

UNIVERSITY OF CALGARY

Views on Self-Care by Immigrant Undergraduate Nursing Students:

A Phenomenographic Study

by

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A THESIS

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Abstract

Self-care is widely promoted in nursing education as essential for student well-being, resilience, and professional sustainability. However, little is known about how self-care is conceptualized and experienced by immigrant undergraduate nursing students. This thesis addresses this gap through a phenomenographic study exploring the qualitatively different ways first-generation immigrant nursing students in Canada understand and practice self-care.

The thesis includes two draft manuscripts. The first is a narrative review examining how self-care has been defined in undergraduate nursing education literature. Findings reveal broad, predominantly individualistic definitions of self-care, with minimal attention to immigrant student perspectives. The absence of culturally and migration-informed conceptualizations highlights a significant gap in current scholarship.

The second manuscript presents findings from six in-depth interviews with first-generation immigrant undergraduate nursing students enrolled in a Canadian Bachelor of Nursing programme. Using phenomenographic analysis, categories of description were developed to represent the collective variation in how participants conceptualized and experienced self-care. The outcome space indicates that self-care among first-generation immigrant undergraduate nursing students was individually defined and influenced by dynamic and context-dependent processes shaped by pre-migration and migration experiences, culture, language, identity development, and access to time and financial resources.

By foregrounding immigrant student voices, this study contributes to a more inclusive understanding of self-care that reflects the diverse realities of immigrant students and offers a framework for rethinking how self-care is taught, supported, and practiced in nursing education. Simultaneously, rather than understanding self-care as a singular definition, this study highlights

the need for a more open and flexible understanding of self-care as a concept that is inherently shaped by context, identity, and lived experience.

Keywords: self-care, undergraduate immigrant nursing students, phenomenography

Preface

This thesis is an original, unpublished work by the author, Margarita Gil under the supervision and collaboration of Dr. Lorraine Venturato. The thesis committee members Dr. Tracey Clancy and Dr. Graham McCaffrey also contributed to this work. All authors contributed important intellectual content and provided critical reviews of the papers. This study “Views on Self-care by Immigrant Undergraduate Nursing Students: A Phenomenographic Study” was granted ethics approval from the Conjoint Health Research Ethics Board at the University of Calgary (Research Ethics Certificate number REB22-0298).

The two manuscripts, based on this thesis work have been submitted to be published in peer-reviewed journals.

Gil, M., Clancy, T. L., McCaffrey, G., Venturato, L. (2025). *How is Self-care Defined by Immigrant Undergraduate Nursing Students: A Narrative Review* [Unpublished manuscript]. Faculty of Nursing, University of Calgary.

Gil, M., McCaffrey, G., Clancy, T. L., Venturato, L. (2025). *How is Self-care Conceptualized and Experienced by Immigrant Undergraduate Nursing Students: A Phenomenographic Research Study* [Unpublished manuscript]. Faculty of Nursing, University of Calgary.

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I am profoundly grateful to my parents and brothers, both near and far, for their constant support and encouragement. My sincere thanks as well to my friends, colleagues, and my neighbour (whose welcoming cup of coffee brightened many days).

To my husband, words cannot fully capture how thankful I am for having you by my side on this moment of my life. Thank you for listening, for asking, for being present. Thank you for your support in so many ways. To my baby, thank you for being the reason I strive to give my best everyday. To my stepson, thank you for the small gestures that meant so much. And to myself, thank you, for persevering.

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Chapter 1: Introduction

The concept of self-care has undergone significant transformation over time, influenced by historical, societal, and health-related shifts. While there is no universal definition of self-care, there is consensus that self-care encompasses a range of behaviors aimed at maintaining and promoting health, managing stress, and fostering well-being (Segall & Goldstein, 1989; Webber et al., 2013). Based on the literature, self-care is understood to include physical, mental, emotional, and spiritual dimensions (Jenkins et al., 2019; Slemon et al., 2021), and examples of self-care activities range from health-promoting behaviors like nutrition and exercise, to stress-reducing practices such as mindfulness and prayer (Clark & Pelicci, 2011; Hutchinson & Janiszewski Goodin, 2013; Slemon et al., 2021). Moreover, definitions of self-care vary depending on the level of analysis (individual, communal, or societal) and are further shaped by technological advances, health literacy, and public health priorities (World Health Organization [WHO], 1983, 2009). Nevertheless, while self-care is promoted to empower individuals, overemphasis on personal responsibility may obscure broader systemic issues. The literature warns that this can shift accountability from institutions to individuals, especially in under-resourced or marginalized populations (Riegel et al., 2021; Segall & Goldstein, 1989).

In the case of nursing education, ethical concerns arise when students feel pressured to perform prescribed self-care activities or risk being deemed unfit for practice if they fail to engage in self-care behaviours (Slemon et al., 2021; Van Dam et al., 2018). Similarly, while a growing body of research positively addresses how self-care is introduced and supported in nursing education through curricular interventions, classroom activities, and stress management tools (Ashcraft & Gatto, 2018; Blum, 2014; Brandon, 2018; Green, 2020), institutional approaches to self-care may unintentionally reinforce pressure or guilt, especially when framed as a professional obligation (Green, 2020; Littlejohn, 2005). Therefore, a more equitable approach

must integrate cultural sensitivity, institutional support, and social awareness into how self-care is defined, taught, and supported in nursing education.

Despite the benefits of self-care, nursing students face barriers such as academic stress, time constraints, and a lack of awareness about self-care options (Chow & Kalischuk, 2008; Crary, 2013; Younas, 2017). For immigrant students, these challenges can be amplified by language barriers, discrimination, adaptation stress, and limited representation in research (Donnelly et al., 2009; Schwartz et al., 2013; Wolfgramm et al., 2014). Moreover, the literature highlights that self-care is highly personal and shaped by one's values, beliefs, culture, and lived experiences (Riegel et al., 2021; Segall & Goldstein, 1989), therefore, prescriptive or standardized approaches may not accommodate this variability and can unintentionally burden or exclude students.

The importance of studying self-care in undergraduate nursing students of immigrant backgrounds lies, therefore, in both the personal and systemic implications of their experiences. Self-care practices at the undergraduate level have been linked to increased student retention, reduced stress, improved academic outcomes, healthier coping strategies, and decreased burnout (Ashcraft & Gatto, 2018; Nevins et al., 2019; Snyder, 2020). Yet, existing research does not adequately capture how minority groups, particularly first-generation immigrant students, understand, experience, and contribute to the concept of self-care. Gaining insight into their unique perspectives can enhance targeted support during early nursing education, where academic, cultural, and emotional demands intersect.

Furthermore, addressing the self-care needs of immigrant nursing students carries broader societal value. By improving their retention and graduation rates, it is possible to support the development of a more diverse healthcare workforce, one that better reflects the populations it serves. A growing body of literature emphasizes that when healthcare providers mirror the

demographic makeup of their communities, access to care and health outcomes among minority populations improve (Brach & Fraserirector, 2000; Flores & Coombs, 2013; Gathers, 2003; Iganski et al., 2001; Premji & Etowa, 2014; Smedley et al., 2003;). In this way, exploring self-care among immigrant student nurses not only deepens our understanding of their lived experiences but also informs more inclusive educational practices and contributes to health equity at large.

Consequently, the aim of this thesis is to explore the different ways in which immigrant undergraduate nursing students understand the concept of self-care and experience self-care practices. Using a phenomenographic approach, I seek to explore how students' cultural background, personal experiences and circumstance, language barriers or fluency, among other factors, might influence their experience of self-care.

Positionality

As a first-generation immigrant and English language learner, my experience in nursing school was marked by profound challenges. Navigating the academic demands of a rigorous program required me to dedicate countless additional hours to reading, studying, and preparing for lectures, tests, and skill labs, often at the expense of social interaction or personal well-being. At the time, I was unfamiliar with the concept of self-care, but I intuitively recognized the importance of proper sleep and nourishing meals to sustain myself. Beyond academics, I carried the responsibilities of being the eldest child in a household where my parents spoke limited English, often acting as a bridge between our family and the outside world. During my first semester of nursing school, I decided to give up folkloric Colombian dancing (a meaningful expression of my identity and a spiritual connection to my Colombian roots) and only recently did I come to understand how that choice impacted my sense of self. In prioritizing my role as a student, I sacrificed rest, leisure, and joy, often sleeping on campus or staying up late to study,

trading physical activity and social time for academic readiness. While such behaviors might not align with conventional definitions of self-care, they were, in my view, acts of self-preservation. I was responding to my circumstances and doing what I believed necessary to meet my immediate academic needs. For me, in that moment, that *was* self-care.

