavior. Health education seeks to motivate the individual to accept a process of behavioral-change through directly influencing their value, belief and attitude systems, where it is deemed that the individual is particularly at risk or has been affected by illness/disease or disability (Whitehead, 2006).

Why is health-promoting behaviors and lifestyle important for nursing students?

A primary responsibility of the nurse will be health promotion. Nurses need to acquire an increased interest in their own health in order to be an effective role model in educating and leading others in healthful behaviors. If students can become more aware of their strengths and weaknesses in regards to their own personal health habits it is believed that they will lay a foundation. This foundation will allow for creating an improved wellness lifestyle for them and be able to connect these learned behaviors in the application of teaching these behaviors to others. As stated, education is a major concept in promoting health behavior in self and in others. With technology and the popularity of on-line courses an on-line health promotion course was studied. The aim of the study was motivational interviewing however students were asked to identify and prioritize their values, behavioral change needs, self-efficacy, and motivation for change. Students commented on the benefits of identifying their values and behavioral needs and recognizing that they need to be involved in self-care to care for others (Rash, 2008).

In an earlier study, Frachel (1984) suggested a curriculum plan that would require that faculty and students develop behavior of a healthy lifestyle (Richter, Malkiewicz, &
Shaw, 1987). Self-concept within the nursing student is an important piece of encouraging self-care. Within any student there is a need to correlate self-care and self-concept as it relates to personal health. College-age adults, especially nursing students, do not think of their own healthy behaviors. The focus can be on the studies themselves or the excitement when the clinical experiences finally start and then the focus is shifted onto a patient. In Healthy People 2010: Understanding and Improving Health, one goal is to increase the number of adults who engage in physical activity. The college years are an important time to foster and encourage healthy lifestyle behaviors (Horneffer, 2006).

Even in an advanced practice nurse (APN) curriculum health promotion education is important. APN’s curriculum often lacks education in nursing theorists which in turn affects the core value of nursing. Theoretical importance should be middle range and practice focused. A strong emphasis of health promotion, behavior, health behavior change and prevention is essential (Burman et al., 2009).

Medical students also lack a health promotion course regarding knowledge of the mind-body evidence and practice. This part is important for their personal and professional development for their own well-being as well as that of their patients (Hassed, Sierpina, & Kreitzer, 2008).

Nurses’ health behaviors are often not a good example to others. Personal practices of health in nurses affect the quality of teaching and counseling they provide to others. A nurse who practices in unhealthful health behaviors is less likely to effectively engage a client in health teaching regarding similar health problems. The linking of
theory to practice is important in health promotion. There are numerous specific
studies that address health behaviors such as smoking, exercise and nutrition.

College-age students may have been taught health promotion behaviors at home,
however, peer pressure, convenience and a sense of independence increase health risks.
Habits are developed that affect health status throughout life. Promoting self-
responsibility during college years can set lifelong positive health habits. Educating these
college students’ about health promotion and self-care can be expected to increase their
self-care abilities and promote health-improving behaviors (Altun, 2008).

Applying the concept of health promotion can change an unhealthy lifestyle. The
effects of health promotion are enhanced self-efficacy and self-esteem, psychological
well-being and empowerment.

Statement of Problem

Developing a self-concept of personal health is important among nursing students.
Components of self-concept have been found to correlate with health behaviors and the
response to health promotion. The nurse uses self within the practice of nursing;
therefore, to provide care to others, nurses need self-care. Self-care of the nursing student
needs to be valued and foster a self-identity. The college years are important years for
encouraging healthy lifestyle behaviors.

Purpose

The purpose of this study is to explore the relationship between nursing student’s
self-concepts and being healthy, popular, conventional and deviant and how self-concepts
relate to healthy behavior and attitudes toward health promotion messages.

**Research Questions**

1. To what degree are nursing students’ self-concepts aligned with being healthy, popular, conventional and deviant?
2. How are these self-concepts related to health behaviors and attitudes toward health promotion messages?

**Theoretical Framework**

The Health Promotion Model developed by Nola Pender identifies factors of perceived benefits and obstacles to healthy behaviors. Health promoting behaviors are those activities that can be integrated into one’s lifestyle. The relevance of The Health Promotion Model (HPM) is it provides directions for studying the effects of self-awareness on changes in a health behavior. The HPM can be conceptualized into three components. These components are individual characteristics and experiences; behavior specific cognitions and affect and behavioral outcomes. These three components provide the baseline from which choices are made in regard to health-promoting behaviors. Components that can be modified are the behavior specific cognitions and affect, such as perceived benefits and barriers to action, interpersonal and situational influences and perceived self-efficacy (Grubbs & Carter, 2002).

Margaret Newman’s Model of Health is a theory that described health as the evolving pattern of the person and the environment. Newman also defined consciousness as the informational capacity of the system (Tomey & Alligood, 2002). These concepts will be
considered when analyzing the results of the student’s response to health-promoting messages.

Dorothea Orem is another theorist considered in this study. Ms. Orem’s model is Self-Care Deficit Theory of Nursing. Ms. Orem describes self-care as the practice of activities that mature persons initiate and perform on their own behalf, and in the interest of maintaining life and healthful functioning (Tomey & Alligood, 2002). Self-care is one concept of this study. Self-care deficit is another concept and is present when self-care demand is not met. Self-care requires knowledge and skill. Ideally there is a consistency between what a person knows and what a person does. Self-care entails the consideration or the relationships among factors. Self-care requires daily adjustments and an incorporation of self-care in activities of daily living. Self-care also requires resources and time and may require choices between self-care and other activities (Orem, 2001). Orem, Newman and Pender’s theoretical frameworks are used to support the need for educational intervention in nursing students.

