**Qualitative Research**

**RN-Bs Students’ Reports of Their Self-Care and Health-Promotion Practices in a Holistic Nursing Course**

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**Purpose:** This study explored RN-Bs students’ self-care and health-promotion (SCHP) practices in a semester-long holistic nursing course with emphasis on the utility of self-reflection through journal writing. **Design:** A qualitative single case study blended in practical action research. **Method:** Fifteen RN-Bs students enrolled in the holistic nursing course completed (a) three reflective journal entries (beginning, midterm, and conclusion); (b) two IHWA-short form surveys (beginning and conclusion); and (c) one demographic form (beginning) of the course. **Findings:** Three reflective journals indicated that students’ understanding of their SCHP practices progressed from novice, to advanced, and finally to competent from the beginning, middle, and at the conclusion of the course. Four findings emerged in relation to reports of their SCHP practices: (a) new awareness of self, (b) application of SCHP practices knowledge, (c) role modeling, and (d) dedication to SCHP practices beyond the semester. Four findings emerged in relation to participation in the reflective journaling about reports of their SCHP practices: (a) self-discovery, (b) retrospective self-evaluation, (c) useful intervention for SCHP, and (d) beneficial learning tool in academic environment. **Conclusions:** Reflective journaling enhanced students’ SCHP practices and was recognized as useful instructional strategy to improve learning in the classroom.

**Keywords:** nursing education; self-care; reflection; RN-Bs nursing education

**Background and Significance**

The nursing shortage has reached global proportions and is projected to continue through at least 2030 in the United States (Juraschek, Zhang, Ranganathan, & Lin, 2012). Addressing the nursing shortage and finding creative approaches to stabilize the workforce is crucial because of the potential impact on the health and well-being of the population nationally and globally. Leaders in nursing often confront the shortage by focusing primarily on student and faculty recruitment into the profession (American Association of Colleges of Nursing [AACN], 2014; American Nurses Association [ANA], 2013; National League of Nursing, 2010). However, the retention of practicing nurses is not given priority despite the significant numbers of both experienced and newly licensed nurses leaving the profession due to dissatisfaction with their jobs or burnout (Dossey & Keegan, 2013; Health Resources and Services Administration, 2010; Mariano, 2013; McElligott, 2013; Robert Wood Johnson Foundation, 2012; Wieck, Dols, & Northam, 2009).

Health care organizations must continue to not only find ways to recruit nurses into the profession but also to retain those who are presently working. Finding ways to retain practicing nurses would appear to be a viable way to stem the shortage without the expense associated with continuously training new
nurses to replace those who have left. One potential way to retain practicing nurses is to help them find balance in their work and manage job-related stress. This may be achieved by teaching nurses and nursing students how to actively engage in self-care and health-promotion practices. People have a lifelong responsibility to participate in self-care and health-promotion practices, which are activities and behaviors that maintain a healthier lifestyle, enhance wellness, increase well-being, and “actualize human health potential” (McElligott, 2013, p. 827). Nursing educators are clear that nurses need to integrate basic self-care activities into their professional practice because these skills offer the nurse growth, wisdom, self-awareness, and deeper understanding of self, both personally and professionally (American Holistic Nurses Association & American Nurses Association [AHNA & ANA], 2013; Dossey & Keegan, 2013; Drick, 2014; Mariano, 2013; McElligott, 2013; McElligott, Capitulo, Morris, & Click, 2010). Yet self-care is often shortchanged because other life activities take priority (Drick, 2014; Mariano, 2013). Drick (2014) noted that “while nurses are experts at caring for others we are certainly novices when it comes to taking care of ourselves” (p. 51). Indeed, for practicing nurses, such as those enrolled in an RN-BS program, learning techniques to manage professional and personal challenges could potentially help them become harder and more resilient, and by extension, remain in the nursing workforce longer.

Self-reflection and the notion of self-care are foundational elements of nursing. Over 100 years ago, Florence Nightingale advocated the importance of self-care for nurses and directed nurses to use reflection for self-discovery and understanding others (Dossey & Keegan, 2013). Nightingale’s vision of nurses caring for themselves through ongoing self-reflection is integrated into the core values delineated in Holistic Nursing: Scope and Standards of Practice (AHNA & ANA, 2013). Schön (1987) suggested that health care organizations and educational institutions guide professionals to become reflective practitioners so they can understand the self in practice and formulate new knowledge from their experience. Schön’s reflective practitioner theory significantly influenced professional education and many disciplines of the health and social science professions (Kinsella, 2007), including nursing education (Bulman & Schutz, 2013; Scanlan & Chernomas, 1997).

There is agreement that reflective practice contributes to the development of professional knowledge on different levels of nursing practice (Atkins & Murphy, 1993; Mann, Gordon, & MacLeod, 2009). There is also significant research on the effectiveness of self-reflection in nursing education. Specifically, self-reflection has been found to be effective in professional development (Barterö, 2010; Johns, 2009; Kim, 1999; ter Maten-Speksnijder, Grypdonck, Pool, & Streumer, 2012), personal growth (Glaze, 2002; Jasper, 1999), personal self-understanding in connection to practice (Scanlan & Chernomas, 1997; ter Maten-Speksnijder et al., 2012), and promoting life-long learning (Ruland & Ahern, 2007). Notably, Drick (2014) concluded that when nursing professionals engage in ongoing self-reflection and self-care, they become self-aware of the professional development that is essential “for giving care to others, for personal well-being, and for appreciating one’s personal journey” (p. 47).

In spite of strong advocacy for reflective practice in nursing education (Atkins & Murphy, 1993; Bulman & Schutz, 2013; Johns, 2009; Kim, 1999; Kinsella, 2007; Scanlan & Chernomas, 1997), there is a gap in the literature related to studies focused on the use and effectiveness of self-reflection, through journal writing as a teaching and learning strategy for enhancing RN-BS nursing students’ self-care and health-promotion practices. Since self-reflection and self-care are foundational elements that comprise the core values of nursing (AACN, 2008; AHNA & ANA, 2013; ANA, 2010), it seems important to gain an understanding of whether the application of reflective practice in nursing education could transform nursing students’ knowledge about self-care and health-promotion practices.

Therefore, the purpose of this single case study action research investigation was to explore the utility of reflective journal writing for enhancing RN-BS students’ self-care and health-promotion practices during a semester-long holistic nursing course. Fifteen RN-BS students enrolled in a holistic nursing course wrote focused reflections three times during the semester (at the beginning, midway through, and at the conclusion of the semester) to determine RN-BS students’ insights into their self-care and health-promotion practices. In addition, the results of two administrations of the Integrative Health and Wellness Assessment–Short Form (IHWA; Dossey,
Luck, & Schaub, 2013), one at the beginning of the semester and one at the end of the semester, were used to complement data collected in the reflective journal writing. The IHWA complemented data collected by allowing participants to reflect and compare their self-care and health-promotion practices at the beginning with their practices at the conclusion of the semester. Thus, the lessons learned through this study shed light on the application of reflection in teaching and learning in a holistic nursing course to enhance self-care and health-promotion practices of RN-BS students.

**Conceptual Framework**

The conceptual framework for this study is based on the works of Schön (1983, 1987). Schön (1983) asserted that professional education is deeply grounded in technical rationality, where scientific, evidence-based knowledge contributes to professional knowledge development. Certain professional situations are unique, cannot be presented in a book, and are challenged by the dilemma of rigor or relevance. Schön (1983) argued that professional decision making is often guided by one of two paradigms: rigor, which he described as high hard ground, or relevance, which he described as swampy lowland. Rigor in this context refers to decisions based solely on scientifically developed knowledge that has been subject to review by the profession. Professionals who subscribe to the relevance paradigm “deliberately involve themselves in messy but crucially important problems and, when asked to describe their method of inquiry, they speak of experience, trial and error, intuition, and muddling through” (Schön, 1983, p. 43). Schön (1983) argued that traditional professional education in all fields focuses on scientific and research-based methodologies to the exclusion of experience-based methodologies, which often fails to prepare professionals to face real-life situations. Thus, he proposed that it is essential to guide professionals to become reflective practitioners so they can understand the self in their professional practice and formulate new knowledge from their experience. Schön’s (1983) model comprises four main constructs: technical rationality, reflective practice, reflection-in-action, and reflection-on-action. Each is explained briefly in Table 1.

**Review of Literature**

This review of the literature includes research relevant to three conceptual areas: (a) professional and personal concerns of registered nurses and issues in the nursing profession, (b) nurses’ and nursing students’ perceptions of self-care and health-promotion practices after introduction to a holistic nursing curriculum, and (c) the role of reflection as a supportive teaching and learning strategy in education.

**Table 1. Reflective Practice Constructs and Descriptions (Schön, 1983, 1987)**

<table>
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<tr>
<th>Construct</th>
<th>Description</th>
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<tr>
<td>Technical rationality</td>
<td>Instrumental epistemology to professional knowledge development grounded in systematic evaluation of scientific evidence-based knowledge separate from practical knowledge (Schön, 1983)</td>
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<tr>
<td>Reflective practice</td>
<td>Alternative epistemology to professional knowledge development in which professionals evaluate professional knowledge; examine individual experiences, thoughts, feelings, and perceptions; and formulate new knowledge by bridging thinking with doing (Schön, 1983)</td>
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<tr>
<td>Reflection-in-action</td>
<td>Thinking actively in practice that activates silent knowledge and spontaneously reshapes professionals’ decisions (Schön, 1983)</td>
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<tr>
<td>Reflection-on-action</td>
<td>Professional knowledge development occurs retroactively and can be interpreted as to the postmortem evaluation that takes place after an experience (Schön, 1983, 1987)</td>
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In Holistic Nursing: Scope and Standards of Practice (AHNA & ANA, 2013), nurses are reminded to treat and heal the whole person by recognizing the interconnectedness of body, mind, spirit, and environment. Nurses are further reminded to foster...
their own health. Nevertheless, nurses often advocate for others while neglecting their own self-care practices (Dossey & Keegan, 2013; Mariano, 2007, 2013; McElligott, 2013; Stark, Manning-Walsh, & Vliem, 2005). The long-term effect of neglecting self-care and health-promotion practices has been found to contribute to negative health outcomes of nurses. The research reports that when nurses lack self-responsibility to advocate for their own health, they commonly experience physical and psychological exhaustion (Huntington et al., 2011; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004); generalized pain, tiredness, and altered sleep (Gabrielle, Jackson, & Mannix, 2008); musculoskeletal discomforts (Geiger-Brown et al., 2004); and depressive symptoms (Yoon & Kim, 2013).