Phenomenography

Given that self-care is both highly personal and shaped by values, beliefs, culture, and lived experiences, this study seeks to explore the qualitatively different ways in which self-care may be conceptualized and experienced among immigrant undergraduate nursing students.

Hence, the focus on diverse experiences and understandings has led me to choose the research approach of phenomenography. Phenomenography focuses on understanding how individuals experience phenomena, explaining why different understandings and meanings can be derived from people undergoing similar experiences (Hajar, 2020; Sjöström & Dahlgren, 2002). In the context of this study, phenomenography offers a meaningful lens through which to examine the diverse understandings and practices of self-care among first generation immigrant nursing students.

As Marton and Booth (1997) explain, phenomenography is considered an approach or orientation, to study *a way of experiencing something* and is rooted in several key assumptions. First, phenomenography “assumes that there is no single, objective reality that can be fully understood or represented” (Stewart, n.d.). Rather, different individuals experience reality differently, and such experiences are shaped by diverse factors such as personal, social, and cultural context. Hence, a beginning assumption for my study of first-generation undergraduate nursing students, is that their understanding of self-care will likely have been influenced by social contexts, culture, and migration experiences. Second, phenomenography assumes that individual experiences can be grouped and categorized to represent different ways of understanding of the

same phenomenon (Stewart, n.d.). Thus, there is a focus on describing *collective variation*¹, *not individual narratives*. In the context of my study, this means uncovering the variations in how self-care is understood by a group of immigrant nursing students. Third, exploring variation in people's experiences is valuable in understanding how people make sense of the world around them. In this respect, differences represent opportunities for deeper understanding rather than problems to be solved. Finally, the fourth assumption holds that findings from phenomenographic studies can inform practice and better meet the needs of different groups (Stewart, n.d.). Therefore, through phenomenography, the aim of my study is to explore the different ways in which immigrant undergraduate nursing students experience self-care by answering the research question: what are the different ways immigrant undergraduate nursing students conceptualize and experience self-care and self-care practices?

My study aligns with existing literature that identifies culture as a key influence in the self-care practices of nursing students, and it offers a novel contribution by exploring how additional factors such as migration experiences and language further shape immigrant students' concepts and experiences of self-care. By focusing on the insights of immigrant nursing students -a group largely underrepresented in current research- this study sheds light on how layered identities and lived experiences influence self-care in ways that go beyond cultural background alone. In doing so, it challenges homogenized assumptions about self-care practices in nursing education and highlights the need for more inclusive, responsive strategies that acknowledge and support the diverse realities of immigrant students.

Ethical Considerations

¹ Collective variation is a phenomenographic term that emphasizes that there are differences in how people experience and conceptualize a phenomenon. The focus is on understanding collective meanings and variations that emerge from the group (Cossham, 2018).

Phenomenography requires a focused engagement with those experiencing the phenomena under study, in this case, first-generation immigrant undergraduate nursing students. Therefore, given their potentially vulnerable status and the sensitivity of their lived experiences, ethical considerations around recruitment, informed consent, confidentiality and anonymity, power and coercion, and emotional psychology were considered to conduct a respectful and responsible study. This study has received ethics approval from the Conjoint Health Research Ethics Board at the University of Calgary, Faculty of Nursing; Research Ethics Board number REB22-0298.

Outline of Thesis

This manuscript thesis is organized in five chapters, including the current introduction chapter. Chapter two, *Manuscript One*, is a narrative literature review that sets the stage with background information for the relevance of my study. This narrative review focuses on identifying the definition of self-care within the nursing literature with a particular focus on the views from nursing students of immigrant backgrounds. The findings of this narrative literature review reveal a gap in the literature that will be addressed by the findings section of my study (chapter four). Chapter three outlines the research approach of phenomenography. In this chapter, I explain the rationale for using phenomenography and include considerations and challenges related to the study. This chapter also includes details of the research design, as well as my approach to data collection and analysis. Chapter four, *Manuscript Two*, focuses on presenting the findings obtained from my study, which explores how self-care is conceptualized and experienced by first-generation immigrant undergraduate nursing students. A preface to this chapter showcases the stories of my participants with two aims: to generate context for the answers they provided in the study, and to highlight phenomenographic variation by showing the differences in their backgrounds amid all participants being first-generation immigrants enrolled

in the same nursing program. Finally, chapter five, will conclude the findings of this study and address implications for nursing education and make recommendations for future research.

Chapter 2: Manuscript One

Title: How is Self-Care Defined by Immigrant Undergraduate Nursing Students: A Narrative Review

Subtitle: Self-Care and Immigrant Undergraduate Nursing Students

Authors: Margarita Gil

Supervisory Committee

Keywords: self-care, self-care strategies, self-care barriers, undergraduate nursing students, immigrant nursing students, narrative review.

Authorship Statement:

Proposed journals for submission: International Journal of Nursing Studies or International Journal of Nursing Student Scholarship.

Introduction

Self-care has gained recognition in the nursing education literature as a means of increasing resilience and protecting nursing students from academic and personal stressors. In the 2022–2023 academic year alone, the Canadian Association of Schools of Nursing (CASN) reported that 19,631 students were admitted to registered nurse entry-to-practice programs (CASN, 2024, p. 5) and, with such a large number of students potentially exposed to high-pressure environments, attention to self-care becomes especially relevant. Undergraduate nursing students often face a range of academic stressors, including the physical and emotional demands of intensive clinical and theoretical coursework. These demands are frequently compounded by personal responsibilities, such as holding part-time jobs or striving to maintain a work-life balance (Chow & Kalischuk, 2008; Crary, 2013; Flaherty, 2001; Littlejohn, 2005). In addition to these pressures, the literature acknowledges that nursing students commonly encounter difficulties in effectively engaging in self-care behaviours and practices (Ashcraft & Gatto, 2015; Chow & Kalischuk, 2008; Crary, 2013; Jimenez et al., 2010; Nevins & Sherman, 2016; Pulido-Martos et al., 2012; Reeve et al., 2013). In response to these challenges, nursing schools in Canada have increasingly sought to examine the potential benefits of self-care for the student nurse population. Researchers have found a range of positive outcomes associated with self-care practices among nurses and nursing students, including enhanced learning and student retention, improved overall well-being, better patient care, and increased satisfaction within the nursing workforce (Ashcraft & Gatto, 2018; Enns et al., 2018; Nevins et al., 2019; Richards, 2013). Given these positive outcomes, efforts to incorporate self-care strategies in undergraduate nursing education have gained momentum. However, for these strategies to be effective, understanding self-care from the perspective of diverse student groups within undergraduate nursing education is key to maximising these benefits.

Jenkins et al. (2019) define self-care as “a concept that may encompass a wide range of activities and practices undertaken to reduce stress, promote well-being, and cope with challenges,” (p. 14) suggesting that there may be considerable variability in how nursing students define and conceptualize self-care. Studies on undergraduate nursing students found that self-care ranged from addressing spiritual, emotional, and physical health by engaging in activities like yoga, mindfulness, meditation, aromatherapy, therapeutic touch, breathing techniques, reiki, positive affirmations, and mantra work (Blum, 2014; Clark & Pelicci, 2011; Drew et al., 2016; Hutchinson & Janiszewski Goodin, 2013), exercise, healthy eating habits, and proper hydration and sleep (Ashcraft & Gatto, 2018; Younas, 2017), to list a few. Moreover, some of these activities have been incorporated into the classroom to support self-care in undergraduate nursing education. However, while such approaches may benefit some students, they may simultaneously disfavor others, with some authors arguing that dedicated time and space created for students to engage in self-care activities can generate more stress. For example, implementing activities often associated with supporting wellness, such as mindfulness, has increased stress in some people (Van Dam et al., 2018). Additionally, when self-care is framed around an ethical responsibility to meet fit-for-practice requirements, students may feel additional pressure and feelings of inadequacy if they fail to engage in prescribed self-care behaviors (Slemon et al., 2021). Assuming and imposing uniformity of self-care practices can add to the burden for students already struggling to balance a demanding educational program. For this reason, particular attention should be granted to how diverse and minority students experience self-care. One such diverse student group is comprised of students from immigrant backgrounds, which becomes a matter of relevance given Canada’s increased focus on migration since the year 2000.