Definition of Terms

Self-Concept

Conceptual: Self-concept refers to a belief in one’s capabilities to organize and execute the course of action needed to create the desired response. Individuals need the understanding and the ability to have control and self-influence over decisions (Manojlovich, 2005). Perceived self-concept is a judgment of personal capability to organize and execute a health-promoting behavior. Perceived self-concept influences
perceived barriers to action so higher effectiveness results in lowered perceptions of barriers to the performance of the behavior (Tomey & Alligood, 2002). Self-concept has become known as a vital consideration in developing and implementing health promotion programs and its effect on an indicated behavior.

Operational: Self-concept will be measured by asking student participants about their capabilities and actions that are needed to have control and make decisions. Participants will also be asked about barriers to one’s perceived self-concept.

Health-Promoting Behavior

Conceptual: Health-promoting behavior is the endpoint or action outcome directed toward attaining positive health outcomes such as optimal well-being, personal fulfillment and productive living (Tomey & Alligood, 2002).

Operational: Health promoting behaviors will be measured by asking student participants to identify and set goals for changes in health behavior and then assess if outcomes are achieved. Barriers will be rated according to degree of difficulty in eliminating these barriers.

Self-Care

Conceptual: Self-care is the practice of activities that mature persons initiate and perform on their own behalf in the interest of maintaining life, healthful functioning, continuing personal development and well-being. Orem also refers to self-care as a purposefully learned function, a continuous self-maintenance or self-regulation (Tomey & Alligood, 2002).
**Operational:** Self-care will be measured by asking student participants about self-care behaviors such as dietary intake and exercise.

**Nursing Curriculum**

**Conceptual:** Nursing curriculum is a set of courses constituting an area of specialization. The curriculum will meet the needs of nursing education and includes several levels of the total educational plan including the framework, objectives and content (Scheetz, 2000).

**Assumptions**

This descriptive correlational study replication is based on the following assumptions:

- An improved lifestyle choice of nursing students is attainable.
- Improved self-care is desirable.
- Self-care is influenced by health promotion education.
- Improved health outcomes are attainable.
- Physiologic indication of lifestyle change can follow health-promotion courses.

**Limitations**

The study will depend on a convenience sample of nursing students who are currently in a hospital based clinical rotation thus limiting the generalization of the findings. Generalization of the study results will also be limited due to the small sample size. Other limitations include factors such as age of the nursing student, gender and
demographics. Additionally, the time to implement the behavior change, the lack of interest of some participants, and not returning the survey are other limitations.

Summary

Investigators have identified the four leading causes of death in the United States as tobacco use, poor diet, physical inactivity, and alcohol use. Action is needed to address and correct these behaviors. Nursing professionals have a role in undertaking this process. These nursing professionals can help others to review their lifestyle and identify strengths and weaknesses in order to prepare to take action. The nurse as a practice change facilitator was examined in a study that used the guide *Put Prevention into Practice*. A benefit seen in this study was students realized how their lifestyle affected themselves. They were also taught to apply the 5 A’s: Ask about the behavior; Advise about the behavior; Assess interest in changing that behavior; Assist with making that change and Arrange for follow-up (Holtrop, Baumann, Arnold, & Torres, 2007). Current research portrays that health promotion content in a nursing curriculum has a positive effect on most students who in turn can utilize what they have learned in their practice. Other studies indicate that some experience conflict of knowing what should be done to be healthy but were unable to achieve these goals due to expectations and perhaps school schedules and other demands. Several studies reflect lifestyle activities of nursing students which is perceived as reflecting preventative and behavior education seen as many nursing curriculum have progressed little in implementing and sustaining health promotion courses and affecting the healthy lifestyle in students. In order to make a
difference health promotion courses need to continue and future studies that follow the students for a few years after college are warranted.
Chapter II

Review of Literature

Introduction

What comes across your mind when you see nurses who are overweight or smoke? Generally one would question the ability of that nurse to provide patient education on healthy lifestyle and behaviors when the nurse does not demonstrate a healthy lifestyle and behavior. Where are these behaviors originating? While it is true that nursing students may enter their educational years with unhealthy behaviors does the stress of nursing studies add to unhealthy choices? Would a curriculum that supports and integrates healthy lifestyle behaviors cause students to be more aware and to make better choices? The literature review corroborates that exposure to health promotion behaviors and implementation of these behaviors does exist. Why is health-promoting behaviors and lifestyle important for nursing students? Nursing students are future health-care providers and are regarded as an example. If one cannot take care of their self, how can they take care of others? The purpose of this study is to explore the relationship between nursing student’s self-concepts and being healthy, popular, conventional and deviant and how self-concepts relate to healthy behavior and attitudes toward health promotion messages.
Self-care and Self-Efficacy

Self-care among nursing students may be a low priority. Students are concerned with their studies as well as learning to care for patients.

A study based on Bandura’s concept regarding self-efficacy was completed. Self-efficacy refers to a belief in one’s capabilities to organize and execute the course of action needed to create the desired response. Individuals need the understanding and the ability to have control and self-influence over decisions (Manojlovich, 2005). This particular article studied the effect of self-efficacy and leadership; however, the idea of self-efficacy and improving behaviors can apply to health promotion attitudes. Other research has revealed personal self-efficacy decides levels of by affecting how much effort is needed for a task (Manojlovich).

Self-Concept and nursing

Self-concept and nursing students has been extensively examined. In early studies self-concept and stress was examined. Nurses with positive self-concepts are better able to cope with stressors. Interventions initiated may have a protective quality to nurses (Reynolds, 1996).