Additionally, nurses indicated that their demanding work environment, due to long work hours, downsizing, and higher acuity of patients’ illnesses, requires nurses to perform under constant stress (Geiger-Brown et al., 2004; Huntington et al., 2011; Vahey et al., 2004). Nurses’ dissatisfaction with their work environment gradually contributes to the development of compassion fatigue (Maytum, Heiman, & Garwick, 2004; Robins, Meltzer, & Zelikovsky, 2009). In addition, nurses often lack motivation to engage in necessary self-care and health-promoting practices (Geiger-Brown et al., 2004; McElligott, Siemers, Thomas, & Kohn, 2009). As a result, nurses commonly consider leaving the nursing field permanently because of burnout, emotional exhaustion, and depersonalization (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Vahey et al., 2004).

### Nurses’ and Nursing Students’ Perceptions of Self-Care Practices After Introduction to a Holistic Nursing Curriculum

Nursing schools across the country seek strategies to improve nursing retention and recognize that holistic principles are one important change to nurses’ daily practice that could mitigate the nursing shortage (Delaney, 2009; Downey, 2007; O’Brien-King & Gates, 2006; Stark et al., 2005). While nursing schools recognize the need to integrate holistic principles in nursing, limited documentation exists describing the implementation of holistic nursing courses in undergraduate nursing programs.

A review of the literature revealed that nurses and nursing students, despite their varying degree of initial skepticism, were receptive to the concept of self-care and health-promotion practices and integrated new practices and knowledge in both their professional and personal lives (Delaney, 2009; Downey, 2007; McElligott et al., 2009; McElligott et al., 2010; Stark et al., 2005). According to the authors of three studies that explored perceptions of nursing students enrolled in a course focused on understanding a holistic approach to self-care and health-promotion practices, the concept of self-care and health-promotion practices transformed participants personally and professionally (Delaney, 2009; Downey, 2007; Stark et al., 2005). Additionally, Stark et al. (2005) noted that nursing students who were required to develop self-care plan strategies as part of their nursing course showed increased motivation to integrate self-care practices, especially when they actively formulated their plan. At the same time, Stark et al. observed older nursing students had a deeper interest in integration of preventive health strategies than younger nursing students. Delaney (2009) and Downey (2007) added that self-care and health-promotion practices had stronger use in nurses’ personal lives and that the professional environment was more restricted and offered limited opportunities for nurses to engage in self-care and health-promotion practices.

The study by McElligott et al. (2009) reported that approximately 50% of nurses above age 40 who had worked in the profession more than 10 years lacked stress management skills and were weakest in the physical activities. In their follow-up study, McElligott et al. (2010) included both an experimental and comparison group while investigating the collaborative care model program with hospital nurses. In this study, nurses were required to develop a self-care plan that included health-promotion practices. Three months after the study, the researchers found that development of a self-care plan in conjunction with the collaborative care model program promoted significant growth in overall self-care and health-promotion practices, with highest growth in spirituality, interpersonal relations, and nutrition. The long-term impact of introducing self-care and health-promotion practices has also been studied with Delaney (2009) finding lasting effects at 4 years and Downey (2007) finding lasting effects at 7 years.
Role of Reflection as a Supportive Teaching and Learning Strategy in Education

Reflection continues to attract interest in education generally and nursing education specifically (Bulman & Schutz, 2013). Reflection as a teaching strategy is widely used in the preparation of health professionals in postsecondary education (e.g., physical therapist, nurse, social worker; Landeen, Byrne, & Brown, 1995; Langley & Brown, 2010; Nicholl & Higgins, 2004; Scanlan & Chernomas, 1997; Williams, Wessel, Gemus, & Foster-Seargeant, 2002). Reflection improves learning by integrating theory and content from classroom lectures with practice (Bulman & Schutz, 2013; Scanlan & Chernomas, 1997). Plack, Driscoll, Blissett, McKenna, and Plack (2005), for example, asserted that reflection in health sciences introduces new “meaning to experience; it turns experience into practice, links past and present experiences, and prepares the individuals for future practice” (p. 200). Thus, the process of self-reflective thinking strengthens students’ critical thinking skills in the scope of an academic major.

According to the literature, when nursing students are introduced to reflective thinking, they gain deeper understanding and appreciation of clients’ needs (Landeen et al., 1995; Langley & Brown, 2010; Nicholl & Higgins, 2004; Scanlan & Chernomas, 1997; Williams et al., 2002). In addition, reflective journaling has been shown to be a valuable teaching strategy for teachers and students (Gulwadi, 2009; Landeen et al., 1995; Langley & Brown, 2010; Nicholl & Higgins, 2004; Williams et al., 2002). For example, Langley and Brown (2010) found that faculty were satisfied with the outcomes of reflective journals submitted online; they reported that this assignment improved students’ writing skills and promoted integration of course content with clinical practice.

The results reported in these studies indicate that students from different majors gain similar benefits from using reflective journaling, including (a) a deeper understanding of theory, (b) professional development for the role for which they are preparing, and (c) a new self-awareness of their individual strengths and weaknesses. Nursing and physical therapy students reported that reflective journaling used in clinical practice promoted the building of therapeutic relationships with their clients and the development of an understanding of their clients’ issues on an individual basis (Landeen et al., 1995; Langley & Brown, 2010; Williams et al., 2002).

A major concern identified by the researchers was that students and faculty lacked proper preparation to initiate this teaching strategy in the curricula (Gulwadi, 2009; Landeen et al., 1995; Langley & Brown, 2010; Nicholl & Higgins, 2004; Williams et al., 2002). Students who were invited to participate in the reflective journaling did so without any initial preparation and were only provided with directions about what to do. Likewise, the faculty indicated a lack of preparation in the teaching of reflective practice (Gulwadi, 2009; Landeen et al., 1995; Langley & Brown, 2010; Nicholl & Higgins, 2004; Williams et al., 2002).

Literature Review Summary

Review of the literature on concerns of registered nurses and issues in the nursing profession revealed that nurses often experience unsupportive work environments and excessive work demands that contribute to low satisfaction with the nursing profession and negative effects on their physical and mental health. In terms of nurses’ and nursing students’ perceptions of self-care and health-promotion practices, regardless of whether the participants valued the holistic philosophy, they were receptive to integrating self-care and health-promotion practices in their professional and personal lives. Finally, studies show that reflective practice can be a valuable teaching and learning strategy across a variety of academic majors, including nursing.

Research Questions

There were three primary research questions, some that contained analytic questions, which guided this investigation.

1. What are RN-BS students' reports of their self-care and health-promotion practices while enrolled in a holistic nursing course?
   1.1. What are RN-BS students' reports of their self-care and health-promotion practices at the beginning of a holistic nursing course?
   1.2. What are RN-BS students' reports of their self-care and health-promotion practices in their clinical practice?
practices in the middle of a holistic nursing course?

1.3. What are RN-BS students’ reports of their self-care and health-promotion practices at the conclusion of a holistic nursing course?

2. What, if any, effect does enrollment in a holistic nursing course have on RN-BS students’ reports of their self-care and health-promotion practices?

3. What are RN-BS students’ perceptions of reflective journaling in a holistic nursing course?

3.1. What, if any, effect does participation in reflective journaling have on RN-BS students’ reports of their self-care and health-promotion practices?

Method

Design of the Study

A qualitative single case study blended with a practical action research design (Stringer, 2007) was selected to explore RN-BS students’ self-care and health-promotion practices in a semester-long holistic nursing course with a particular emphasis on the utility of self-reflection through journal writing for enhancing these students’ self-care and health-promotion practices.

Case Study Research

Case study design offers unique features not found in other forms of qualitative research, notably, an in-depth exploration of a “single unit or bounded system, such as an individual, program, event, group, intervention, or community” (Merriam, 1998, p. 19). Merriam (1998) advocated the use of case studies in educational research because only through a case study can a researcher “gain an in-depth understanding of the situation and meaning for those involved” (p. 19). Foremost, this case study aimed to explore in depth the utility of self-reflection through journal writing for enhancing RN-BS students’ self-care and health-promotion practices during a semester-long holistic nursing course.

Polit and Hungler (1999) noted that case studies explore how and why “individuals think, behave, or develop in a particular manner rather than on what his or her status, progress, actions, or thoughts are” (p. 250). In fact, case studies are frequently used by nurses to discover subjective aspects (e.g., thoughts, feelings, and desires) that are not extensively researched and capture “insights concerning previously unsuspected relationships” (Polit & Hungler, 1999, p. 250).

Merriam (1998) described a case study as having three defining characteristics: particularism, description, and heuristics. Case studies are particularistic because the researcher explores a “particular situation, event, program, or phenomenon” (Merriam, 1998, p. 29). Case studies are descriptive because the researcher develops a “rich, thick description of the phenomenon under study” (Merriam, 1998, p. 29). Case studies are heuristic because the researcher can generate “new meaning, extend the reader’s experience, or confirm what is known” (Merriam, 1998, p. 30). Case studies formulate a knowledge base that is “more concrete . . . more contextual . . . more developed . . . [and] based more on reference populations determined by the [researcher]” (Merriam, 1998, p. 32).

The case study design was particularly suitable for this study because it allowed the researcher to focus on and explore in depth one particular group of individuals, RN-BS students in one section of a university course devoted to holistic nursing, and the effect of explicit instruction on reflective practice for those students. The students’ reflective reports were studied to understand how individual participants thought, developed, and behaved when the content of self-care and health-promotion practices was introduced. Single case in this study refers to the one classroom course in one Northeastern university. Multiple sources of data, including three reflective journals and two IHWA surveys, were used to collect rich, thick descriptions of students’ self-care practices throughout the semester.