Migration and Immigrant status

From 2001 to 2014, an average of 249,500 landed immigrants settled in Canada each year. This number rose to more than 271,800 newcomers in 2015 and over 296,300 in 2016 (Troper, 2024). In 2022, *The Daily* (Statistics Canada's official bulletin) highlighted that "immigrants make up the largest share of the population in over 150 years..." and reported that just over 1.3 million new immigrants had settled permanently in Canada from 2016 to 2021, the highest number of recent immigrants recorded in a Canadian census. According to the 2021 Census, 23 % of the population (almost one in four people) are, or have been, a landed immigrant or permanent resident in Canada (The Daily, 2022). Although there is no specific data from Statistics Canada or the Canadian Nursing Association on the number of nursing students of immigrant backgrounds enrolled in nursing schools between the years of 2000 to 2022, population statistics, along with my eight years of empirical observation as a nursing clinical instructor in a large urban area, suggests an increasing presence of immigrant students in undergraduate nursing programs.

Statistics Canada (2023, para. 1) defines an immigrant as "a person who is, or who has ever been, a landed immigrant or permanent resident. Such a person has been granted the right to live in Canada permanently by immigration authorities. Immigrants who have obtained Canadian citizenship by naturalization are included in this group". Based on this definition, it is necessary to highlight the differences between immigrant and international students. The essential distinction between immigrant and international students lies in their intent and legal status. Immigrant students have permanently relocated to a new country, while international students study abroad temporarily and usually plan to return to their home countries after completing their education.

While both groups of students might share similar challenges related to adjusting to a new culture, some key factors and circumstances can influence their acculturation processes,

substantially affecting their ability to balance the demands of a nursing program. For example, tuition rates for international students are higher than for immigrant students with permanent residency or citizenship status, which might add stress related to financial instability. On the other hand, immigrant students may have complex factors worth considering, such as their cause of migration. For example, refugees experience higher vulnerability in their mental and physical health from suffering unusual stresses before migration. In addition, and although these experiences may vary from individual to individual, the process of immigration and resettlement increases the probability of experiencing stress due to unemployment, poverty, lack of access, cultural bereavement (grief from the loss of cultural values), and culture shock for both refugees and non-refugee immigrants (Beiser, 2005; Bhugra et al., 2011). These challenges may compound the recognized stressors associated with undergraduate nursing studies for immigrant students.

It is of critical importance, therefore, to highlight possible complexities embedded within the life of immigrant nursing students considering the additional challenges they might encounter, such as undergoing the process of adaptation to a new culture, increased academic workload due to language struggles, or facing discrimination (Donnelly et al., 2009; Schwartz et al., 2013; Wolfgramm et al., 2014). Unfortunately, the current literature addressing self-care concepts and practices in undergraduate nursing education does not specify how minority groups, such as immigrant students, have contributed to the views, understandings, assumptions, and practices of self-care.

Thus, acknowledging the unique experiences and cultural traits of immigrant students as an influence on current conceptualizations of self-care and the experience of self-care practices within the population of nursing students is central to recognizing the complexity of this concept. Greater understanding of the nuances of self-care may also serve to shape self-care strategies that

reflect diversity, while critically acknowledging and addressing causal factors of inequities. Therefore, this narrative review focuses on exploring how immigrant undergraduate nursing students define the concept of self-care. The gaps in exploring self-care within undergraduate nursing students of immigrant backgrounds will also be discussed.

Method

This narrative literature review aimed to address the question: how do immigrant undergraduate nursing students define the concept of self-care? The target population for this review was immigrant undergraduate nursing students, however, due to a lack of articles found explicitly on this population of students, the search was broadened to include the definitions of self-care in undergraduate nursing in general.

This review was informed by the work of Green et al. (2006) using the following structured, stepwise approach to ensure clarity, transparency, and rigor. The initial step was to conduct a preliminary search of the literature on a manageable and relevant topic. Therefore, a pilot search was done on MEDLINE for literature published between January 2000 to June 2022 on the topic of self-care in immigrant nursing students. The terms used were *nurs* student* OR nursing education AND Self-car* OR self-car* behaviors AND Immigrant* OR migrant OR newcomer**. This search yielded 1364 results.

The next step entailed defining the purpose and objective of the review, which led to the development of inclusion and exclusion criteria before embarking on a comprehensive literature search. The objective of this narrative review focused on the question “*How is self-care defined by immigrant undergraduate nursing students?*”. At this point it is crucial to disclose the databases searched (Green et al., 2006). Then, to narrow down the possible results from the preliminary search of the literature, combinations of the keywords *nurs**, *student**, *immigrant*, *self-car**, *strateg**, *barrier**, and *practice**, were trialed for the databases MEDLINE, CINAHL,

Scopus, ProQuest, and ERIC. Zero results were obtained when the search terms were combined with the words *immigrant*, *migrant*, or *newcomer*. Thus, the revised search terms and criteria included: *undergraduate*, *nurs**, *student**, *self-care**, *practice**, *strateg**, *barrier** in aims to broaden the probability to find studies that included immigrant nursing students despite not using the term *immigrant* as keyword in the database search engine. Additional criteria included sources written in English or Spanish, research theses or other published reviews; and, from any country. Articles involving graduate nursing students, non-nursing students, and international students were excluded. International students were excluded due to the differences in acculturation processes compared to immigrant students. This modified search led to 126 potential records. The identification, screening, and inclusion of articles are shown in Figure 1.

Once the final records were identified, extraction and organization of the data took place. In this study, I manually organized the information of my study in Table 1, which summarizes how self-care was defined by organizations and researchers, by undergraduate nursing students, and by immigrant undergraduate nursing students.

The final steps included the synthesis of the literature which should be written as objectively as possible to present evidence-based conclusions, as well as to identify the limitations of the review and recommendations for future research (Green et al., 2006).