Self-esteem is an individual perception and refers to how that person considers their self-worth. Persons with a high sense of self-esteem are considered a person with self-respect. Self-respect in an individual is an idea that person possesses of their worthiness. A person with low self-esteem may lack confidence.

Nursing students need to develop and nurture growth and awareness in the
concepts of self-care, self-esteem and self-concept. Growth is a dynamic process and education is a key factor. If nursing students learn healthy behaviors does that make them better healthcare professionals? Research does reveal changes in health-promotion behavior and an educational exposure to these concepts.

Theoretical framework

The Health Promotion Model developed by Nola Pender identifies factors of perceived benefits and obstacles to healthy behaviors. The factors are cognitive-perceptual such as importance of health and modifying factors such as interpersonal influences and characteristics. The major concepts are prior related behavior, personal factors, perceived benefits, perceived barriers, perceived self-efficacy, activity-related effect, interpersonal influences, situational influences, commitment to a plan of action, and health-promoting behavior. The Health Promoting Lifestyle Profile, HPLP-II is the instrument used to measure health-promoting lifestyle. This tool consists of 52-item six-subscale assessment of lifestyle behaviors (Tomey & Alligood, 2002).

Self-esteem and educational process

A study of 280 nursing students in Thailand is the basis of this self-esteem study based on Coppersmith’s conceptual framework of self-esteem (Sasat et al., 2002). Individuals who feel good about them take pride in their work and demonstrate respect for others. The educational process may be the starting place for building a level of self-esteem. Leadership skills may be developed with the acquisition of a concept of self as a nurse or professional identity. A positive self-image is needed for the nurse to have build
a relationship with a patient (Sasat et al., 2002).

Two purposive samples were used for this study. The population consisted of students in Thailand and the UK who were enrolled in a nursing degree program. There were 140 Thai students and 110 UK students selected (Sasat et al., 2002). A questionnaire was used as well as the Culture-Free Self-Esteem Inventory (CFSEI-2). The CFSEI-2 is a self-reported inventory that measures an individual’s perception of self. For adults the CFSEI-2 contains 40 items and four subtests. The four subtests are: general self-esteem, social self-esteem, personal self-esteem and lie subtest. Both instruments have shown validity and reliability (Sasat et al., 2002). Results illustrated there was no significant differences in mean overall and subscale self-esteem scores as well as in their year of study between the Thai and UK students. When the scores were categorized into various levels of self-esteem (very high, high, intermediate, low and very low), more nursing students in Thailand fell into the very high category (Sasat et al., 2002). The study found that undergraduate student nurses’ perceptions of their self-worth is comparable to the normal ranges (Sasat et al., 2002).

A positive self-esteem affects self-concept, which may affect the attitudes and behavior of a person. Prevention of disease and promotion of health are key factors globally. The World Health Organization (WHO) has emphasized healthy lifestyle in their 2000 goals. Healthy people in 2010 are the latest of the healthy people concept. Two goals of healthy people in 2010 are: increase quality and years of healthy lifestyle and eliminate health differences. Enabling people to boost control over and to improve their
health is the concept of health promotion. Health promotion is multidimensional. Nursing students will be the health care providers after graduation. Nursing curriculum should foster and support healthy lifestyle behaviors (Alpar, Senturan, Karabacak, & Sabuncu, 2008).

*Health promotion in nursing curriculum*

Is there a difference in healthy lifestyle behavior of nursing students when health promotion is included in the nursing curriculum? Personal health practices of health professionals are a deciding factor of effectiveness in guiding and educating others on health-related issues (Alpar et al., 2008). This descriptive and longitudinal study was conducted at Marmara University Nursing School in Turkey during 2002-2006. The sample consisted of 70 students enrolled in the first year of the nursing program (Alpar et al., 2008). A questionnaire was used to assess demographic information. The health promotion lifestyle profile (HPLP) by Pender was the tool used. The HPLP measured 48 health-promoting behaviors (Alpar et al., 2008). There was a significant difference in the total HPLP and subscale scores regarding entering the nursing program and finishing the program. Nutrition and self-actualization scores were higher as graduation approached. Health responsibility saw the greatest increase by the end of the fourth year (Alpar et al., 2008).

Health education is a lifelong process. Nursing schools are integral to develop and provide health promotion programs for nursing students in preparation of nursing practice (Alpar et al., 2008). It is known that the way one lives will affect one’s health. It is also
known that activities, nutrition, and avoiding risky behaviors are approaches one can take to preserve health (Can et al.). University age individuals, meaning young adults, in this study are considered to be relatively healthy but also many of these individuals engage in risky behaviors such as alcohol or physical inactivity. The purpose of this study is to gain a view of the similarities and differences between university students’ application of health promotion behaviors (Can et al., 2008).

The participants were from the nursing school and the schools of social sciences in Istanbul, Turkey. The nursing students are exposed to concepts of health promotion during their first semester of school and throughout their time of education. The social services students’ curriculum does not include information on health promotion. There were a total of 847 nursing students and 769 non-nursing students included in this voluntary study (Can et al., 2008).