Action Research

The application of action research (Creswell, 2008; Stringer, 2007) to this case study offers new insights and new knowledge about a situation and subsequently contributes to formulating new solutions to promote change. In addition, Elliot (1991)
noted that action research in education offers a unique contribution because it “integrates teaching and teacher development, curricula development and evaluation, research and philosophical reflection, into a unified conception of a reflective educational practice” (p. 54). Moreover, action research is dedicated to improving the quality of practice by developing practitioners’ individual judgments in a variety of professional situations. This researcher, as an educator and health care provider, had a particular interest in using action research to inform and influence teaching and learning of RN-BS students’ self-care and health-promotion practices.

Creswell (2008) distinguished between two types of action research designs—practical and participatory. Both types of action research seek to solve a particular problem of practice. Practical action research is dedicated to improving a small, local problem that is close to the researcher. Participatory action research is focused on transforming the needs of a wider population, often a population with suppressed voices.

This study used a practical action research paradigm since the inquiry “focuse[d] on a small scale research project, narrowly focused on a specific problem or issue, and [was] undertaken by individual teachers within a school” (Creswell, 2008, p. 647). Creswell described five characteristics of practical action research: (a) local focus, (b) individual or team-based approach, (c) individual development and student learning, (d) individual need to develop and implement a plan of action, (e) individual as researcher.

This study used practical action research because the phenomenon under investigation explored the utility of self-reflection through journal writing for enhancing RN-BS students’ self-care and health-promotion practices during a semester-long holistic nursing course. The study was local in nature because it explored a subject of interest to one educator. The study followed an individual approach because the researcher was conducting the study in the context of her area of scholarly interest. The researcher had been teaching the holistic nursing course for 4.5 years, and every semester she heard remarks by RN-BS students about the lack of self-care and health-promotion content at the associate degree and diploma-level nursing education curricula and in their professional lives as nurses. Grounded by the feedback from my RN-BS students, 4.5 years of observations as a teacher of the course, and a substantive literature review, the inquiry provided the opportunity for development of both the researcher and her students. In addition, the study informed the researcher’s practice for the future, such as to work with the accrediting nursing organizations to include self-care and health-promotion practices in nursing curricula.

Lewin (1946) proposed a model for action research that defines a sequence of events (or cycles) through which the researcher first inquires about the problem, then interprets collected data, implements solutions, and finally evaluates the results of the selected actions to understand the adjustments that are required in the future course of action. Lewin’s work provided the building blocks for action research as a research paradigm in the social science sector and has been adopted by educational researchers such as Elliott (1991), O’Leary (2004), and Stringer (2007). Stringer’s (2007) model of action research is described as “inquiry or investigation that provides people with the means to take systematic action to resolve specific problems” (p. 8). This study used Stringer’s (2007) action research framework summarized as “look, think, act” (p. 8). The purpose of each phase is described below:

1. Look—Build the picture according to collected data
2. Think—Interpret, analyze, and explain
3. Act—Resolve problem and plan a future course of action

During the first phase of this study, look, the researcher collected information from a variety of sources to gain an understanding of the “participants’ experiences and perspectives and to define the problem/issue” specific to participants’ needs (Stringer, 2007, p. 65). The collection of information continued during the course of the study. Two unique features are found in the look phase that are not observed in other types of research: (a) focus on participants’ subjective needs to understand their problem and (b) research questions are not focused on finding the answers but are dedicated “to understand[ing] the nature of related events—how and why things happen the way they do” (Stringer, 2007, p. 65).

In the second phase, think, the researcher reflected, interpreted, clarified information, and
analyzed information to formulate major key concepts. Analysis of information offers participants and others involved “new ways of thinking about the issues and events investigated” (Stringer, 2007, p. 95). The key concepts developed through this phase allow the researcher to formulate reports, organize meetings, or distill information by “providing accounts of what is happening and how it is happening” (p. 95). The think phase enables participants to understand and evaluate their situation in a clear light and to draw conclusions on the impact of this situation on their lives.

In the third phase, act, the researcher formulated a future course of action to create sustainable solutions for change. According to Stringer (2007), the resulting action plan should list priority interventions and how to implement them systematically. It is the researcher’s responsibility to collaborate, support, role model, and link the participants to a network of resources. This phase also requires the researcher and participants to review, evaluate, and modify courses of action and celebrate accomplishments.

Since action research has a cyclical nature, after the act phase of one inquiry cycle is completed, some activities are recycled, and the researcher moves to the next spiral phase of look-think-act. Stringer (2007) noted that as each phase is completed, the researcher should continue to look again, to reflect and modify existing courses of action, sometimes going backward, repeating, upgrading, and reshaping those courses of action based on the new understanding that occurred during the action research process. The researcher in action research is the grassroots catalyst who finds techniques to invite participants to the change process. Action research has a direct connection to the reflective practice of Schön (1983). In Schön’s reflective practice model, participants reflect throughout their experiences, integrating the look, think, and act steps of action research. Like action research, reflective practice is meant to change participants’ approach to an issue important to them or their organization.

In the look phase, the researcher collected information from reflective journals and IHWA surveys to better understand RN-BS students’ perceptions about self-care and health-promotion practices. In the think phase, the researcher reviewed and interpreted the information from each of the sources of data to generate key concepts or themes related to self-care and health-promotion practices. The process of analysis used credible techniques known to be appropriate for the collected data to identify patterns and themes from reflective journals and statistical analysis of IHWA-identified behaviors. In the act phase, the researcher disseminated findings of the study through publication of her dissertation and sharing the outcomes with the participants and faculty in the nursing department where the study was conducted. Since the unique aim of action research is to generate knowledge that informs and improves practice, the results from this study were integrated into the researcher’s instructional paradigm to improve her classroom teaching. As a result of this action research process, the researcher also collaborated with university nursing faculty to develop a continuing education program in self-care and health-promotion strategies for undergraduate and graduate nursing students.

To summarize, the researcher selected a practical action research approach because this design allowed the researcher to engage in the “production of greater understanding of the selected groups within the system in order to produce practical principles and strategies for the improvement of that system” (Koshy, Koshy, & Waterman, 2011, p. 23). The problem under study was identified by the researcher in her capacity as a health care faculty member in higher education working with a group of licensed RN-BS students. RN-BS students were participants in the study, and they were not involved collaboratively in any components of the study (i.e., design of the study, plan for implementation, or data evaluation) as would be required for a participatory action research project. The participants did not contribute to the design of the study because the intent of the study was to understand how RN-BS students interpreted the issue under investigation and how the researcher could improve teaching and learning in nursing education.

## Data Collection Tools and Procedures

Several means of data collection were employed in this study. Triangulation (Creswell, 2003, 2008) was supported through the use of multiple sources of data during the semester—participant demographic
form (beginning), series of three guided reflective journal assignments (beginning, middle, conclusion), and two IHWA–Short Form surveys (Dossey et al., 2013) (beginning, conclusion).

**Participant Demographic Form**

The participant demographic form was used to collect information such as gender, age, race, year RN license obtained, type of institution (hospital, nursing home, community, other) at which RN-BS student worked, nursing specialty/unit, shift during which the student primarily worked, prior experiences in holistic nursing, availability of professional development in-services in holistic nursing, and prior experiences with journaling. This information was used to describe the participants’ demographics. This description is particularly important in case study research as it allows readers to determine whether the context of a given case study matches the reader’s context to allow for generalization of the findings.

**Reflective Journals**

Three reflective journals (RJ1, RJ2, RJ3) were employed as the primary source of data for this study. An open-ended guide for evaluating the reflective journals (see Table 2) was developed by the researcher and used to collect evidence related to the reflective practitioner model (Schön, 1983, 1987) that contained the key concepts of the conceptual framework for this study. The key concepts in Schön’s (1983, 1987) description of a reflective practitioner, described earlier, are (a) technical rationality, (b) reflective practice, (c) reflection-in-action, and (d) reflection-on-action. The open-ended questions were formulated to elicit reflections about the utility of self-reflection as a teaching and learning strategy.

Subsequently, three reflective journal assignments were developed that aligned with the three primary research questions. Each journal guided students to (a) define selected self-care and health-promotion practices according to the literature and individually interpret how they understood these areas, (b) discuss their personal results from the IHWA and how they planned to address areas with low scores, (c) evaluate personal and professional implications of their current self-care and health-promotion practices, (d) explore meaning and significance of the holistic nursing course, and (e) explore perceptions of reflective journaling as a teaching and learning strategy. RJ1 differed slightly from journals RJ2 and RJ3 in that some questions from the later journals asked participants to reflect on changes to their self-care and health-promotion practices. For example, in RJ1, one of the questions asked the following: How, if at all, do you believe enrollment in a holistic nursing course may change your thinking about self-care and health promotion? But in RJ2, this question changed to the following: How, if at all, do you believe enrollment in a holistic nursing course is helping you to change your thinking about self-care and health promotion? Last, in RJ3, the question was stated as the following: How, if at all, do you believe enrollment in a holistic nursing course helped you change your thinking about self-care and health promotion?

**IHWA (Short Form)**

The IHWA (short form; Dossey et al., 2013) is a 33-item psychometric tool that was adopted from the IHWA (long form) to measure the same components and to provide an informational assessment of a respondent’s current state of life, feelings, and personal self-care in nine categories of life and wellness: life balance and satisfaction, relationships, spiritual health, mental health, emotional well-being, physical health/nutrition, physical health/exercise, environment, and health responsibility. There are between three and five statements for each of the nine subscales. Each statement is worded in the first person, such as “I express my needs in appropriate ways” or “I believe I’m key to my wellbeing and overall health.” Participants were asked to respond to Likert-type items on a 5-point scale (1 = never, 2 = rarely, 3 = sometimes, 4 = frequently, 5 = always) to indicate how often they engaged in each item. Dossey and Keegan (2013) pointed out that IHWA has meaningful use in personal self-development because it “assists people in becoming aware of their human potential in each of these categories, identifying strengths and weaknesses, and considering and creating new health goals” (p. 164).

The IHWA (short form) was examined in a quasi-experimental study exploring the effect of an integrative wellness program on control and study groups. The IHWA demonstrated good reliability
with Cronbach’s alpha of .93 for the control group and .88 for the treatment group. Thus, the researchers concluded that the analysis of the IHWA short form suggested that the tool was valid and reliable (McElligott, Mishanie, Okane, Friedman, & Nelson, 2014).