Figure 1

Flowchart of Article Screening Process Based on Inclusion and Exclusion Criteria

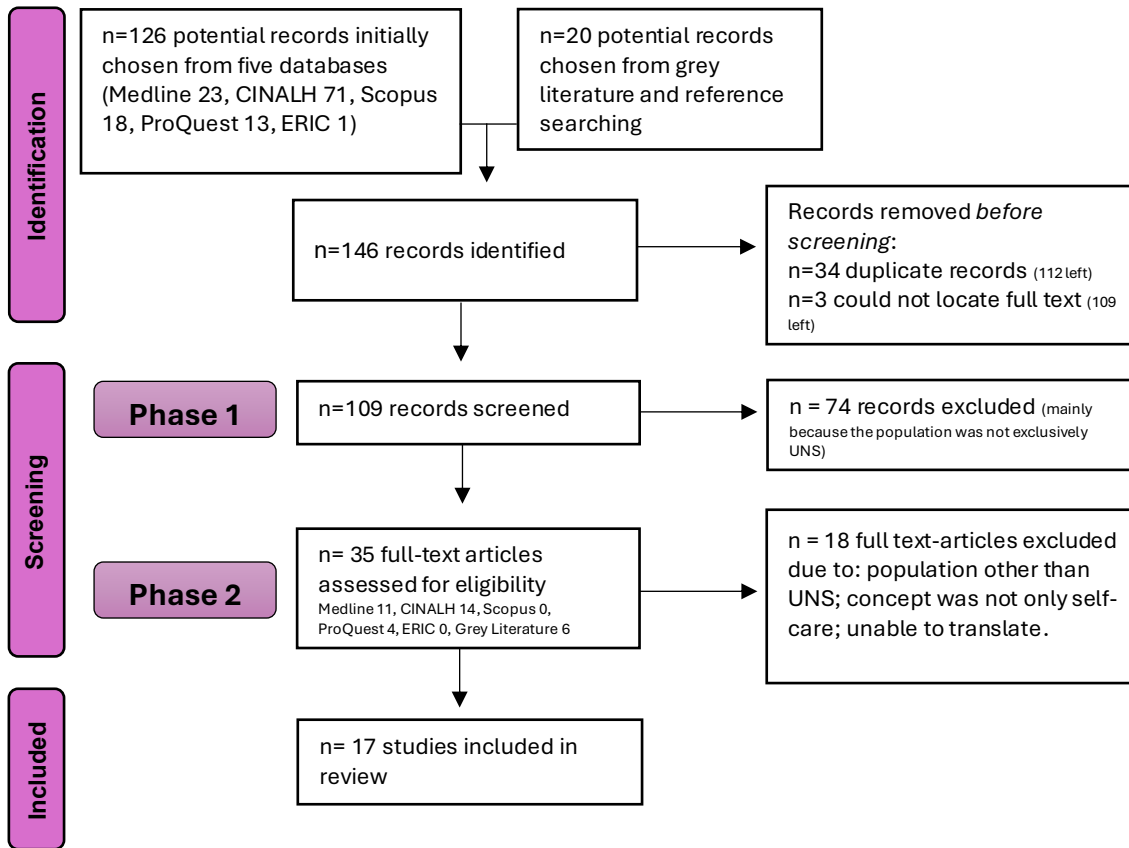


Table 1

Definitions of Self-Care

Author(s) / Year	Country	Aim / Population	Research Design/ Method	Self-Care Definitions		
				By Researcher(s) / Organization(s)	By UNS	By Immigrant UNS
Ashcraft, P.F., & Gatto, S.L. (2015)	United States	To explore self-care in nursing students N=118 BNS	Descriptive cross-sectional Method: LiveWell Style Assessment survey	“Comprises those activities performed independently by an individual to promote and maintain personal well-being throughout life.” (p. 255) <i>[American Holistic Nurses Association (n.d.) on Dorothea Orem’s definition].</i>	None	None
Ashcraft, P.F., & Gatto, S.L. (2018)	United States	Evaluate self-care behaviours and perceptions of nursing students after integrating curricular intervention on self-care. N=49 BNS	Curricular intervention. Longitudinal cohort Methods: 1. creation of a personalized care plan focusing on care of self; a teaching portfolio; reflection on self-care activities learned 2. Pre- and post-intervention survey (ACHA-NCHA-II)	“...it can be described as deliberate decisions made and actions taken by individuals to address their own health and well-being.” (p. 140) <i>[Ashcraft & Gatto (2018), authors of the article]</i>	None	None
Blum, C.A. (2014)	United States	Find one or more self-care activities that are meaningful to each student. N=?	Curricular intervention Method: 1. Reflective journaling 2. Treasure map 3. Introduce different modalities of self-care to fellow students	“...activities and habitual practices aimed at decreasing stress.” <i>[Blum (2014), author of the article]</i>	None	None

Brandon, J.D. (2018)	United States	Increase student awareness of stress, learn about self-care, and participate in self-care activities to reduce stress. N=19 BNS	Curricular intervention. Mixed methods. Method: 1. Development and implementation of a personalized self-care plan 2. Physical activity 3. Topics on how to reduce stress and support students' mental and physical health 4. PSS-10 and HPLP-II surveys 5. Pre- and post-intervention reflection questions 6. Focus group questions	None	None	None
Chow, J., & Kalischuk, R.G. (2008)	Canada	To examine student nurses' perspectives about self-care N=119 BNS	Exploratory, descriptive, quantitative study Method: Questionnaire developed by authors	“The aim of self-care is to make explicit a continuum of care for self that restores and enhances health, congruent with the individual’s values and beliefs” (p.31) <i>[Dean (1986); Wister (1997)]</i> “... is also an important part of primary healthcare initiatives that people engage in to proactively prevent illness and achieve personal well-being” (p. 31) <i>[WHO (1997)]</i>	None	None
Flaherty, K.T. (2001)	United States	To explore what are the wellness behaviors, the exercise of self-care agency, and the lived experiences with self-care	Mixed methods Method: 1. Exercise of Self-care Agency Scale 2. TestWell Wellness Inventory	“Self-care is the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being” (p. 33) <i>[Dorothea Orem’s Theoretical Framework (1995; 1985)]</i>	“ ‘eating three well-balanced meals a day’, ‘putting yourself to bed at a reasonable time’, ‘trying to exercise’, ‘coping with stress’, ‘finding time to relax and have fun’, ‘taking vitamins’, and taking care of spiritual needs by ‘talking to God, studying and reading the Bible’ ” (p. 247) “Self-care is knowing how your body functions...and how to deal with coping with your body and mind as a whole.” (p. 247)	Not specified. Nursing student participants were from a group of White/Caucasian, Asian, Black Caribbean, and

		and wellness of senior BNS N=58 Senior BNS	3. Focus group interviews		<p>“Knowing when something is wrong with you, and you take care of it, you go to the doctor.” (p. 247)</p> <p>“I get chest pain, so for me it’s a matter of recording what is going on.” (p. 247)</p> <p>“Self-care means you come first” (p. 247)</p> <p>“self-care means we are able to function well.” (p. 247)</p>	Hispanic ethnic backgrounds.
Green, C. (2020)	United States	To examine the benefits of self-care for nursing students in an accelerated nursing program N=25 Accelerated BNS	Qualitative. Curricular intervention Method : 1. Project participant questionnaire 2. Self-care interventions taught to students	<p>“...activities promoting health and preventing illness or disease that can involve the guidance of healthcare providers or be performed independently without a provider.” (p. 226) [WHO (2014)]</p> <p>“The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth” (p. 229) [American Nurses Association (2015)]</p>	None	None
Javed et al. (2019)	Pakistan	N= 133 UNS To know the self-care habits of undergraduate nursing students of the University of Lahore.	Descriptive cross-sectional Method: Likert Scale questionnaire	<p>“... the capacity of people, families, and groups to promote health, preventing disease, limiting illness, cope with illness and re-establishing health”. “The scope of self-care incorporates physical, mental, emotional spiritual and professional wellness” (p. 47) [WHO (2009)]</p> <p>“a part of lifestyle behavior which helps individuals to change their way of life with a specific end goal to increase ideal health. Lifestyle contains the choices on diet selection, exercise, well-being, and the actions that one makes to accomplish those decisions. It enables a person to control his/her own particular health, to make one's full health potential and to have a healthy lifestyle” (p.47) [Paudel et al. (2017)]</p> <p>“a dynamic decision to take an interest in the activities that are known to build general physical, emotional, mental, social, spiritual well-being, improving inspiration, struggle for ideal well-being with support to change the way of life to move toward a condition of ideal well-being” (p. 47-48) [Allah et al. (2015)]</p> <p>“Self-care is the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health and well-being” (p. 50) [Dorothea Orem (n.d.)]</p>	None	None

Jenkins et al. (2019)	Canada	To examine students' responses to a self-care assignment integrated into core nursing coursework. N=89 Accelerated UNS	Cross-sectional. Quantitative and qualitative Method: 1. Online survey (closed and open-ended questions) 2. Self-care assignment	"Self-care is a concept that may encompass a wide range of activities and practices undertaken to reduce stress, promote well-being, and cope with challenges" (p. 14) [Richards (2013)]	None	None
Littlejohn, P.L. (2005)	Canada	Raise awareness and gain understanding at a community college about the use of personal self-care theory in nursing student practice. N= 86 BNS	Action Research Method: 1. Survey (open-ended questions)	"... as established and initiated behavior that encouraged healthy living and well-being." (p. 35) [Bickley (1998)] Self-care in nursing "Self-care means that nurses should be proactive about their physical and emotional well-being" (p.35) [Albaugh (2004)] "Caring for yourself physically, mentally and spiritually to maximize your potential. Self-care gives a nurse personal insight, which increases her self-esteem and self-efficacy" (p. 36) [Ellis (2000)] "... those activities initiated or performed by an individual, family, or community to achieve, maintain, or promote maximum health" (pg. 36) [Bunkers (1992)] "...self-care requires nurses to be responsible for themselves and to develop a spirit of self-awareness and self-nurturing.", "nurses who pay attention to their self-care begin to take time to appreciate their 'cultural backgrounds and the interconnections among body, mind, and spirit'" (p.36) [Wolf (2002)] Physical Self-care in Nursing "... as a process of obtaining the proper amount of sleep, regular exercise and a balanced diet of healthy foods... it is essential for nurses to find balance between sleep, exercise and healthy diet (high in fiber, fruits and vegetables)." (p. 39)	Percentage of answers based on open-ended questions: <i>Describe what personal self-care means to you?</i> "Taking time out for oneself" (52%), "exercise" (35%), "good nutrition" (32%). (p.97) <i>Identify additional personal self-care activities.</i> "Spend time with friends and family" (50%), "watching TV/Movies" (21%), "reading non-nursing books/novels/magazines" (17%), "praying, meditating, going to church events" (15%), and "drinking alcohol at home/going out with friends for alcoholic drinks" (13%). (p. 99-100) <i>What self-care activities did you practice prior to nursing school?</i> "exercise" (73%), "healthy eating" (42%), and "spending time/socializing with friends/family" (39%). (p.100) <i>List any other comments relevant to self-care:</i> "Nursing students need to maintain personal self-care to stay focused and successful" (20%), "stresses associated with being in nursing program affects ability to do self-care" (17%), "financial stresses (i.e., no money, high tuition, need to work)" (13%), "efficacy of the personal self-care teachings" (30%), "maladaptive coping strategies (i.e., use of alcohol and drugs)" (7%), and "poor nutritional choices due to limited healthy food alternatives in the school and hospital cafeteria" (7%). (p. 105-106) Percentage of answers from a list provide: <i>Personal self-care activities:</i> "Time out at least once a day to have fun and laugh" (78%), "eating nutritious food each day" 63%). (p. 99)	Not specified. The demographic survey included age, employment status, and relationship status, but not ethnicity.