A questionnaire with two individual sections was designed. One section contained questions regarding personal characteristics that might influence behaviors of health. This section consisted of 15 questions on sociodemographic factors, risky behaviors, Body Mass Index (BMI), and their perception of their overall health in the previous year. The second section consisted of the HPLP II (Health-promoting lifestyle behaviors) tool. This tool is composed of 52 items and six subscales. These subscales are: health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management. The HPLP is widely used in health promotion research and is reported to have validity and reliability (Can et al., 2008).
Nursing students were found to have better HPLP’s than the non-nursing students. The hypothesized reasoning was that the nursing students are exposed to health promotion courses. The subscale with the highest scores in both groups was spiritual growth. A negative correlation between age and stress management in both groups was seen. In the nursing group there was a negative correlation between age and physical activity. Other results in this study showed that risky behaviors such as smoking and alcohol consumption were few in the nursing group as compared to social science group. In both groups, the self-perceived health status, relations with family/friends, and self-perceived academic performance correlated well with the total HPLP score (Can et al., 2008). The study revealed that an environment for students that are conducive to a healthy lifestyle. On campus exercise facilities should be developed and nutrition could be improved by selling healthy foods in the cafeteria. A counseling service for stress management problems should be created. Through these implications and interventions, university students could be encouraged to adopt a healthier lifestyle (Can et al., 2008).

Another Turkey university study was completed. Data has shown that universities contribute to the promotion of an individual’s health. Unhealthy practices that are formed during a person’s educational period may have an extended impact on health later in life. The purpose of this study was to determine the effects of a health promotion course on improvement of self-care and health promoting behaviors of University of Kocaeli students (Altun, 2008).

This quasi-experimental study was conducted in the civil engineering department
at the University of Kocaeli. The group consisted of 41 civil engineering students enrolled in a required second semester, second year course on health promotion (Altun, 2008). A questionnaire was used and was administered before and after the course. This questionnaire gathered data regarding sex and age of the student. Two other tools used were the Exercise of Self-Care Agency (ESCA) and the HPLP II. The ESCA scale includes 43 statements that evaluate attitudes of responsibility for self; motivation to care for oneself; application of knowledge to self-care; the valuing of health priorities; and self-esteem. The HPLP-II scale measures health-promoting behaviors conceptualized as patterns of self-initiated actions and perceptions of a level of wellness, self-actualization, and fulfillment of the individual. All the tools were validated (Altun, 2008).

Overall the scores improved after completion of the health promotion course. Students’ scores increased considerably on the post-intervention test in the four categories of health responsibility, physical activity, spiritual growth and stress management. (Altun, 2008). The study intended to evaluate the efficacy of a health promotion course on university students by examining their self-care agency and health-promoting behaviors before and after the course. There was an increased average score for items on the ESCA scale. In another study by Alton et al. proved that nursing students who give a higher priority to independence also have solid self-caring abilities. After completion of the nursing curriculum test scores indicated that nursing students had significantly higher self-care scores. Health education, in turn, enhances their self-care agency and that health education is more beneficial for those who have had less self-care
agency as seen by the civil engineering students (Altun, 2008). With these findings it may be concluded that health education included in the university curriculum is effective in enhancing the health responsibility of individuals. A positive relationship exists between a health promotion course and the promotion of healthy behaviors and is even more beneficial to those who have had less self-care agency (Altun, 2008).

The student nurses of today are tomorrow’s nurses. Their lifestyle particularly their health promoting lifestyle may be an indicator of how they assume the role of health promotion to others as well as maintenance. Life in college is a transitional time that offers opportunities. One of these opportunities is to establish a healthy lifestyle behavior. This cross-sectional descriptive survey was to study the relationship of a healthy-promoting lifestyle profile to enrollment in nursing courses and academic performance. Pender describes a health-promoting lifestyle as a multidimensional pattern of self-initiated actions and perceptions (Al-Kandari & Vidal, 2007).

This convenience sample of 256 participants was obtained from the nursing students enrolled in the ADN program of the College of Nursing in Kuwait during the second semester of the academic year, 2005 (Al-Kandari & Vidal, 2007). A questionnaire with two sections was designed for the study. The first section was related to sociodemographic variables, enrollment levels, and academic performance. The second section was on health promotion attitudes and behaviors using the HPLP II instrument. As previously mentioned this tool has 52 health-promoting behaviors grouped into six subscales. The six subscales are health responsibility; physical activity; nutrition;
spiritual growth; interpersonal relations; and stress management. The questionnaire was tested and found to be reliable and consistent (Al-Kandari & Vidal, 2007).

This study revealed that nursing students had fairly good health-promoting lifestyle profiles. It also revealed that males have the most positive results compared to the females in physical activity, interpersonal relations, and stress management. Health responsibility for both genders and spiritual growth for males were higher in the students who were close to graduation. The correlation between health-promoting lifestyle and academic performance did not reveal significant findings (Al-Kandari & Vidal, 2007).

Further research is recommended especially a study on how culture, awareness, motivation, and health practices. Students at the College of Nursing in Kuwait had positive health-promoting lifestyle profiles with gender differences and sociocultural influences on some subscales. Furthermore a positive correlation was there between health responsibility and enrollment levels (Al-Kandari & Vidal, 2007).

Pender’s idea is also the basis of a study in Hong Kong. Nurses make up the largest group of health professionals in Hong Kong and are seen to have a professional capability to promote health. The purpose of this study was to determine the health-promoting lifestyle of undergraduate nurses (Hui, 2002). The 256 students in the undergraduate nursing program at the University of Hong Kong were recruited for this convenience sample (Hui, 2002).

The lifestyles regarding health-promotion was measured by the HPLP II and demographic information including age, gender, income, employment, and level in their
students as also obtained. The instrument was found to have a high internal consistency as well as validity and reliability (Hui, 2002). Low scores were seen in this study in physical activity. Younger students scored higher in physical activity and stress management compared with the older group. There were no significant differences between women and men to their total HPL or the subscales. There was also no significant difference based on income of the parent. A difference was realized between those who were working and those who were not on health responsibility, interpersonal relations and spiritual growth. A significant difference was seen in the total HPL and the year of nursing education the student was in (Hui, 2002). Future nurses are expected to possess good health and this study suggests that these nursing students in Hong Kong have poor health practices. These students must learn about the health benefits and practice healthy lifestyle behaviors (Hui, 2002).