### Table 2. Reflective Journals: Instructions for RN-BS Students

<table>
<thead>
<tr>
<th>RJ1</th>
<th>RJ2</th>
<th>RJ3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the literature define self-care and health promotion? Where does this definition come from?</td>
<td>1. How, if at all, is the literature helping you reshape your definition of self-care and health promotion? Where does this definition come from?</td>
<td>1. How, if at all, does the literature summarize the definition of self-care and health promotion? Where does this definition come from?</td>
</tr>
<tr>
<td>2. How do you define self-care and health promotion?</td>
<td>2. How, if at all, is your definition of self-care and health promotion changing?</td>
<td>2. How, if at all, do you summarize the definition of self-care and health promotion?</td>
</tr>
<tr>
<td>3. Reflect on your completed IHWA survey at the beginning of the semester.</td>
<td>3. Reflect on your completed IHWA survey at the beginning of the semester?</td>
<td>3. Reflect on your completed IHWA survey at the end of the semester?</td>
</tr>
<tr>
<td>3.1. What were the two areas that you scored lowest on your IHWA survey at the beginning of the semester? Why do you believe you received those scores?</td>
<td>3.1. What were the two areas that you scored lowest on your IHWA survey at the beginning of the semester?</td>
<td>3.1. How, if at all, have your two lowest areas on the IHWA survey changed from the beginning of the semester? Why do you believe you received those scores?</td>
</tr>
<tr>
<td>3.2. How, if at all, are you considering addressing these specific two areas at the beginning of the semester?</td>
<td>3.2. How, if at all, are you addressing these specific two areas at the middle of the semester?</td>
<td>3.2. How, if at all, are you considering addressing these specific two areas at the end of the semester?</td>
</tr>
<tr>
<td>4. What implications, if any, does self-care and health promotion have for your professional performance and/or personal life at the beginning of the semester?</td>
<td>4. What implications, if any, does self-care and health promotion have for your professional performance and/or personal life in the middle of the semester?</td>
<td>4. What implications, if any, does self-care and health promotion have for your professional performance and/or personal life at the end of the semester?</td>
</tr>
<tr>
<td>5. In the future, what implications, if any, does self-care and health promotion have for your professional performance and/or personal life? What new strategies do you plan to maintain or integrate in your professional performance and/or personal life?</td>
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</tr>
<tr>
<td>6. How, if at all, do you believe enrollment in a holistic nursing course may change your thinking about self-care and health promotion?</td>
<td>6. How, if at all, do you believe enrollment in a holistic nursing course helped you change your thinking about self-care and health promotion?</td>
<td>6. How, if at all, do you believe enrollment in a holistic nursing course helped you change your thinking about self-care and health promotion?</td>
</tr>
<tr>
<td>7. Have you used reflective journaling in prior academic coursework? If so, in what course(s), and briefly describe your experiences using reflective journals?</td>
<td>7. If at all, do you think that reflective journaling is helping your learning about self-care and health-promotion practices?</td>
<td>7. If at all, do you think that reflective journaling helped you in your learning about self-care and health-promotion practices?</td>
</tr>
<tr>
<td>8. How, if at all, do you think that reflective journaling may help in your learning about self-care and health-promotion practices?</td>
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### Research Site and Participants

The procedure for selection of participants in this study required logical consideration of who the participants will be, how they will be selected, time when they will participate, and what will be the
Nonprobability sampling is recommended for qualitative studies because it includes people interested in participating in the study who have specific lived experiences that relate to the topic being researched. One type of nonprobability sampling is purposeful sampling. The idea behind purposeful sampling is to allow the researcher to use individual judgment in intentionally selecting participants who are willing to provide information that is relevant to the research questions. In addition, purposeful sampling encourages including participants who have general understanding of the topic and present specific characteristics required in the study (McMillan & Schumacher, 2008).

Stringer (2007) noted that in action research, purposeful sampling fits appropriately because it consciously selects people on the basis of a particular set of attributes . . . [thus] the major attribute is the extent to which a group or individual is affected by or has an effect on the problem or issue of interest. (p. 43)

Also, Merriam (1998) differentiated nine types of purposeful sampling. One commonly used type is convenience sampling that allows the researcher “to select a sample based on time, money, location, availability of sites or respondents” (p. 63). Convenience sampling supports “selection of the most readily available persons or units as participants in a study” (Polit & Hungler, 1999, p. 698). Convenience sampling was applied in this study because the researcher was directly able to recruit participants at the target site and administer the instruments during the regular teaching semester.

**Selection Strategy**

**Site.** This study used a purposeful sampling strategy to select a higher education institution that offered a holistic nursing course for RN-BS students. The researcher purposively selected one institution and one class for the study in which the researcher would have the greatest access. The institution selected had a required holistic nursing course for all RN-BS students. This institution was a public university, and the researcher was a member of the faculty at this institution and had taught the holistic nursing course for 4.5 years. The RN-BS program at this institution was designed to build on previous professional education, and the school allowed for the transfer of up to 93 semester hours from other institutions. Students enrolled in this program were required to complete a minimum of 30 credits at this institution.

**Course.** The holistic nursing course was required for all RN-BS students at this university. The average enrollment in the course was 20 to 24 students. This was the first time that the holistic nursing course was offered during both the spring and fall semesters, and enrollment was smaller than in previous years. The objective of this holistic nursing course was to develop in nurses an understanding of the human health experience from a holistic perspective. Emphasis was placed on a variety of factors that contribute to human health and self-development. Selected holistic nursing approaches, health counseling, and alternative/complementary therapies were explored. Course learning activities were designed to engage RN-BS students in personal and professional self-discovery in a variety of areas of human health and care through reflective journal entries, class participation, student facilitated discussions, and transformational presentation.

**Recruitment of Participants.** All students enrolled in this holistic nursing class were invited to participate in this investigation. Significant steps were taken to avoid possible coercion: (a) a colleague, instead of the researcher, sent the introduction letter to students; (b) the same colleague collected the informed consent forms; (c) the researcher was absent from the classroom when this colleague introduced the study and collected informed consent forms; (d) a colleague de-identified names and randomly chose one research participant to exclude from the study to end up with a previously decided number of 15 participants; (e) the same colleague de-identified each set of 15 reflective journal assignments from the students and gave them to the researcher for evaluation; (f) the researcher received identifiable journals after the submission of final grades; and (g) all students, regardless of whether they submitted an informed consent, were informed that their surveys and reflective journals were part of the regular class assignments. Please note, since Students 12 and 13 who were enrolled in the holistic course but did not participate in this study, their data were not analyzed.
First, the RN-BS students represented the conveniently accessible sample for this action research study and were deliberately selected for the study for several reasons: (a) regular presence at target site, (b) researcher’s access to participants, and (c) participants enrolled in holistic nursing course. Second, the RN-BS students were selected based on willingness to participate. The selection of the holistic nursing class and institution was purposeful.

In addition, it was anticipated that participating RN-BS students would have general understanding of the topic and present specific characteristics required in the study. One of the content areas in the course was care of the caregiver (the nurse) that exposes nurses to (a) becoming a self-reflective nurse, (b) developing and maintaining a healthy lifestyle, (c) enhancing interpersonal effectiveness, (d) coping with stress and conflict, (e) awakening the inner healer, and (e) establishing and honoring boundaries.

To summarize, the selected institution enrolling RN-BS students in a holistic nursing course provided a purposive sample and sample of convenience. Thus, this sample of RN-BS students had experience with the phenomenon of interest and was most accessible to the researcher. The researcher, as faculty of the holistic nursing class, had access to the institution and participants for data collection.

Ethical Considerations

After the research proposal was approved by the university’s human subjects committee, participants were recruited from the sample of students enrolled in the researcher’s holistic nursing course. To ensure the welfare of all study participants, the researcher followed required policies and procedures as stated by the university guidelines.

Risks

The RN-BS students were informed that the risk of harm resulting from participating in reflective journaling was considered minimal. Researchers evaluating the use of reflective journals in education reported that students (a) sometimes felt uncomfortable disclosing personal information, (b) feared being judged negatively, (c) were concerned about emotional distress when disclosing unresolved issues, (d) worried that writing was time consuming, and (e) believed that writing did not offer beneficial learning experience (Landeen et al., 1995; Langley & Brown, 2010). The participants were informed that if emotional distress was encountered during the reflective journaling, they could (a) withdraw from the study without any negative consequences, (b) meet with instructor of the course, or (c) be referred to the campus counseling department. Each student was provided with a statement clarifying their option to withdraw from the study at any time without risk. Specifically, students were reminded that withdrawal from the study would not jeopardize their completion of the course, have any effect on their course grade, or affect their future courses at the university. They were also informed that the study activities (reflective journaling and IHWA survey) were graded components of the course and, as such, withdrawal from the study would not result in exemption from completion of those assignments.

Benefits

A large number of researchers have documented beneficial experiences from reflective practice in different disciplines of education is rich (Atkins & Murphy, 1993; Kinsella, 2007; Schön, 1983, 1987). Riley-Doucet and Wilson (1997) noted that “journal writing is a teaching/learning strategy within which responsibility for students’ learning is shared by both educator and student” (p. 965), and professionals can understand the role of self in their practice because they formulate new knowledge through experience. Furthermore, researchers in the field of nursing education (e.g., Atkins & Murphy, 1993; Bulman & Schutz, 2013) suggest that reflective practice, or self-reflection, encourages nursing professionals to examine and understand their thoughts and actions; creates opportunity to acquire new learning; and changes perspectives, behaviors, and actions. An anticipated direct benefit to RN-BS students in this study was the acquisition of new knowledge that could be useful in their professional and personal lives. At the same time, use of reflective journals in this study might extend the knowledge base by documenting that reflective journaling is a powerful tool for nurses in a variety of teaching settings.

Confidentiality

Polit and Hungler (1999) suggested that since almost all research has some degree of intrusion in participants’ personal lives, it is the researcher's
responsibility “to ensure their research is not more intrusive than it needs to be and that participants’ privacy is maintained throughout the study” (p. 139). One of the recommended strategies is anonymity.