				<p>[Albaugh (2004)]</p> <p>Emotional Self-care in Nursing</p> <p>“...through engaging in fun, spending time with friends and family, working through and handling stressful situations as they arise, not letting negative emotions consume you and by looking deep within yourself to find your inner strength” (p. 40-41) [Albaugh (2004)]</p> <p>Spiritual Self-care in Nursing</p> <p>“The pursuit of spiritual health is essential to self-care as we connect with our sacred source. Our own spiritual healing helps us to improve relationships and become more whole” (pg. 43) [Towey (2002)]</p>		
Nevins, C.M., & Sherman, J. (2016)	United States	Investigate BNS perspectives of self-care practices to gain an understanding of their value in health promotion. N=53 BNS	Descriptive quantitative Method: Self-Care & Complementary Therapies Survey (including open-ended questions)	<p>“...activities as those that promote health and limit consequence of disease or illness with or without the support of health care providers” (p. 185) [WHO (1983, 1998)]</p> <p>“Self-care activities include hygiene, nutrition, exercise, sleep, and complementary alternative therapies” (p. 185) [WHO (1998)]</p>	None	None
Nevins et al. (2019)	United States	To further investigate two areas of self-care behaviors: exercise and hydration N=73 BNS	Descriptive quantitative Method: Pre-and post-survey (specific to walking and consumption of water)	None	None	None
Siappo et al. (2016)	Peru	To describe and understand the nursing students’ experiences of self-care during their	Life History Method Method: Open-ended question interviews	<p>“Taking care of oneself assures every day selfcare, those activities one cannot skip, such as eating, washing, dressing, removing, among others, and also sharing with others.” (p. 18) [Collière (2003)]</p>	<p>“... taking care of yourself means taking care of our body, our mind, accurate care, being well. In every sense of the word ... be good about yourself” (p.20)</p> <p>“... taking care of yourself, is ... the selfcare, taking care of myself both physically and psychologically and spiritually” (p.20)</p> <p>“... it means to realize that I love myself and do everything possible to ensure that nothing hurts me, no external agent.” (p.20)</p>	Not specified. The demographic survey included marital status, employment, caregiver responsibility,

		professional training. N=22 UNS			<p>“Take all security measures” (p.21)</p> <p>“To be responsible for ourselves, for how we act, because above all we must take care of ourselves, since we live with other people, and these people may also feel negatively affected if we do not look after ourselves properly” (p.21)</p> <p>“It means to protect ourselves, maintain good defenses to prevent ... any disease we may be exposed to” (p.21)</p> <p>“It refers to all activities, actions performed on myself for the benefit of my own health, such as my diet - if I keep healthy eating habits it means that I'll be in good health; it also refers to other activities like exercise, managing stress, among others” (p.21)</p> <p>“It means being concerned... respecting eating times ... getting rid of stress, going out ... everything that has to do with what is happening every day” (p.21)</p> <p>“As for food, hygiene... all that means health, selfcare.” (p.21)</p> <p>“Taking care of my health living a good lifestyle” (p.21)</p> <p>“Either not getting into drugs, or not ... getting in relation with other people, that may harm our health.” (p.21)</p> <p>“Above all prevention is health care, avoiding the excessive use of computer, for me, it means doing all that kind of stuff” (p.21)</p>	age, and gender.
Slemon et al. (2021)	Canada	To explore how self-care is currently defined and conceptualized in nursing education literature and identify gaps in current conceptualizations of self-care for nursing students. N= 27 articles	Scoping Review	<p>“Self-care represents a broad range of activities and practices – at the individual, relational, or structural level – undertaken to promote and protect one’s health and well-being and to cope with and build capacities for managing self-identified stressors” (p. 9) [<i>Slemon et al. (2021), authors of the article</i>]</p>	None	None
Snyder, B.L. (2020)	United States	Examine the effects of introducing positive	Qualitative thematic analysis.	None	None	None

		<p>coping skills and self-care strategies to UNS in the classroom setting.</p> <p>N= 79 UNS</p>	<p>Curricular intervention</p> <p>Method: 1. Introduce different self-care activities to students each class 2. Course evaluation survey (open-ended questions)</p>			
Stark et al. (2005)	United States	<p>Examine the effectiveness of self-care and using an LSCP (Lifestyle Self-Care Plan) in a nursing course.</p> <p>N= 67</p>	<p>Curricular intervention.</p> <p>Method: 1. Complete a Lifestyle Self-care Plan (LSCP) 2. Engage in 2 hours of self-care activity per week 3. HPLP-II survey</p>	<p>“Self-care is the practice of health-related activities in which individuals engage in order to adopt a healthier lifestyle” (p. 266) [Acton & Malathum (2000); Lipson & Steiger (1996)]</p> <p>“... activities that individuals personally initiate and perform on their own behalf in maintaining life, health, and well-being” (p. 266) [Dorothea Orem’s Theoretical Framework (1991)]</p>	None	None
Younas, A. (2017)	Canada/Pakistan	<p>Explore self-care behaviours and practices of nursing students in general and across academic years of study.</p> <p>N= 11 studies</p>	Literature Review	None	None	None

Note. Abbreviation for Bachelor of Nursing Students (BNS) and Undergraduate Nursing Students (UNS)

Synthesis of The Literature

Results

None of the 17 articles reviewed discerned definitions of self-care from the perspectives of undergraduate nursing students of immigrant backgrounds (Table 1). While some studies involved participants of different ethnicities (Asian, Black Caribbean, White/Caucasian, and Hispanic), their immigration backgrounds were not specified, and definitions of self-care were not differentiated from undergraduate nursing students as a larger group (Table 1). Most papers reviewed were from the USA (10 articles) and Canada (4 articles), with one from Peru, one from Pakistan, and one in collaboration between Pakistan and Canada. This may reflect a cultural or linguistic focus on “self-care” in North America, with alternative terminology (for example, mental health, wellbeing, or resilience) perhaps being more common in other geographical areas.

In considering the definitions of self-care in undergraduate nursing, the findings from this review have been categorized into three themes: definitions of self-care by organizations, associations, and researchers; definitions by undergraduate nursing students; and definitions by immigrant undergraduate nursing students.

Definitions of Self-care by Organizations, Associations, and Researchers

Varied definitions of self-care were found in 13 out of the 17 articles, with some employing more than one definition. Some articles used definitions authored by organizations such as the American Nurses Association, the American Holistic Nurses Association, and the World Health Organization. Others used Dorothea Orem’s Self-Care Deficit Theory and other authors' definitions. Few authors defined self-care based on their findings in the literature, while four articles did not clearly define self-care (Table 1).

While most definitions refer to self-care as actions taken by individuals to promote, maintain, and protect their health and well-being at, or as a combination of, the physical, mental, emotional, spiritual, and professional levels (Ashcraft & Gatto, 2015, 2018; Chow & Kalischuk, 2008; Flaherty, 2001; Javed et al., 2019; Jenkins et al., 2019; Littlejohn, 2005; Slemon et al., 2021; Stark et al., 2005), others referred to self-care as an approach: a way to prevent illness or disease (Chow & Kalischuk, 2008; Green, 2020; Javed et al., 2019). In addition, there were differences in emphasis on specific actions, behaviors, or lifestyle choices. For example, some definitions emphasized stress management and the ability to cope with challenges (Blum, 2014; Jenkins et al., 2019; Slemon et al., 2021), while others focused on lifestyle choices such as diet, sleep hygiene, nutrition, and exercise (Javed et al., 2019; Nevins & Sherman, 2016). Only one article mentioned complementary alternative therapies as an example of self-care-related activities (Nevins & Sherman, 2016). Chow and Kalischuk (2008) emphasized that self-care practices should be congruent with the individual's values and beliefs. A few definitions presented self-care as a range of activities and practices undertaken not only by the individual but also by families or communities, health providers, and the nursing profession (Green, 2020; Javed et al., 2019; Littlejohn, 2005; Nevins & Sherman, 2016). The works by Green (2020) and Littlejohn (2005) defined self-care within the nursing profession as a duty to self and others, including physical, emotional, and spiritual levels, to maximize the nurse's potential, maintain competence, and continue personal and professional growth.