This paper focused on nurses and health-promoting behaviors. Physicians are also affected by educational stressors and may adopt unhealthy lifestyles. Health care professionals influence patients; therefore, it is important to develop the prevention-oriented behavior. A physical education subject included in medical school curriculum may influence the attitude regarding regular exercise and prevention-oriented behavior (Angyan, 2004).

*Physical self-efficacy*

Personal good health and physical fitness within American workers are key factors in business environments. Physical self-efficacy is a positive predicator of
exercise practice. The Centers for Disease Control and Prevention states that health professionals should be physically active. This will not only benefit their own health but will also set an example of an active lifestyle for better health to others. The purpose of the study, guided by Pender’s Health Promotion Model, was to examine the influence of physical self-efficacy, perceived health control, and age on exercise behavior in female occupational health nurses (Piazza et al., 2001).

The population studied was 300 female members from a midwestern state association of the American Association of Occupational Health Nurses. During the time of the study there were 485 members. All female members were included. Those with problems that limited physical activity were excluded. A power analysis determined that 200 respondents was an adequate sample. Surveys were mailed to 300 randomly selected female members to account for no responses. Of these 300 mailed surveys 225 were returned and nineteen of these 225 were deleted due to missing data or failure to meet the inclusion criteria. The university approved Institutional Review Board (Piazza et al., 2001).

The Nurses’ Health Study II Activity Questionnaire was selected to measure exercise behavior. This is a self-report measure of weekly recreational activity. According to Wolf (1994) this questionnaire was a valid measure of physical activity for epidemiological research (Piazza et al., 2001). The Physical Self-Efficacy Scale (PSE) was used to measure physical self-efficacy. This scale consisted of a ten-item Perceived
Physical Ability (PPA) subscale as well as a 12-item Physical Self-Presentation Confidence (PSPC) subscale. A Likert six point response alternative range was also used. One, on the Likert scale, corresponded to strongly agree and six indicated strongly disagree. Higher scores reflected a stronger sense of physical self-efficacy. Test-retest reliabilities were satisfactory. Internal consistency reliabilities were .78, .61, and .78 for PPA, PSPC, and PSE (Piazza et al., 2001). The Multidimensional Health Locus of Control (MHLC) Scale is a 36-item instrument that was used to measure perceived health control. Three elements of health control beliefs are: internal – measured belief that health outcomes are caused by your own efforts and abilities; powerful others external – measured belief that health outcomes are beyond own personal control and instead are controlled by powerful others; and chance external – measured belief that health outcomes are determined by luck, fate, or chance (Piazza et al., 2001).

Exercise scores revealed similarities of prior studies that age had a negative effect on exercise behavior. A primary reason for not participating in exercise is lack of time. Scores for physical self-efficacy were high indicating a strong sense of physical self-efficacy. Perceived health control did not influence exercise behavior (Piazza et al., 2001). Exercise behavior among occupational health nurses compared with women from other study groups, which was viewed as a positive because nurses serve as role models for health promotion. This role model effect had a potential to enhance the self-efficacy and exercise performance of others (Piazza et al., 2001).

Self-nurturance
Self-nurturance is a way to promote adult health. Nurturance is an important component in childhood wellness as well as adult self-responsibility and includes five aspects of the self. These five aspects are physical, intellectual, social, emotional, and spiritual. The purpose of this study was to examine self-nurturance studies, research trends and present the Nemcek Wellness Model (Nemcek, 2003). The sample consisted of research studies from the years 1977 to 2002. Nineteen studies comprised the final sample and women were the dominant gender. Studies have been conducted with some ethnically diverse groups. Studies included in the research were focused on self-nurturance and having self-nurturance as a variable. Dissertations were included, however, non-research articles were excluded (Nemcek, 2003).

Questionnaires were the most frequently used data collection method. The Nurturance Rating Task, which is a quantitative Likert scaled measure, was used in five of the studies. The Self Nurturance scale, also a Likert scale was used in two studies. Examining the relationship between participant’s total self-nurturance scores assessed convergent constructs validity (Nemcek, 2003). The findings suggest that self-nurturance began in the late 1980’s with a rise in the 1990’s. Nursing’s scientific knowledge base in adult self nurturance is limited indicating further research is warranted studying self nurturance for health promotion. Nurturing the best possible functioning of people is the goal of wellness nursing (Nemcek, 2003).

Healthy People 2010 are the health promotion and prevention agenda for the nation. The rising attention given to self-nurturance is consistent with the rising concerns
for health promotion that began in the past eight years. Knowledge remains limited because research is few.

Self-nurturance and self-efficacy go hand-in-hand. Another article that completed a literature review was about employee participation in physical activity. The purpose was to review research literature related to factors that influence employee participation in physical activity. Like the previous article stated there is an importance in all adults but also especially the ones in health care to participate in physical activity (Kaewthummanukul & Brown, 2006). Articles published in English between 1990 and 2002, studies that were descriptive, and adult employees were used as the sample. Eleven studies met the inclusion criteria (Kaewthummanukul & Brown, 2006).