In this study, to maintain anonymity, the following steps were taken. A faculty colleague, instead of the researcher, sent the introduction letter to students. Then, to recruit participants/solicit the data for the study, the same faculty colleague who sent the introduction letter also introduced the study to the potential research participants. Furthermore, this same faculty member collected the informed consent forms. The researcher was absent from the classroom when this faculty member introduced the study and collected informed consent forms. Additionally, this same faculty member de-identified the students’ journals before the researcher analyzed them. In addition, the researcher received each set of reflective journals for analysis only after the researcher graded them.

It was important to establish procedures to maintain confidentiality. A promise of confidentiality was maintained, and participants were informed that all reflective journals and IHWA instruments would be de-identified by assigning pseudonyms (e.g., Student 1, Student 2, etc.) to protect their identity. In addition, results reported for publication or presentation omit students’ identifying information. To maintain confidentiality of the institution, general results and individual responses were not associated with the participants’ institution.

Data Storage. Coded data after being reviewed and analyzed were stored in a locked file cabinet in the investigator’s home. Consent forms were collected by a faculty colleague and filed separately from the rest of the collected data in a locked cabinet in the colleague’s home until the research was completed. The researcher will keep the data and analysis records for 5 years to allow for repeat validation of data and confirmation of results (American Psychological Association, 2010). All data will be shredded 5 years after completion of the study.

Informed Consent. Prior to starting the study, to avoid potential coercion since the course had only one instructor, who was also the researcher of this study, a faculty colleague instead of the researcher sent the introduction letter to students. To recruit participants/solicit the data for the study, the same faculty colleague who sent the introduction letter also introduced the study to the potential research participants. After the informed consent form was thoroughly explained by the faculty colleague, participants were asked to sign the form to document voluntary participation in the study. Furthermore, this same faculty member collected the signed informed consent forms. The researcher was absent from the classroom when this faculty member introduced the study and collected the completed consent forms. The faculty colleague retained all signed consent forms. Students were informed that surveys and reflections were regular class assignments. Like any other assignment, students who chose not to complete them would be graded accordingly.

Data Analysis Procedures

Data were analyzed according to Creswell’s (2003, 2008) six step process: (a) organize and prepare, (b) gain a general sense, (c) develop codes (beginning), (d) identify themes, (e) explain how themes will be represented, and (f) interpret data. The researcher used QSR International’s (2010) NVivo 10 for Windows data analysis software program to store the data, organize the data, code the data, and prepare reports of the three reflective journal entries completed during the semester.

The first element examined in this investigation was demographics. Descriptive statistics of the demographic information obtained from participants were used to understand the sample of the study. The second element examined was the IHWA survey that students completed at the start of the term. The researcher organized and analyzed data from the IHWA survey into an Excel spreadsheet to calculate descriptive statistics, including means, standard deviations, and percentages. The third element examined was the participants’ reflective journals. All coded journals were uploaded into NVivo 10 for Windows. Participants’ journal entries were examined for general trends related to the participants’ self-care and health-promotion practices. The researcher then developed an initial set of codes.

The researcher began the analysis by coding the qualitative data according to Schön’s (1983) four components of the reflective practitioner. The researcher began with an open coding paradigm to help develop major categories and subcategories using a constant comparison approach (Glaser &
The constant comparison technique allowed the researcher to continually compare new data with previously collected data during data collection and analysis.

Next was identification of themes. The reflective journals were collected from RN-BS students three times during the semester, and each set of reflective journals was reviewed by the researcher to understand the students’ self-care practices discussed in the course. Open coding at this stage of analysis included the writing of general notes and ideas in the memo section of the NVivo program to help gain a general understanding of the phenomenon under investigation. Specifically, the researcher listed summary phrases that were clustered together to develop general themes. After all journals were read, data that appeared to be related were grouped together to form initial categories. Data matrices of the summary statements from each reading of the journals were created for further analysis. The columns of the matrices represented the themes that began to emerge from the initial readings of the journals. Shorthand codes were developed for each theme to facilitate further data analysis.

The researcher read the journals again and used the NVivo program to highlight the content related to each research question. The initial selection of codes was derived from the categories of the conceptual framework (Schön, 1983, 1987) and the IHWA survey (Dossey et al., 2013). The researcher entered the coding schemes into the NVivo program. Codes in NVivo are defined as nodes or containers. Each node allowed the researcher to gather related material in one place for further evaluation of emerging patterns or themes. The next step was to explain how themes were represented. Creswell (2003, 2008) suggested that in a qualitative study, narrative format is most effective for discussing findings from the analysis. In the final step, the interpretation of the data, the researcher explains how the current study informs the field, describes the implications for professional practice, and offers suggestions for future study.

Findings

First, a summary of participants’ demographics is presented. Second, findings from the IHWA surveys, administered at the beginning and at the conclusion of the course, are presented as an indicator of participants’ current state of life, feelings, and personal self-care in nine categories of life and wellness: life balance and satisfaction, relationships, spiritual health, mental health, emotional well-being, physical health/nutrition, physical health/exercise, environment, and health responsibility. Third, findings for each research question are presented. Specifically, the findings from the analysis of the reflective journals relative to Research Question 1, including three analytical questions, are organized according to the four concepts of the reflective practitioner model (Schön, 1983, 1987). Subsequently, the findings from the analysis of the reflective journals for Research Questions 2 and 3 are organized by the major themes that emerged in each research question. Findings are supported by direct representative quotes from students’ journals and may contain some misspellings or errors in syntax and grammar as every effort was made to report the students’ responses in their own words. The reflective journal entries from the beginning, middle, and end of the course were labeled RJ1, RJ2, and RJ3, respectively.

Demographics of Research Participants

The participants were predominantly female (n = 14, 93.3%). Participants were primarily White (n = 9, 60%), with two (13.3%) self-reporting as Hispanic, one (6.7%) Black, one (6.7%) Asian or Pacific Islander, one (6.7%) other, and one (6.7%) two or more races. The greatest number of participants worked in a hospital (n = 8, 53.3%), and six participants worked a day shift (n = 6, 40.0%). Nearly all the participants (n = 14, 93.3%) reported having no experience in holistic nursing, and 13 (86.7%) of the participants reported that the institution at which they worked did not offer professional development in holistic nursing. Two participants indicated that their institution offered professional development in holistic nursing but did not indicate what type. Eleven (73.3%) participants indicated that they had no prior experience in journaling. Two types of journaling experiences were reported: (a) those required in undergraduate nursing education courses and (b) those for personal purposes. Last, in the open comments section, participants reported brief thoughts on the meaning of reflective journaling and included comments such as the following: "like
reading back,” “good way to assess new learning,” “therapeutic exploration of feelings,” and “calming when stressed.

IHWA Results From the Beginning and Conclusion of the Course

At the beginning of the course, participants’ total scores ranged from 81 to 151 ($M = 121.13$, $SD = 16.66$). The participants’ three lowest mean scores were on the following areas: (a) life balance/satisfaction ($M = 3.15$, $SD = 0.51$), (b) physical health/nutrition ($M = 3.17$, $SD = 0.40$), and (c) physical health/exercise ($M = 3.29$, $SD = 0.16$). The three highest subscale scores were reported on (a) environment ($M = 4.27$, $SD = 0.54$), (b) health responsibility ($M = 4.17$, $SD = 0.36$), and (c) emotional well-being ($M = 4.12$, $SD = 0.29$).

At the conclusion of the course, the participants’ total scores ranged from 93 to 162 ($M = 131.67$, $SD = 18.90$). At this time point, the participants’ three lowest mean scores were on the following areas: (a) life balance/satisfaction ($M = 3.70$, $SD = 0.20$), (b) physical health/nutrition ($M = 3.64$, $SD = 0.26$), and (c) physical health/exercise ($M = 3.71$, $SD = 0.16$). The three highest subscale mean scores were reported on (a) environment ($M = 4.35$, $SD = 0.45$), (b) health responsibility ($M = 4.32$, $SD = 0.22$), and (c) emotional well-being ($M = 4.23$, $SD = 0.28$). During the course of the semester, participants’ IHWA total scores improved for the majority of participants, 11 (73%).

Reflective Journal

The results are organized according to the three primary research questions, including their analytical questions. Schön’s (1983, 1987) reflective practitioner model, comprising four main constructs (technical rationality, reflective practice, reflection-in-action, and reflection-on-action), served as the conceptual framework for analyzing RN-BS students’ responses. As defined previously, technical rationality represents instrumental epistemology to professional knowledge development grounded in systematic evaluation of scientific evidence-based knowledge separate from practical knowledge. Reflective practice refers to an alternative epistemology to professional knowledge development in which professionals evaluate professional knowledge; examine individual experiences, thoughts, feelings, and perceptions; and formulate new knowledge by bridging thinking with doing. Reflection-in-action involves thinking about professional practice to activate knowledge that can then be used to spontaneously inform professional decision making and reshape future professional behaviors. Reflection-on-action is the postmortem that follows an experience. By reflecting on prior experiences, professionals develop knowledge that can be used to produce more successful professional behaviors in the future.

Research Question 1: What are RN-BS students’ reports of their self-care and health-promotion practices while enrolled in a holistic nursing course?

When taken together, the findings from the three reflective journals revealed that RN-BS students’ use of the reflective practitioner model (Schön, 1983, 1987) enhanced their understanding and application of their self-care and health-promotion practices. The students developed understanding of their own self-care and health-promotion practices from novice to advanced and from advanced to competent. In addition, participants in each journal entry discussed their experiences according to key concepts of Schön’s (1983, 1987) reflective practitioner model. The data from the IHWA survey complemented what was collected though the reflective journal writing and provided a quantifiable means of comparing students’ perceptions of their self-care at the beginning and at the conclusion of the course. How the RN-BS students’ understanding of their self-care and health-promotion practices changed during the semester is described below.