Although four articles did not define self-care, Younas (2017) alluded to Dorothea Orem's Self-Care Deficit Nursing Theory to support the significance of self-care in nursing students. Brandon (2018) offered no formal definition but espoused the views of the Association of Holistic Nurses on the importance of self-care, self-awareness, and self-healing as a process

for nurses to facilitate healing by engaging in healing themselves. Lastly, while no specific conceptualization of self-care was given, Snyder (2020) discussed that teaching self-care activities to students in the classroom setting can result in healthy coping and stress management skills, and Nevins et al. (2019) specified that hydration and exercise were valuable self-care behaviours for the students.

Definitions of Self-care by Undergraduate Nursing Students

Three of the 17 articles provided views on self-care from the individual perspectives of undergraduate nursing students (Table 1). The study from Flaherty (2001) revealed different views from undergraduate nursing students. Some students emphasized a holistic approach to self-care by referring to knowledge of one's body and mind. They also addressed the significance of maintaining wellness and good physical health by eating well-balanced meals, exercising, taking vitamins, taking care of physical symptoms like chest pain, as well as finding time to relax, and having fun by prioritizing sleep and rest. Managing stress was also addressed as an essential aspect of self-care, resulting in finding ways to relax and engaging in activities that promote emotional well-being. Additionally, seeking professional help reflected the theme of recognizing the need for professional assistance in maintaining and addressing physical and mental health. The mention of "taking care of spiritual needs by talking to God, studying, and reading the Bible" (p. 247) introduces the theme of spiritual care as a part of self-care, suggesting that addressing one's spiritual needs contributes to overall well-being. Moreover, some students emphasized prioritizing one's own needs and well-being as the meaning of self-care.

The significance of self-care in the lives of nursing students cannot be overstated since, according to the students, it directly impacts their focus and overall success. In the study by Littlejohn (2005), the students highlighted the demanding nature of nursing programs posing

considerable challenges to practicing self-care, and participants expressed concerns regarding financial burdens such as insufficient funds, exorbitant tuition fees, and the need to work while studying. Furthermore, they questioned the effectiveness of self-care teachings within their nursing program. Despite their obstacles, nursing students strive to prioritize their well-being through various means. Some students resorted to maladaptive coping mechanisms, such as turning to alcohol and drugs, while others made poor nutritional choices due to limited healthy options in school and hospital cafeterias. However, other self-care options included spending quality time with loved ones, indulging in recreational activities such as watching movies, reading non-nursing literature, and engaging in spiritual practices like prayer and meditation. Additionally, students sought personal time for relaxation, incorporated exercise into their routine, and recognized the importance of maintaining a balanced and nutritious diet.

The perception of self-care among nursing students from a private Peruvian university (Siappo et al., 2016) was multifaceted and encompassed the comprehensive well-being of their body, mind, and spirit. For these students, self-care involved taking responsibility for one's actions as it ensured personal care and prevented negative impacts on others with whom they coexist. In addition to adopting protective measures to prevent potential illnesses and diseases, self-care included activities and practices, such as maintaining a healthy diet, engaging in regular exercise, managing stress effectively, and attending to daily routines. It also incorporated hygiene, nutrition, and avoiding detrimental behaviors such as consuming drugs or engaging in destructive relationships that could compromise one's health. For some students, self-care emphasizes the significance of prevention and adopting a healthy lifestyle, which includes minimizing excessive computer usage and embracing holistic practices that contribute to overall well-being. Interestingly, for some students, self-love is paramount in self-care and requires

diligent efforts to safeguard oneself against external factors that may cause harm, including “taking all security measures” (p. 21). This last aspect might be directly linked to the cultural and social context where the study took place.

Definitions of Self-care by Immigrant Undergraduate Nursing Students

None of the 17 articles discerned definitions of self-care from the perspectives of undergraduate nursing students of immigrant backgrounds (Table 1). It is important to note that the study by Kathleen Flaherty (2001) involved participants of different ethnicities (Asian, Black Caribbean, White/Caucasian, and Hispanic), however, their immigration backgrounds were not specified, therefore, the definitions of self-care provided in Flaherty’s study were categorized under the definitions given by undergraduate nursing students as a larger group (Table 1). Similarly, the studies by Littlejohn (2005) and Siappo et al. (2016) did not specify if students from different ethnic backgrounds were included.

Discussion

The various definitions of self-care found in this narrative review reflect common themes centered around personal responsibility, individual initiatives and actions, proactive health maintenance, and holistic well-being. Consistently portrayed as a set of deliberate actions and habitual practices, self-care is understood as a dynamic and ongoing process that fosters self-awareness, resilience, and personal growth, ensuring individuals can function optimally in their personal and professional lives. Self-care can be performed independently or with the guidance of healthcare professionals to prevent illness, manage stress, and enhance overall quality of life by emphasizing lifestyle choices, nutrition, exercise, rest, and emotional regulation. In summary, self-care aims at promoting physical, mental, emotional, and spiritual health, since maintaining

well-being can positively influence relationships, work performance, and community engagement.

The definitions of self-care found in the articles of this narrative review are generalizable, and while this is useful at providing a broad indication of the possible multiple aspects surrounding self-care, a closer look at the definition of self-care from the views of immigrant and non-immigrant nursing students is warranted to understand better the contextual priorities and needs of this specific population. Therefore, some of the gaps related to defining self-care in the focus of this narrative review include: (a) ethnocentric and standardized approaches to self-care fail to recognize cultural influences and the complexity and diversity of immigrant student lives; (b) the focus on self-care as an individual responsibility fails to recognize organizational and professional narratives.

(a) Ethnocentric and standardized approaches to self-care:

As identified in its various definitions, self-care is broad, dynamic, and highly contextual. Therefore, guiding a nursing student towards self-care will not be an accurate or sustainable approach if institutions and educators assume the understanding of self-care from a different stand than the students. For example, eating a healthy diet is a way of engaging in self-care (WHO, 1998), however, this approach to self-care might not be realistic for some students experiencing financial constraints, lacking time to cook, or being limited by the food choices offered at educational institutions or hospital cafeterias (Albaugh, 2004; Littlejohn, 2005). Similarly, it is the case when educators emphasize taking “me” time, when students are faced with heavy academic demands, increased time spent studying when English is an additional language, or when some students need to work to keep themselves in school or help support their families (Ashcraft & Gatto, 2015; Chow & Kalischuk, 2008; Flaherty, 2001; Littlejohn, 2005;

Siappo et al., 2016). Being an immigrant nursing student can add significant complexity to a student's life. Individual migration experiences, cultural views, and acculturation processes lead to unique understandings and approaches to self-care that have not been explicitly explored in the literature of nursing students. McDermott (2009) describes acculturation as a “dynamic, multifactorial process of cultural learning that results in the changes in behavior, language, attitudes, lifeways, and values that occur from sustained interaction with different cultural groups” (p. 287), and explains that it is influenced by factors such as social environment, gender, physical characteristics, age at the time of immigration, and duration and reasons of immigration. Therefore, it can be deduced that ethnocentric self-care practices may be unrealistic for many immigrant nursing students. For example, the undergraduate nursing students from the study by Siappo et al. (2016) in Peru, identified an additional focus on self-care compared to the usual physical, mental, and emotional aspects found in other studies from this narrative review. The students identified self-care as actions you do for yourself and others by being responsible for one's own actions and taking security measures to prevent others from being negatively affected. This is an important aspect to highlight given that the views on self-care described in the study by Siappo et al. (2016) could be representative of other Latin-American countries as a result of their shared cultural traits and historical context. Hence, this finding supports that cultural factors influence the perception of self-care and self-care practice (Leininger, 1988).

What constitutes self-care for one person may differ for another based on their cultural background, social context, personal beliefs, and preferences. Therefore, since we might not know enough about immigrant students to understand how the aforementioned factors might affect them, it is essential to recognize and respect these variations in defining self-care and avoid prescribing a universal approach.