Physical activity measures varied in the eleven studies. Three studies used the Leisure Time Exercise Questionnaire. Respondents indicated the number of times per week they engage in strenuous, moderate or light activity. A total activity score was calculated by multiplying strenuous responses by nine, moderate response by five and light response by three. These weightings; nine, five and three, correspond to metabolic equivalents (METS). No validity and reliability data were reported in some of the studies. One study used a physical activity index consisting of four items with five-point Likert scales. The items measured walking for relaxation, exercise that causes exertion, participation in other sport or fitness activities, and participation in active hobbies. A test-retest reliability of 0.96 during a two-week period was reported (Kaewthummanukul & Brown, 2006). Self-efficacy was the best predictor of physical activity and can be used to
implement intervention programs. Perceived benefits of activity were another
determinant identified (Kaewthummanukul & Brown, 2006).

Self-perception and health

Self-perception, as evidenced by studies, is an individualized response. The
common denominator however is the benefits of healthy behaviors. Global self-
evaluations, such as self-perceived health, are used in health education and clinical
medicine. These concepts are used because they can be administered easily and because
they provide a concise way of summarizing the diverse components of health. Self-
ratings have been found to be influenced by a number of factors. These factors are
clinically measured health status, psychophysiological distress and emotional problems,
age, sex, stress experience, history of chronic and disabling physical or mental health
problems. Psychosocial factors such as role demands and stressful life events were also
linked (Piko, 2000). A student population in Szeged, Hungary was the sample population
for this article. The potential number of participants was 980. Students were randomly
selected. Of the 980 questionnaires, 691 were returned. Ages ranged from 18 to 31 years.
Of the respondents 272 were men and 419 were women (Piko, 2000).

A self-administered questionnaire was used for data collection. This
instrument was to measure self-perceived health and health-related variables.
 questionnaires were primarily used. Self-perceived health was measured with a question
that asked the participant how they prefer to report as compared with peers. Four items
were ranked by their responses with poor as 1; fair as 2; good as 3 and excellent as 4. The
Minnesota Leisure Time Physical Activity Questionnaire was used to measure activity. A psychological well-being scale rating scale was used to measure high levels of distress to high levels of well-being. This scale was a six-item scale adopted and modified from the Langner index. Participants were asked questions that were rated as 4-often, 3-sometimes, 2-seldom and 1-never, which was also used for responses of psychosomatic symptoms. The questionnaire was suitable for characterizing leisure time activity. The aim of the well-being psychological rating scale was to collect information on the general well-being of the student. This is a six-item scale modified from the Langer index and asked questions such as during the last 12 months have you felt irritable, etc. Responses ranged from nearly always as a four to never as a zero. Cronbach’s alpha was 0.80. For psychosomatic symptoms the goal was to gather information on back-pain, tension headache, sleeping problems, chronic fatigue, stomach pyrosis, tension diarrhea and palpitations. These responses were also coded on a four-point scale. The frequency of four harmful habits: smoking, alcohol and coffee drinking, and illicit drug use were measured. Cronbach’s alpha was 0.70 (Piko, 2000).

There was a significant difference in self-perceived health and gender and psychological well-being followed by psychosomatic symptoms. Physical activity was positively related to psychological well-being and harmful habits. With increasing age harmful habits and physical activity rise (Piko, 2000). The elements of self-perceived health in a young age group differ from adults and in older people. The younger ages used health behavior and psychological well-being as a frame of reference. The older age
groups relate the rating to reflect physical health problems. A predictor of self-perceived health was also seen in physical activity participation (Piko, 2000).

Nursing students have stress that is associated with pursuing their education. Articles suggest a relationship between lifestyle practices and stress among baccalaureate nursing students. Undergraduate nursing students often fail to care for themselves while learning to care for others. This study explored the effect of self-care interventions on nursing students in an undergraduate program (Stark, Manning-Walsh, & Vliem, 2005). The sample consisted of 67 full-time nursing students that were juniors and were required to complete a lifestyle self-care plan. Two hours per week the participants were to allot time to self-care behaviors. The research question was: Do nursing students’ health-promoting lifestyles, as measured by the Health-Promotion Lifestyles Profile –II (HPLP-II), improve after completion of and LSCP (lifestyle self care plan) and self-care practice requirement in a nursing course? The age range for these participants was 19 – 48 (Stark et al., 2005).

Two instruments were used to collect the data. One was the HPLP-II, a 52-item instrument that uses a four point Likert scale for responses. These responses were never, sometimes, often and routinely. Calculating the mean of these 52 items a score for overall health-promoting lifestyle was obtained. Six scales are calculated by determining the mean of the items. The six scales were: health, responsibility, physical activity, nutrition, spiritual growth, interpersonal relations and stress management. As a result of multiple paired t tests Bonferroni’s adjustment was calculated and applied (Stark et al., 2005). The f
findings indicated that a nursing course that required the students to practice self-care activities was effective in increasing health-promoting lifestyle (Stark et al., 2005).

*Health practices*

Orem’s Self-Care Framework is described as the “practice of activities individuals initiate and perform on their own behalf in maintaining life, health, and well-being” (Ienatsch, 1999). The public expects nurses to be credible examples of healthful lifestyles and nurses have the potential to strongly influence health care practices of Americans (Riordan & Washburn, 1997). Nurses’ health behaviors are often not a good example to others. Personal practices of health in nurses affect the quality of teaching and counseling they provide to others. A nurse who practices in unhealthful health behaviors is less likely to effectively engage a client in health teaching regarding similar health problems.

The purpose of this study was to examine health behaviors of student nurses as they begun school and as they completed the baccalaureate nursing education with a focus on lifestyle changes made as they were exposed to a healthcare curriculum (Riordan & Washburn).