1.1. At the Beginning of the Semester. With regard to the concept of technical rationality, the majority of participants used a definition of self-care and health promotion from the required textbook by Dossey and Keegan (2013). This definition, in turn, enabled participants to reflect on their practice to formulate more individualized definitions of self-care and health-promotion practices that were similar to the definitions from the course readings. In reflection-in-action, participants shared thoughts, feelings, and perceptions about their limited self-care and health-promotion practices and linked these practices to poor professional and personal performance. Despite strong reflection-in-action, reflection-on-action was
minimally explored, and only five participants started to formulate early evaluation of their self-care and health-promotion practices at the beginning of the semester.

1.2. In the Middle of the Semester. In terms of technical rationality, the participants advanced their definitions of self-care and health promotion with the help of the readings by Drick (2014), Hill (2015), Marcus (2014), and Thornton (2008). Furthermore, in the component of reflective practice, eight participants expanded their definitions of self-care and health promotion by adding the concept of self-reflection. In terms of reflection-in-action, participants indicated that self-care and health-promotion practices required dedication, time, and consistent effort while multiple professional/personal stressors frequently hindered them from keeping these practices alive. However, in the component of reflection-on-action, participants observed small changes/improvements in their personal/professional lives as a result of using self-care and health-promotion practices, and unexpected challenges did not discourage them from trying to integrate these practices during the course.

1.3. At the Conclusion of the Semester. With regard to technical rationality, participants developed competent understanding of their self-care and health-promotion practices based on multiple sources, such as Dossey and Keegan (2013), Drick (2014), Hill (2015), Marcus (2014), and Thornton (2008), and interconnected their understanding with ANA’s (2013) description of a healthy nurse. In reflective practice, participants relayed that self-care and health promotion required dedication to change on the multiple dimensions of life as delineated in the IHWA survey (e.g., life balance and satisfaction, physical health/nutrition, and physical health/exercise). Furthermore, in reflection-in-action, participants centered on comparing/contrasting IHWA scores of their self-care and health-promotion practices from the beginning with their scores at the end of the semester. Last, in reflection-on-action, participants retroactively interpreted and evaluated their knowledge development throughout the course of their self-care and health-promotion practices and discussed ideas regarding how to stay disciplined with these practices beyond the semester.

Research Question 2: What, if any, effect did enrollment in a holistic nursing course have on RN-BS students’ reports of their self-care and health-promotion practices?

Four major findings emerged: (a) new awareness of self, (b) knowledge application of self-care and health-promotion practices, (c) role modeling healthy practices, and (e) dedication to self-care and health-promotion practices beyond the course.

New Awareness of Self. Twelve participants cited interest, curiosity, or excitement when asked about their response to the course content. Here, one student described succinctly how enrolling in a holistic nursing course turned the focus more on myself, my inner self, being aware of how I am balancing all areas of my life, [and] assisted me on improving my self-care . . . promoting a better health, and consequently, I could deliver a better care to others. (Student 2/RJ1)

The most frequently cited comments about the content in this class matched the following: “grateful,” “connected to individual needs,” “self-care not a luxury but basic need,” “new footprint for future,” and “advocating for patients starts with advocating for myself.” In the following excerpt, the participant revealed an increased self-awareness of her self-care and health-promotion practices:

I realize that self-care is as important as patient care. Prior to this class I didn’t think about caring for myself as a priority. . . . I now understand how important it is to set time aside to get in touch with my inner most thoughts, deal with feelings and emotions and nurture my inner growth. Before this class, these self-care was something that I did if I had time or was not busy. Now, I actually think about self-care and health promotion as something I absolutely need to do in order to be healthy. (Student 9/RJ3)

In addition, 10 participants identified that this class was the first one in their nursing education that turned the attention to care for self. In this excerpt, the participant revealed that the holistic nursing class could be included in all nursing programs:
I never thought taking a nursing holistic class would open my eyes so much on my own health and well-being. Self-care is not the emphasis in pre-licensure RN school, which it could be. How can we expect to care for others when our own health is on the back burner? This course has taught me to put my own health first before others to better benefit myself and the patients. (Student 8/RJ3)

Application of Self-Care and Health-Promotion Knowledge. Thirteen participants perceived that this class offered meaningful content about self-care and health-promotion practices that was applicable to their professional and personal lives. As one participant explained,

Before starting this class, I did not take much thought to self-care and how much time I made for myself in my life. I have a much deeper understanding of the importance of caring for ourselves in order to care more deeply for others. The happier I am in my personal life the happier I will be in my professional life. I can’t wait to see the progress I will make when this course is over. (Student 1/RJ1)

In a similar vein, in the following excerpt, a participant explained how the content in the holistic nursing course was applicable to her nursing life:

This course hit home to me, especially since there are times when I feel extremely burnt out in this profession. Self-care is so important to nurses to help cope with the stressors of work and our daily lives. I realized that I need to include more strategies to improve my overall health and wellness to be a better nurse, wife, co-worker, daughter, sister, and soon to be mother. (Student 8/RJ1)

Additionally, 11 participants discussed that introduction and completion of the IHWA survey offered new understanding of how to evaluate self-care and health-promotion practices according to different components of the survey. The participants commented that looking at high and low scores provided new awareness of which specific components were out of balance. It allowed participants to build new understanding about themselves and engage in reflection-in-action to evaluate those areas that needed additional work. In the words of one participant, "The IHWA provides useful information about our current state of life. Self-care is a vital part of holistic nursing for the nurse to remain emotionally and physically fit, devote to self-care, and avoid burnout" (Student 4/RJ1). Similar thoughts were stated by another participant, “IHWA provided me the opportunity to truly consider where I am in my life and changes that I can make to have a balance between my emotional, physical and spiritual life” (Student 5/RJ1).

Nine participants acknowledged that being introduced to a variety of self-care and health-promotions practices, including a range of alternative modalities, expanded their knowledge in areas that they were not exposed to previously. As shared by one participant, “Exploration and practice of new modalities helped me to feel how they work on me, and I want to share them with my patients and my coworkers” (Student 3/RJ2). In the words of another participant,

Learning about nurse theorists and healing modalities . . . there was a connection to each. Each modality produced and affected the person and environment’s energy field and in turn connected to the next modality. It was lightbulb of interconnectedness. (Student 17/RJ3)

However, some participants \(n = 4\) indicated at the beginning of the course that they were unclear about the purpose of this course and why it was required in an RN-BS program but that they came to understand the reasons. Consequently, a majority of students acknowledged that the content of this holistic nursing course was appropriate for the field of nursing and should stay as a required course completed by RN-BS students. One participant described it this way:

I did not find the importance or reason for signing up for the course, I did not understand why it was necessary to take this course. Now I see the importance and the relationship that it has with life, health, environment and especially patients. I am very grateful to be part of this class. . . . The class is changing my life as a mother, as a nurse, and as a wife. This is acknowledging mind, spirit, culture and beliefs, assessing my own strengths and talents to move forward, achieving health and balance in my life and therefore applying this with patients in my practice as a nurse. (Student 16/RJ2)
Role Modeling Healthy Practices. Notably, 10 participants indicated that when they educate patients they want to be exemplary role models of health and wellness and do not want to communicate dishonest messages. This course reminded many participants to make real connections to what they educate patients about during hospitalizations and how to prevent readmissions by making healthy choices. One participant said the following, which was supported by several others, “They want to walk the talk they are communicating to patients.” Another participant described, “Not only do nurses have to fix health problems of our patients we also ambassadors of health and I want to educate patients before new problems develop” (Student 10/RJ3). A participant discussed the importance of role modeling in reference to educating patients:

This course has made me realize that my actions speak louder than words and me losing weight and staying positive helps my patients see it can be done as well. I want to be a role model for them, I made a goal and stuck to it and so can they. (Student 3/RJ2)

Dedication to Practice Beyond the Course. Nine participants reported being interested in using content covered in this course beyond the semester and acknowledged that content acquired in this course about self-care and health-promotion practices was leaving new “footprints” in their personal and professional lives. One participant observed the following:

Self-care and health promotion will have implications for me in the future because I will be assessing myself for imbalances and ways to stay in balance physically, emotionally and spiritually. This will enable me to feel better personally and better care for my patients professionally. I am in the process of learning new strategies and plan to focus on stress relieving methods, adequate sleep and making more time for important relationships with friends and my husband. (Student 5/RJ1)

Another participant shared something similar:

I am going to continue to pursue me as I continue to pursue my career. It’s important to find that which makes you happy and puts food on the table but it’s as important to not lose yourself in the process. I commit to take care of myself so that I can effectively take care of others and contribute to the health outcomes of my patients. And pass on to loved ones, and those in my care, that which I have learned about the importance of taking care of one’s self. (Student 9/RJ3)

Research Question 3: What are RN-BS students’ perceptions of reflective journaling in a holistic nursing course?

Research Question 3.1: What effect, if any, does participation in reflective journaling have on RN-BS students’ reports of their self-care and health-promotion practices?

Four findings emerged: (a) self-discovery, (b) retrospective self-evaluation, (c) useful intervention for self-care and health promotion, and (d) beneficial learning tool in academic environment.

Self-Discovery. In fact, 10 participants indicated that the journaling provided them with the opportunity for self-discovery and connection with self. One participant commented that journals “can promote creativity, self-awareness, and personal development” (Student 4/RJ1). Another participant acknowledged half-way through the course that reflective writing offered “special kind of nurturing that enhances our soul and its expression . . . journaling assists in freeing you from behaviors and ideas that can limit your future” (Student 4/RJ2). In the words of another participant, journaling accomplished the following:

Allowed me to look at myself and analyze me, as a nurse . . . allowed me to focus and really come to terms of what self-care really is and how important it is for my wellbeing as well as for my ability to care for others. (Student 6/RJ3)

Nine participants reported that they valued journaling because it allowed them to express their emotions, attitudes, and thoughts. In turn, they felt calmer and less stressed and benefitted from the increased attention to their individual needs. Ten participants reported that journaling was useful in clarifying and understanding their individual needs. Seven participants commented that when they wrote, they thought carefully about specific activities and took ownership for changes they made toward desired goals. One participant shared that reflective journaling encouraged “assessing and focusing on the changes that need to be done to
achieve the balance in my life, and being able to integrate that with my family and in my work as a nurse” (Student 16/RJ2).