(b) Focus on self-care as an individual responsibility:

In their scoping review on the definition and conceptualization of self-care in nursing education, Slemon et al. (2021) suggest that self-care activities and practices extend to the “individual, relational, or structural level” (p. 9). This definition invites a deeper analysis of the implications for self-care within nursing education by shifting the sole responsibility of self-care from the student. It is contradictory rhetoric to expect students to be responsible for effectively engaging in self-care when nursing programs are designed with heavy academic and clinical responsibilities and fail to accommodate and facilitate students’ needs to access self-care. Additionally, students might face societal or individual pressures and expectations that influence their understanding of self-care. Some may view self-care as a luxury or indulgence rather than a necessity, and this mindset can undermine the importance of prioritizing self-care and lead to neglecting one's well-being in favor of external obligations and responsibilities. Furthermore, there may be limited awareness or education about the various dimensions and strategies of self-care. Many students may not be familiar with the wide range of practices and activities that can contribute to their overall well-being, and this lack of knowledge can hinder individuals from effectively incorporating self-care into their daily lives.

In conclusion, to help bridge these gaps, it is essential to promote a comprehensive and inclusive understanding of self-care that recognizes its multidimensional nature. To reach this goal, nursing schools should welcome learning about the role that culture and immigration play in the understanding and practice of self-care.

Limitations

There were several limitations that may have influenced the breadth and depth of this narrative review. As the sole reviewer, I was responsible for selecting, analyzing, and

synthesizing the literature independently, which may have limited the diversity of perspectives typically achieved through collaborative review. Additionally, this was my first time conducting a narrative review, and while I approached the process with diligence, the learning curve may have affected the methodological rigor. The study was also paused due to maternity leave, which resulted in an extended timeline and potential disruptions in continuity that could have influenced the consistency of the review process. These factors are important to acknowledge when considering the scope and outcomes of this review.

Recommendations for Future Research

This narrative review has highlighted a substantial gap in the literature concerning how self-care is defined by immigrant undergraduate nursing students, primarily in Canada and the United States. To advance the field, future research and considerations for interventions in the following areas should be considered:

- Explore how immigrant students conceptualize and engage in self-care, considering their unique social, cultural, and migration-related contexts through qualitative methodologies and the use of interviews that investigate the lived experiences of immigrant nursing students.
- Identify structural and contextual barriers to self-care, bringing attention to institutional culture, accessibility of support services, financial security, language barriers, and psychosocial stressors stemming from migration or adaptation processes.
- To gain insight into the extent to which self-care is shaped by cultural, social, and experiential factors, research exploring differences and similarities in self-care beliefs and practices between immigrant and non-immigrant students would be beneficial

- Engaging immigrant students in co-designing educational interventions such as self-care resources.
- Assessment of long-term effects of self-care education and support systems on academic continuity, well-being, and professional sustainability among immigrant students. Such work would help to establish the evidence base for sustainable, equity-oriented educational reform.

Conclusions

This narrative review demonstrates that while self-care is widely recognized as a critical component of nursing education and professional sustainability, its definition and implementation remain deeply contextual and influenced by individual, cultural, and structural factors. Across the literature, self-care is generally understood as a multifaceted process aimed at enhancing physical, mental, emotional, and sometimes spiritual well-being. However, the review also highlights key gaps in how self-care is conceptualized within undergraduate nursing students. Most notably, the perspectives of immigrant nursing students remain largely absent, despite the growing number of immigrant students in Canadian post-secondary institutions. This absence is significant, given the unique and complex challenges immigrant students may face (such as cultural adaptation, language barriers, financial constraints, and past migration-related trauma) all of which can influence their ability to engage in self-care.

The findings of this review support the conclusion that self-care is not a one-size-fits-all concept and cannot be universally prescribed. Instead, it is shaped by the context of a person's life, the societal structures surrounding them, and their individual goals and values. For this reason, strategies to promote self-care in nursing education must be informed by student voices, especially those from underrepresented groups like immigrant students. Immigrant nursing

students should be considered a distinct cohort in future research and practice, as their lived experiences may shape fundamentally different understandings and practices of self-care. To foster a more inclusive, equitable, and effective model of support, nursing education must adopt a broader lens, one that recognizes self-care as both a personal practice and a relational, cultural, and institutional responsibility. Only then can self-care be truly integrated as a sustainable and empowering practice for all nursing students.

Chapter 3: Research Approach

In order to explore the qualitatively different ways in which first-generation immigrant undergraduate nursing students conceptualize and experience self-care, the research approach of phenomenography was chosen. By focusing on the diverse and varied experiences of immigrant nursing students, a group largely underrepresented in current research, this study sheds light on how layered identities and lived experiences influence self-care in ways that go beyond cultural background alone. Phenomenography is particularly well-suited to reveal variation in how individuals understand a shared phenomenon (Barnard et al. 1999; Hajar, 2020; Marton, 1986).

An essential element of phenomenographic research is the presence of a shared experiential ground between the researcher and participants, which enables a conversational structure during interviews (Hajar, 2020). In this study, my own experience as a former undergraduate first-generation immigrant nursing student provides such shared context, and the following assumptions guided my study:

- Self-care practices benefit students
- Immigrant students might face a different set of challenges than non-immigrant students
- Immigrant students might not talk about their academic struggles openly
- Self-care influences the ability to develop and employ coping mechanisms
- Everyone has a personal perception and understanding of self-care
- Linguistics may influence conceptual understandings of the term self-care
- Nursing educators possess the ability to promote self-care in students

As a researcher in phenomenography, I also acknowledge the importance of maintaining reflexivity throughout the research process to prevent my personal experiences and assumptions from influencing or overshadowing participants' unique perspectives and, while some degree of

shared experience or familiarity with the topic can support rapport and richer data (Hajar, 2020), I must remain critically aware of how my language, assumptions, cultural background, or professional identity might shape data collection and interpretation.

About Phenomenography

Phenomenography is a qualitative empirical research approach developed in Sweden with the work of Ference Marton and his colleagues at the University of Gothenburg in the late 1970s. Developed within the field of educational research, phenomenography is described as a pragmatic approach to inquiry about teaching and learning (Marton, 1986, as cited in Whitfield et al., 2023, p. 3). Today, it has since been widely adopted across various disciplines, including nursing, due to its emphasis on exploring and describing the qualitatively different ways people experience or understand a particular phenomenon (Sjöström & Dahlgren, 2002).

Before exploring more details of the phenomenographic research approach, and to avoid confusion, it is important to emphasize that there are similarities between phenomenography and phenomenology, such as both research specializations having human experience as their object of research but, approaching it differently. To put it in the words of Marton and Booth (1997):

... although phenomenography and phenomenology both belong to a field of knowledge defined by the criterion of having experience as the subject of study, they differ in the ways they go about that enterprise... Phenomenography is focused on the ways of experiencing different phenomena, ways of seeing them, knowing about them, and having skills related to them. The aim is, however, not to find the singular essence, but the variation and the architecture of this variation in terms of the different aspects that define the phenomena. (p. 116-117)

Marton and Booth (1997) refrain from using the word “method”, preferring to refer to phenomenography as a research approach. Bayuo et. al (2024) and Yates et. al (2012) explain that phenomenography is not a fixed methodology and does not prescribe a set method for data collection or analysis. Instead, it offers a more flexible approach, focusing on the conceptual framework of understanding variation, rather than a comprehensive step-by-step approach to conducting research including specific methods of data collection and analysis. As such, there is not one way to “do” phenomenography. As a result, since the 1970s, phenomenographic research literature has become quite inconsistent and at times confusing. However, consensus remain in that the emphasis of phenomenography is to find conceptual differences or variations in understandings of a given phenomenon (Sims, 2024; Sjöström & Dahlgren, 2002).