The sample was comprised of baccalaureate student nurses in the first and last semester of their education. Of 82 nursing students in the study, 60 were students in a state university and 22 attended a private college. The majority of the sample was female and attended school full time. The rest were RN’s who were completing a nursing degree. Students who completed a questionnaire both on entry and on completion of the nursing program were used in the study. The remaining students either dropped out of school,
completed the program over a longer time frame, or were not present in class when the last questionnaire was distributed (Riordan & Washburn, 1997).

The Health Promoting Lifestyle Profile (HPLP) developed by Pender was used to assess six elements of health behaviors. These six areas were: self-actualization, health responsibility, exercise, nutrition, interpersonal support, and stress management. On the HPLP is 48 items into six subscales. The subscales are: self-actualization – 13 items that measured attitudes and expectations about life; health responsibility – 10 items that measured paying attention to and accepting responsibility for one’s own health, being educated about health, and seeking professional assistance; exercise – five items that measured regular exercise patterns; nutrition – six items that measured meal patterns and food choices; interpersonal support – seven items that measured concerns regarding a sense of intimacy and close relationships; and stress management – seven items that measured ability to cope with stress (Riordan & Washburn, 1997). Alpha reliability coefficients for the total HPLP were identical at .899 between students entering and completing the nursing program and content validity was established by nursing faculty familiar with health promotion literature (Riordan & Washburn).

One subscale, exercise, changed significantly by revealing a lower participation in regular exercise as graduation neared versus the subscale for self-actualization which revealed slightly higher results as graduation neared. Exercise participation also disclosed an almost no correlation with self-actualization, interpersonal support, or management of stress. Most reported that their spouse/partner was the greatest source of support (Riordan
& Washburn, 1997). The overall health behaviors of nursing students did not considerably change during the study with the exception of decreased exercise participation. Students voiced that the time and energy required for clinical experiences were barriers to them to participate in exercise. Many schools now have exercise facilities where students can workout. Nurse educators may need to address ways to encourage students to exercise as it relates to physical conditioning, weight loss, stress management and overall health (Riordan & Washburn, 1997).

As health care ways of thinking switch from treating illness to a health promotion and disease prevention, nurses need to take more responsibility for practicing positive health behaviors. Students of nursing admit to a solid knowledge base of the benefits of healthy behaviors but voice the stress from nursing school prohibits them from regularly applying the appropriate behaviors. Health education/promotional messages and support from faculty have positively influenced the students’ health behaviors (Shriver & Scott-Stiles, 2000).

**Healthy lifestyle and critical thinking**

Living a healthy lifestyle remains a challenge for some. Healthy lifestyle behaviors continue to be an individual’s choice and a conscious effort/behavior to adopt. A result is the ability to fight/ward off diseases and enhances well-being (Ochieng, 2006). Critical thinking regarding health behaviors may depend on the type of health behavior and the perceived health status of the person. Critical thinking is characterized by the use of cognitive skills (Settersten & Lauver, 2004). If we implement courses in the nursing
curriculum can we change the perception of students? Cognitive-perceptual variables like perceived health, ones definition of health, self-efficacy, and other modifying factors have shown a positive influence on health-promoting lifestyles, even in earlier research studies. Students who perceive their health status as poor should be encouraged to adopt healthier behaviors. All college students could benefit from interventions initiated in college such as courses in health-promotion. Current nursing professionals such as NP’s can guide the way (Larouche, 1998).

Summary

A healthier lifestyle has behavioral emphasis, which includes decisions about food, exercise, smoking, alcohol and participating in risky activities. Developing self-nurturance is a key factor. Five aspects of self-nurturance is physical, intellectual, social, emotional and spiritual. Healthy people 2010, endorses self-nurturance to aid in establishing an insight into health promotion.

Living a healthy lifestyle is a challenge and a choice. Possessing a positive self-concept may furnish better abilities to cope and in making better choices. Positive self-esteem is linked with self-respect, which also affects self-concept. Education may build an individual’s self-esteem. Self-efficacy refers to a belief in one’s capabilities to organize and execute the course of action needed to create the desired response. Research has established that exposure to health promotion messages in the nursing curriculum has a positive effect on choosing a healthier lifestyle. Caring for self is crucial to better provide care to others.
## Self-Concepts: Implications for Promoting Self-Care within the Nursing Curriculum

### Evidence-Based Practice Table

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CFSEI 2 – Culture-Free Self-Esteem Inventory
HPLP-II – Health Promoting Lifestyle Profile
PSE – Physical Self-Efficacy Scale
ESCA – Exercise of Self-Care Agency
PSPC – Physical Self-Presentation Confidence Subscale
Chapter III

Methodology and Procedures

Introduction

College years are important years for encouraging healthy lifestyle behaviors. Introduction of health-promoting education in the nursing curriculum may have a positive impact on nursing students for choosing healthy lifestyles. The purpose of this study is to explore the relationship between nursing students’ self-concepts and being healthy, popular, conventional and deviant and how self-concepts relate to healthy behavior and attitudes toward health promotion messages (Horneffer, 2006). This study is a quantitative research paper. In a quantitative approach the select sample allows to generalize the results to broader groups.

Research Questions

1. To what degree are nursing students’ self-concepts aligned with being healthy, popular, conventional and deviant?

2. How are these self-concepts related to health behaviors and attitudes toward health promotion messages?

Population, Sample and Setting

The population for this study will be an accessible population and a convenience
sampling. Nursing students participating in a hospital clinical rotation will be asked to participate in this study. The hospital is considered a teaching hospital located in a mid-west suburban community. The sample will consist of nursing students from three different schools of nursing attending the clinical rotation. Eligibility consists of being a nursing student enrolled in the school and attending the clinical rotation. The anticipated sample is fifty students. The sample will include all of the nursing students who voluntarily will participate in the study during their clinical rotation.