In addition, six participants indicated that writing reflective journals required the allocation of specific time to complete the activity. In turn, time designated for writing allowed participants to disconnect from daily responsibilities and turn attention toward self-discovery. One participant put it this way:

Self-reflection assists us to understand and know ourselves more fully on our own personal beliefs and values. More positive feelings such as hope, love and forgiveness may also be revealed during this stage of reflection. Reflective practice is not limited to our professional practice, rather, it becomes self-reflection in our daily activities as an ongoing lived experience. (Student 4/RJ3)

Retrospective Self-Evaluation. Eleven participants indicated that journaling promoted retroactive evaluation of individual performance in self-care and health-promotion practices throughout the course. Ten participants commented that they observed individual change over the semester in their self-care and health-promotion practices and that journals documented their performance in the various components of the IHWA scale. One participant expressed,

Just being aware of what I know now and what I’ll know by the end of the semester...is a great way to learn who I am and what I can change about me for the better. (Student 9/RJ1)

The words of a different participant highlighted the importance of journaling:

If I write down my bad habits, I am admitting to them, owning them and so I might feel more powerful to change them. I think reflective journaling can put a lot of thoughts in perspective...I also believe that moments of realization can occur through journaling. I might realize why I follow a certain pattern of behavior and then be able to change it. (Student 1/RJ1)

Another participant remarked that reflective journals were useful in observing individual progress. This participant had the following to say about reflective journaling:

Holds me accountable for my changes. Even if I didn’t make the changes that I had hoped to make, it allows me to reflect on why I was unable to change and what I could do in the future differently. Journaling is a valuable tool before it forces the writer to reflect on the decisions they make and explore what changes they can make in the future, while addressing obstacles they may face meeting these goals. (Student 10/RJ2)

In addition, four participants commented that in their undergraduate nursing education, they were required to use journaling to reflect on clinical experiences. They found journals to be useful in interpreting clinical situations in connection to nursing practice. Furthermore, five participants reported this was their first exposure to reflective journaling and that they were not sure what to expect from this activity. Nonetheless, two participants indicated at the conclusion of the semester that they received no value from the reflective journaling activity citing, “It is waste of time,” “boring,” “fearful to disclose thoughts and feelings,” and “invasion of privacy.” In addition, one participant pointed out her dislike for reflective journals:

I am an introvert and prefer to keep my feelings and reflections personal. I am a new nurse. I graduated a year ago and have been working for roughly eight months. I have spent that time trying so hard to prove I am a nurse and can do this job that reflecting on things I need to do to improve in my practice and reflecting on things I could have done better is daunting. (Student 3/RJ3)

Useful Intervention for Self-Care and Health Promotion. Here, 12 participants reported how their participation in reflective journaling promoted positive thoughts and was effective in motivating them to reflect on and engage in self-care and health-promotion practices. Many participants cited that they enjoyed journaling and found the exercise helpful in disconnecting and distressing from personal and professional activities. One participant observed, “Reflective journaling has helped me gain more insight into my health and well-being. It also helped me tie in ideas and beliefs from different sources and relate it to my own” (Student 7/RJ3). Another participant reported, “Journaling helps with being in the now. Focusing on what you are writing, regardless of the content, can help pull your mind from stress and
give energy to what you are thinking at that moment” (Student 2/RJ3). As a result of journaling, another participant discovered the following, “Journaling is a new strategy for my self-care that I look forward to. Journaling allows me to reduce stress, focus on my needs, gain clarity in my life, and connect spiritually with myself” (Student 8/RJ1). Similarly, another participant expressed the following:

Journaling is one tool to reflect, to meditate ourselves. It can promote creativity, self-awareness, and personal development. Self-reflection assists us to understand and know ourselves more fully. Reflective practice is not limited to our professional practice; rather, it becomes self-reflection in our daily activities as an ongoing lived experience. (Student 4/RJ2)

Reflective journaling was described as being helpful because, “I don’t want to burn out as a nurse and journaling is helping me to see [what] I need to implement for better self-care so I don’t burn out, and can be the nurse I want to be” (Student 3/RJ2).

**Beneficial Learning Tool.** Interestingly, eight participants reported that reflective journaling was necessary for monitoring their individual learning and improved their retention of content. Other participants perceived journals as useful for organizing thoughts, staying focused, communicating new knowledge, and gaining deeper understanding of the content introduced in the course. In the words of one participant, journaling

is beneficial . . . organizing my thoughts to keep focus on my overall goals, which so far has worked well. . . . I have stayed focused on my self-care and health-promotion goals and even incorporated new holistic practices as the courses progresses. (Student 11/RJ2)

As indicated by the following participant, reflective journaling had a significant impact:

Allowed me to take a step back and thoughtfully think about the impact this new information has had on my personal and professional life that I would have otherwise not had an opportunity to consider. Self-reflection and reflective journaling promotes self-understanding and is another part of self-care. (Student 5/RJ3)

With regard to the benefits of prompts, one participant reported that it was helpful “to have some guidance in the form of questions also, because I became more focused on the goal at hand” (Student 2/RJ3). Furthermore, this participant discovered that reflective journaling facilitated the following:

Allowing one to attend to specific questions, topics and issues; forcing one to put these things down in a tangible form; permitting one to see when mindful reflective abilities are in their infancy. Journaling helps to eradicate the background noise that my mind does not yet know how to filter out. (Student 9/RJ2)

**Conclusions and Recommendations for Nursing Practice and Education**

**Holistic Nursing Course:**

**Improving Self-Care and Health-Promotion Practices**

RN-BS students enrolled in a semester-long holistic nursing course gained new awareness of themselves in relation to their self-care and health-promotion practices. In addition, participants acknowledged that as a result of the course they were better equipped to educate clients about health and wellness practices and to engage in these practices themselves. This conclusion clearly shows that nurses need to integrate basic self-care activities because these basic skills offer the nurse growth, wisdom, self-awareness, and deeper understanding of self—both personally and professionally (AHNA & ANA, 2013). Yet self-care is often short-changed because other life activities take priority (Drick, 2014; Mariano, 2007, 2013).

Nursing programs across all levels of nursing education should consider including a course focused on self-care and health-promotion practices for nurses. Consideration could be given to examining how to build into nursing curricula self-care and health-promotion practices for nurses. An introductory self-care and health-promotion course could be regularly offered along with clinical courses to ensure that nursing students at all levels are prepared to use a variety of self-care and health-promotion practices on a regular basis.

In addition, nursing schools across the country are required to align nursing curricula with the nine
core competencies from the Essentials of Baccalaureate for Professional Nursing (AACN, 2008). As indicated in Core 7, clinical prevention and population health emphasis, “Health promotion, disease, and injury prevention across the lifespan are essential elements of baccalaureate practice at the individual and population level” (AACN, 2008, p. 23). Nursing curricula offer minimal classroom content in terms of promoting self-care and health-promotion practices in nurses themselves. However, if nurses want to be recognized as health promoters, and effectively role model health with their patients, this calls for a change in nursing curricula. Nursing educators are best positioned to expand self-care and health-promotion practices in the nursing profession for betterment of the field and our communities.

**Holistic Nursing Course: Improving Dedication to the Practice of Nursing**

RN-BS students who enrolled in a required semester-long holistic nursing course gained rich understanding of their self-care and health-promotion practices as a result of the course’s self-reflection exercises, and this in turn inspired their dedication to nursing practice. The majority of students enrolled in this course recognized that introduction of self-care and health-promotion practices linked with self-reflection came at the right time in their nursing profession to help them get a new spark for this challenging work. This conclusion aligns with AHNA and ANA’s (2013) *Holistic Nursing: Scope and Standards of Practice* regarding self-reflection and self-care. Component 2 asserts, “The nurse’s self-reflection, self-assessment, self-care, healing, and personal development are necessary for service to others, growth/change in the nurse’s own well-being, and understanding of the nurse’s own personal journey” (p. 8). As pointed out by Flaherty (2001) in her study with baccalaureate nursing students, “Nursing students have been professionally socialized to value work responsibilities more than their own self-care and wellness” (p. 278). She reminds the reader that since nursing curricula are so rigorous and place primary focus on client care, there is minimal room for content related to self-care and wellness in nursing students; thus, future nurses are at risk of avoiding personal self-care and placing priority on nursing responsibilities. For practicing nurses, learning techniques of self-care and health-promotion along with self-reflection to manage professional and personal challenges could help them become more resilient, and by extension, remain in the nursing workforce longer.

In addition, according to AACN’s (2008) *The Essentials of Baccalaureate Education for Professional Nursing Practice*, components required in the nursing baccalaureate generalist curriculum relate to (a) adopting a holistic perspective to care for clients, (b) engaging nurses in self-care, and (c) understanding how to incorporate health-promotion practices from complementary and alternative modalities. Additionally, the American public is seeking health care that is grounded in holistic care (Mariano, 2013). Nurses who are in the forefront of health care need to develop an understanding of holistic practices in order to be role models of health prevention and wellness. First, nurses need to take responsibility for individual self-care, self-reflection, and health-promotion practices if they are going to act as an advocate for the health of others.

To foster self-care and health promotion along with self-reflection in nurses, nursing curricula need to examine how to build this content early in nursing education and maintain a culture of self-care throughout the entire nursing education. As pointed out by Jackson (2004), “Giving course credit for self-care activities is a way to emphasize the importance of these activities” (p. 202). To ensure an adequate foundation of understanding of self-care, health-promotion practices, and self-reflection in nursing curricula, administrators and faculty should consider including content related to psychoneuroimmunology and psychophysiological self-regulation. This content provides the scientific evidence behind many of self-care practices and allows students to make informed personal/professional choices regarding the use and selection of these practices. Consequently, the more informed students are of the scientific background of these practices, the better role models they will be for others.

Several factors should be considered when nursing educators evaluate adding self-care, self-reflection, and health-promotion practices: (a) availability of qualified faculty, (b) faculty as role models, (b) experiential activities, (c) sources, and (d) continuous learning. To find qualified faculty, the AHNA offers standardized training and different levels of certification in holistic nursing according to five core values of holistic philosophy and education: (a) philosophy, theories, and ethics; (b) caring process; (c) communication, therapeutic
healing environment, and cultural diversity; (d) education and research; and (e) self-reflection and self-care. Notably, AHNA core values are aligned with AACN’s (2008) Essentials and the Institute of Medicine’s (2010) recommendations for delivering whole-patient centered care.