The study’s setting will be at a teaching hospital. This hospital is used as a clinical rotation site for three area schools of nursing. The hospital and individual school of nursing (SON) have agreements on file regarding clinical rotation for their students. The setting or hospital is a 477-bed hospital and includes surgical, medical, maternity, mental health, orthopedic, cardiopulmonary, oncology, neurology and intensive care units. The researcher will collaborate with the individual schools faculty member in conducting the study.

Protection of Human Subjects

The Ball State University Institutional Review Board (IRB) will review the research study. The study will also be reviewed and approved by the Research Committee at the hospital. The IRB of the hospital convenes monthly to review and approve all research utilizing human subjects. The protection of human subjects’ policy of the institution requires that study participants be fully informed of the purpose of any study and of the results. Participants will be informed of the voluntary nature of the study and
of the risks and benefits of participation. Each participant will receive a letter identifying
the researcher, the purpose of the study and an explanation of privacy and data collection
procedures. Students who agree to participate will be given a letter providing information
on the voluntary nature of the study and will be required to sign a consent form.

The IRB procedures at the hospital are as follows: Research proposals are sent to
the Nursing and Allied Health Research Committee (NAHRC) for review. This
committee reviews proposals that involve human subjects. The investigator/researcher
will meet with the committee chair. In addition the investigator/researcher will provide
faculty approval from Ball State University and obtain written approval of the manager in
the Center of Outcomes Research and Clinical Effectiveness located within the Center for
Nursing Excellence. The Center for Nursing Excellence in collaboration with the faculty
member of the SON, oversees clinical rotations. After NAHRC approval the research
proposal will be submitted to the Human Investigations Review Committee (HIRC).
After HIRC approval the study may commence.

Procedures

The Chief Nursing Officer, the Director of the Center for Nursing Excellence
and the Deans of the SON will be contacted for approval of the study. The study will be
presented to the nursing students. Fifty students who are in a clinical rotation and have
signed a consent form will be included in the study. The researcher will distribute the
research questionnaires during a clinical rotation. The HPLP, developed by Pender will
also be distributed.
**Instrumentation**

The instrument developed by Pender is the Health Promoting Lifestyle Profile, will be used in this study. This health promotion model contains cognitive perceptual factors, modifying factors and participating in health-promoting behaviors. The cognitive perceptual factors are: importance of health, perceived control of health, perceived self-efficacy, definition of health, perceived health status, perceived benefits of health-promoting behaviors, and perceived barriers to health-promoting behaviors. The modifying factors are: demographic characteristics, biologic characteristics, interpersonal influences, situational factors and behavioral factors. Participation in the health-promoting behaviors will address the likelihood of engaging in the behaviors and then acting upon the behaviors.

A demographic information questionnaire will be used to determine the age, gender, and racial/ethnic identify of the participants. To assess dimensions of self-care, two measures that were author-developed will also be used. Based on research by Stein et al (1998), the first measure of self-concept was identified as significant factors based on a principal components analysis. Using a Likert scale where 1 was not at all to 5 very much, participants will be asked about the degree to which descriptions are accurate for them. The descriptions are:  

- Do you see yourself as being well liked or popular with your peers?
- Do others view you as being a successful individual, engaging in valuable activities?
- Do you see yourself as being rebellious, engaging in activities that are outside of socially sanctioned norms?
The second measure will evaluate the degree to which participants’ self-concept associated with their conceptualizations of someone they like, someone they respect, someone who is healthy, and someone who takes care of them. Within this measure the participants will be asked to record five words or phrases that describe themselves in relation to someone they like, respect, who is healthy, and who takes care of themselves. These scores will be computed by counting the number of alike words or phrases.

Another instrument derived from three sections of the *Health Risk Assessment Form* (Pro-Change Behavior System, 2001), will be used to assess stages of change in health behaviors for smoking, alcohol consumption, and exercise. Algorithms that were based on an ordinal scale will be presented for each behavior. Participants will answer whether they: □ Do not intend to make a change (precontemplation). □ Intend to take action in the next six months (contemplation). □ Intend to take action in the next month (preparation). □ Engage in the new healthy behavior (action). □ Sustain the behavioral change over time (maintenance). □ Never participate in the unhealthy behavior of smoking and alcohol consumption.

Regarding health promotion messages, a Likert scale question that ranges from 1 (not at all) to 5 (very much), will be asked to participants to identify the degree to which health promotion messages did or did not motivate them to want to be healthy, was or was not effective, and was clever, funny or stupid.

*Research Design*

A quasi-experimental approach design will be used in this study. Data will be
collected at one point making this a cross-sectional study.

**Method for Data Analysis**

Descriptive statistics will be obtained on all variables. Spearman rank correlation coefficients will be conducted to examine the relationship between self-concept variables and health behaviors. T-test will be used to analyze the demographic data and the dependent variables. The t-test is a method of comparing the groups of pre-intervention and post-intervention. The t-test will evaluate whether the difference in the variables was greater than that which might have occurred. The t-test will be calculated for the whole group, by gender, and the year of education they are currently in.

**Summary**

The purpose of this study is to look at self-concepts as it relates to nursing students and to promoting healthy lifestyle behaviors within their college years. Developing a self-concept regarding valuing personal health is important among nursing students. Self-concepts have been found to correspond to health behaviors and promoting information regarding health practices. The nurse uses self within their practice of nursing; therefore, to be able to provide care to others nurses need to care for themselves.
References