Qualified faculty competent in self-care and health-promotion practices and self-reflection could be expected to be role models of personal self-care practices. The most desired component of learning is practical application of classroom content; thus, students need to be engaged in different experiential self-care and health-promotion practices together with self-reflection activities. Jackson (2004) suggested, “Role-modeling and experiential learning are likely the most effective way to accomplish this” (p. 202). For example, simple experiential activities might include teaching the following: self-reflection, stretching and movement, breathing, guided imagery, meditation, artistic expression, use of music, nutritional resources, aromatherapy, hand massage, therapeutic touch, magnet therapy, and light therapy.

Continuous learning activities and selection of sources, books, videos, and other supportive resources require careful consideration to ensure that students are exposed to scientifically grounded sources. For example, some of the credible Internet sources are the following: AHNA, National Center of Complementary and Integrative Health, National Institute of Health, and University of Minnesota—Center for Spirituality and Healing. To ensure that nursing students stay up-to-date with self-care practices, they should be exposed to continuous education sources, such as online courses and workshops, which support future professional development in this field. Consequently, nursing education that fosters learning grounded in self-care and health-promotion and self-reflection practices prepares healthy nurses of tomorrow. While this may sound unrealistic, future health care needs nurses “enabled to care for themselves and to care for the whole selves of their patients, [and] thrive in their work settings” (Jackson, 2004, p. 205).

Reflection Enhances RN-BS Students’ Self-Care and Health-Promotion Practices

This conclusion revealed that the students developed understanding of their self-care and health-promotion practices from novice to advanced and from advanced to competent. Moreover, this conclusion is consistent with what Scanlan and Chernomas (1997) suggested occurs when reflection takes place and individuals think critically, examine, and evaluate specific topic without full knowledge of what it is. Similarly, Plack et al. (2005) asserted that reflection in the health sciences introduces new “meaning to experience; it turns experience into practice, links past and present experiences, and prepares the individuals for future practice” (p. 200). Notably, researchers in the field of nursing education have shown that when nursing students are introduced to reflective thinking they gain deeper understanding of self and appreciation of clients’ needs (Landeen et al., 1995; Langley & Brown, 2010; Nicholl & Higgins, 2004; Scanlan & Chernomas, 1997; Williams et al., 2002). Specifically, Langley and Brown (2010) found that reflective practice encouraged nursing students to make connections between their personal and professional roles. In turn, new knowledge was formulated that influenced their professional success.

According to Schön (1983, 1987), reflection encourages professionals to interpret the unique experiences from real-life practice and to synthesize those experiences within their professional disciplines. Consequently, as posited by Schön, practitioners who participate in reflection expand their professional knowledge, formulate new concepts, improve practice, and engage in continuous learning. If practitioners are not provided with the opportunity for reflection, their professional learning might be hindered. In turn, nonreflective practitioners are prone to adopt defensive patterns (e.g., blaming others, resisting change, avoiding situations, or changing professions). Subsequently, nonreflective practitioners become unaware that their performance is altered. In this study, participants frequently expressed low competence in terms of educating patients about health promotion and wellness practices because they themselves did not engage actively in these self-care and health-promotion practices. However, the reflective practitioner model (Schön, 1983, 1987) guided RN-BS students to develop competent understanding in self-care and health-promotion practices as they drew upon scientific knowledge, interconnected with their previous knowledge and experiences, and formulated new knowledge in self-care.
The nursing programs could consider including reflection across nursing education (e.g., associate, baccalaureate, graduate levels). In addition, as recommended by The Essentials of Baccalaureate for Professional Nursing, reflective practice is on the list of strategies to improve core competencies of nursing students when educating them (AACN, 2008). Thus, leaders in the department of nursing should review nursing curricula and encourage faculty members to implement reflective practice assignments across all levels of nursing education (e.g., reflective journal, reflective case study, reflective incident analysis). Consequently, when nursing students use reflection consistently across nursing education, they gain clarity with self and ultimately formulate new understanding of the content that they are exploring.

Reflective Journal Writing as an Effective Learning Strategy

Findings from all three reflective journals revealed that the majority of participating RN-BS students identified reflective journal writing as an effective learning tool in the course. Reflective journals provided an opportunity for retrospective self-evaluation that led to self-discovery in the area of self-care and health promotion. It was evident that the teaching strategy of guided self-reflection, or reflective practice (Schön, 1983, 1987), through journal writing provided a primary means of understanding how RN-BS students’ self-care and health-promotion practices evolved over the semester while they were enrolled in the holistic nursing course. In this study, participants reported that they had minimal experience and no official training in reflective practice in their previous nursing education, but the majority found reflection useful as a learning strategy.

The use of reflection as a learning strategy is gaining interest in education in general and in nursing education more specifically (Bulman & Schutz, 2013). In the United States, nursing education focuses on preparing students to practice according to The Essentials of Baccalaureate for Professional Nursing (AACN, 2008). This document suggests that reflective practice is a beneficial learning strategy in nursing education because it helps students refine “the knowledge and skills necessary to manage care” (p. 33). Schön (1983) suggested that reflection allows individuals to interpret their experiences through a variety of lenses in an attempt to make sense of those experiences.

This conclusion aligns with Langley and Brown's (2010) study that found the use of reflection as a learning strategy prepared nursing educators to actively evaluate new knowledge that students acquired from reflecting on a specific situation. In the process of reflective learning, students were self-directed to think critically about the content that they were discussing, and this special focus allowed them to develop new meaning and significance of the discussed content.

Nursing curricula could use reflective journals as a supportive learning strategy in the classroom setting to promote students’ individual self-discovery and retroactive self-evaluation, which can serve to confirm whether classroom content has been learned and put into practice. Reflective practice could be considered a supportive learning strategy in nursing education because the process of reflection promotes students’ learning in a variety of academic environments. To make reflection an effective learning strategy in nursing education, four factors need to be considered. First, students and faculty require proper preparation. Researchers have shown that faculty lack training in reflective practice and do not know how to implement this type of learning strategy with their curriculum (Gulwadi, 2009; Landeen et al., 1995; Langley & Brown, 2010; Nicholl & Higgins, 2004; Williams et al., 2002). Specifically, the study by Langley and Brown (2010) relayed that the participating students were concerned that they were invited to participate in the reflective journaling without any initial preparation and were only provided directions about what to do. Moreover, professional development activities could be offered to train faculty about what it is, how to use it safely/responsibly, and how to use it as an effective learning strategy.

Another area of consideration before implementing reflective practice is the development of trusting relationships between faculty and students. Bulman and Schutz (2013) pointed out that faculty not developing trust and honesty with students in reflective practice is a frequent barrier that hinders writing for learning. Nursing educators should keep in mind the need for an introduction to reflective writing at the beginning of the nursing curricula to prepare nursing students for what will come. Some strategies that might be introduced to create safe environment are
“individual tutorials, reflective groups, action learning circles, and personal diaries” (Bulman & Schutz, 2013, p. 208). In addition, there is a perceived lack of effective tools for assessment of reflective writing. Bulman and Schutz (2013) stated that it is possible to have a “lack of clarity about what is being assessed in this type of activity” (p. 208). For this reason, it is useful to “have criteria that reflect the skills and activities necessary for effective reflection and to build in room for development over time” (p. 208). Some of the tools to assess written reflective abilities include the following: journal, case study, essays, and portfolios (Bulman & Schutz, 2013).

A final area of concern is evaluation of outcomes and grading. Levels of reflection allow faculty to monitor depth of progression, application of theory to practice, and overall change in students’ understanding of content. Grading is quite challenging “to translate into assessment criteria. Nevertheless, one could try to assess students’ individual starting points and recognize that some progress more quickly and further than others” (Bulman & Schutz, 2013, p. 217). It is part of educational life, beginning at the pre-K level, that all educational activities need to be evaluated. Bulman and Schutz (2013) pointed out that in reflective learning, “evaluation of this approach is well overdue” (p. 219). To consider potential evaluation outcome criteria, Bulman and Schutz offered four useful points that are worth considering when evaluating cognitive and affective components of reflective learning: (a) new perspective on the situation, (b) change, (c) readiness to apply, and (d) interest to act on new learning. Given these concerns, offering a professional development workshop or seminar for faculty would provide nursing educators with the opportunity to gain introductory skills in the use of reflective practice in the classroom.

**Recommendations for Future Research**

This study should be replicated with a larger sample of nursing students who are more diverse in age, gender, ethnicity, employment status, and other demographic variables and who are from different universities in the state and/or other parts of the country. This investigation was conducted with one group of conveniently sampled RN-BS students, with the majority being female, and did not include nursing students at different levels of nursing education (e.g., undergraduate, graduate). Additionally, small enrollment in the course during the semester did not allow for randomization of participants. Future studies could consider seeking larger course enrollment to draw a larger sample. This study was also limited geographically to one public university in the Northeast. Other investigators, using the same methodology from other nursing programs, could provide additional insights.

Future research could replicate the methodology from the present study but not grade the reflective assignments. Since students likely wanted to present themselves positively as competent professionals and complete the course with the best grade possible, students may not have submitted honest self-reports of their practices. As such, future research that eliminates this potential conflict would bolster the validity of the findings.

Another investigator who is not the faculty of the course being taught and who has no knowledge in the field of holistic nursing could repeat the study. An experimenter effect was possible because the researcher, certified in the holistic nursing specialty, was passionate about promoting self-care and health-promotion practices in the nursing profession. Although steps were taken to minimize experimenter effects, another investigator who has no background in the field of holistic nursing could repeat the study.

Another investigator could conduct a follow-up study at 3, 6, or 12 months after the conclusion of the holistic nursing course to explore the long-lasting effects of self-reflection and self-care and health-promotion practices. Since the majority of participants expressed interest in continuing these practices beyond the course, future research is needed to explore the long-term effects of using these practices. In addition, other investigators could further examine the use and effectiveness of reflective journaling in a similar course and in other nursing courses. Thus, future research is needed to provide additional insight into reflective practice as a supportive learning tool to process, retain, and apply content across nursing education to meet the needs of different types of learners.

**References**


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