I will focus on the following four assumptions as a general guide to understand phenomenography. First, phenomenography “assumes that there is no single, objective reality that can be fully understood or represented” (Stewart, n.d.). Rather, phenomenography builds on the assumption that individuals relate to and make sense of the world in qualitatively different ways, and that these differences offer critical perspectives on the phenomenon under investigation. Thus, different individuals experience reality differently, and such experiences are shaped by diverse factors such as personal, social, and cultural context. Second, phenomenography assumes that individual experiences can be grouped and categorized to represent different ways of understanding of the same phenomenon (Stewart, n.d.). Thus, there is a focus on describing *collective variation*², *not individual narratives*. Rather than seeking a single essence or consensus view, phenomenography aims to map the limited number of

² Collective variation is a phenomenographic term that emphasizes that there are differences in how people experience and conceptualize a phenomenon. The focus is on understanding collective meanings and variations that emerge from the group (Cossham, 2018). The term is similar to the term “shared meanings” in phenomenology, except in relation to variation in meaning.

qualitatively different ways in which a concept may be understood, providing a fuller understanding of how a phenomenon is experienced across a group (Marton & Booth, 1997). Individuals are seen not only as holders of unique ways of experiencing, but often as bearers of fragments of the varied and multiple conceptions of a phenomenon (Beaulieu, 2017; Marton & Booth, 1997; Stewart, n.d.). Third, exploring variation in people's experiences is valuable in understanding how people make sense of the world around them. In this respect, differences represent opportunities for deeper understanding rather than problems to be solved. Finally, the fourth assumption holds that findings from phenomenographic studies can inform practice and better meet the needs of different groups (Stewart, n.d.)

Ultimately, phenomenography is a qualitative research approach investigating the different ways in which people make sense of the world around them (Sjöström & Dahlgren, 2002). It has powerful implications for education as it offers a lens through which we can study how different people make sense of the same phenomenon and how this understanding can inform more inclusive and effective pedagogical practices. In the context of my study, phenomenography provides a suitable framework for investigating the diverse and unique ways first-generation immigrant nursing students conceptualize and experience self-care. It allows for a deeper understanding of the variation in experiences that may otherwise be overlooked in homogenized health promotion strategies.

Steps in a Phenomenographic Study

Although phenomenography is both flexible and pragmatic, Marton and Booth (1997) offer a guide to the process of conducting phenomenographic studies: first, define the phenomenon of interest as something that people encounter and experience in different ways. Then, clarify that the research aim is to explore the variation in ways people experience the

chosen phenomenon, not to explain behaviour. Second, commit to a second-order perspective by realizing that you are not studying the essence of the phenomenon itself, but how people experience and understand it. According to Bayuo et al. (2024), in phenomenography, a second-order perspective “ascertains people's ideas about or experiences with that phenomenon, that is, their ‘conceptions’ of the phenomenon” (p. 823)³.

Thirdly Marton and Booth (1997) suggest collecting data using semi-structured interviews or written prompts to elicit detailed descriptions of how participants have experienced the phenomenon. You can also design prompts to encourage participants to reflect on how they approached or made sense of something. Other data sources can include artifacts, documents, or observational materials, depending on the context. Fourth, analyze data iteratively by reading transcripts or data repeatedly and identify meaningful statements that reflect different ways of experiencing the phenomenon. In this step, it is important to focus on dimensions of variation by asking: what aspects are discerned? what is in focal awareness? what is left out or taken for granted? while looking at both structural (how aspects relate to each other) and referential (what the experience means) components of awareness. Fifth, identify categories of description by grouping statements into categories that represent qualitatively distinct ways of experiencing the phenomenon. It is essential to remember that these categories are abstracted from individuals' accounts and reflect collective variation, not personal narratives. Sixth, construct what Marton and Booth call the outcome space⁴, which is a logically structured map of the variation in experiences. In here, the categories of description may reflect the range and variation in

³ First-order, as in classical phenomenology, focuses on the structures of perception as such, whereas the second-order perspective widens out to register the differential interpretations of a shared experience by multiple individuals

⁴ Phenomenographic term that refers to the product of phenomenography, which consists of the ordered or related set of categories of description emerging from the data (Bayuo et al., 2024)

experience and be relationally organized. Seventh, ensure rigor by validating categories through internal consistency (each category must clearly relate to the phenomenon), logical relationship (categories should be distinct yet connected), and parsimony (aim for the fewest categories that can still capture the essential variation). Finally, report your findings by presenting categories along with illustrative quotes or examples emphasizing what makes each way of experiencing unique and critical.

Research Design

This study follows the qualitative approach of phenomenography to answer the research question: what are the different ways immigrant undergraduate nursing students conceptualize self-care and experience self-care practices?

Research Participants

The participants in this study were first-generation immigrant undergraduate nursing students enrolled in a western Canadian Bachelor Nursing programme, from any of the eight academic semesters, and who could talk about their experiences with self-care. According to Statistics Canada (2016), an *immigrant* is defined as “a person who is, or who has ever been, a landed immigrant or permanent resident.” *First-generation* refers to individuals born outside of Canada who have since immigrated (Statistics Canada, 2016). This group was selected because first-generation immigrants often navigate the dual challenge of adapting to the practices and expectations of their new country while maintaining connections to their cultural heritage. In contrast, second-generation immigrants (those born in Canada to immigrant parents) typically experience a different set of cultural negotiations (Schwartz et al., 2013).

Recruitment Strategy

Participants were recruited through purposive sampling. With the approval of the Faculty of Nursing Associate Dean of Undergraduate Programs, recruitment involved sharing an invitation via official Faculty social media channels and direct email communication to undergraduate students. Students interested in participating received a follow-up email including demographic questions and a consent form. In the email, it was clearly specified that the student's responses to the questionnaire and interview were to remain confidential. Additionally, interviews were scheduled after the conclusion of the semester to minimize the risk of perceived coercion or power imbalance related to academic standing.

Given the depth and complexity of phenomenographic interviews, I recruited six participants. This small purposive sample aligns with the goal of depth of understanding across variation, not generalizability to a population. While some scholars recommend a sample size of 15–20 to capture a wide range of variation (Dunkin, 2000; Trigwell, 2000), such a sample was not feasible within the scope of a master's thesis.

Data Collection

Data was collected through six individual, in-depth interviews, which are the primary mode of data collection in phenomenography (Stenfors-Hayes et al., 2013). Interviews were semi-structured and conversational in tone, guided by a small number of open-ended questions to allow participants the freedom to elaborate on their experiences (Hajar, 2020). Each interview lasted approximately 60 minutes and was conducted either in person (n=3) or over Zoom® (n=3), depending on participant preference and availability. All interviews were audio-recorded and transcribed verbatim for analysis. The three Zoom interviews were transcribed using Zoom transcription and the in-person interviews were transcribed using Word audio to text function. All transcripts were checked and edited against the recording. One in-person interview recording

was of poor quality and transcription was incomplete. Notes drawn from my extensive interview notes and post interview reflections were compiled in with this transcript.

Data Analysis

Phenomenographic analysis does not follow a rigid procedure. Instead, it is an interpretive and iterative process aimed at discovering the qualitatively different ways people understand a phenomenon (Barnard et al., 1999; Marton, 1986). Sjöström and Dahlgren (2002) describe this analytic process as consisting of seven key steps: *familiarization*, which involves reading through the transcripts; *compilation* of answers from all respondents and identification of the most significant elements given by each informant; *condensation* or reduction of the individual answers; *grouping* or classification of similar answers; *comparison* of categories; *naming* the categories to emphasize their essence; and, *contrastive comparison* of categories, which describes the unique character of every category as well as the resemblances between categories.

Familiarization: in this research, analysis was undertaken manually and commenced with reading and re-reading the interview transcripts following transcription. *Compilations*: notes were taken and various coloured highlighters were used to identify excerpts and utterances relevant to the topic. These were excerpts from the data that directly spoke to the research question and formed the units of meaning⁵. These units of meaning were first interpreted in the context of their individual interview and condensed onto sticky notes, which were then grouped and considered as part of a *pool of meanings*, or collective data set. Categories were given tentative names and compared for relationships and variation. Quotes and potential quotes were identified for each category and then compared, grouped, and regrouped based on similarities

⁵ Units of meaning or central ideas (coding) (Sims, 2024). These are the building blocks of the categories of description.

and differences in meaning. This led to the formation of *categories of description*, which represent the different ways the phenomenon is experienced. According to Marton (1986), this process is dialectical, requiring the researcher to engage in ongoing comparison and refinement until the core meanings of each category are clearly articulated and distinguishable from one another.

The final *outcome space*⁶ of the analysis presents these categories and the relationships among them, offering a structured visual representation of how self-care is experienced and conceptualized by first-generation immigrant undergraduate nursing students in diverse ways. As Akerlind (2012) explains, the outcome space offers a way to look at collective human experiences in a holistic manner, acknowledging that people may interpret the same phenomenon differently depending on their circumstances. The author further reiterates, that phenomenographic research aims to explore the collective variation in meaning within a sample group by interpreting each individual's account in relation to the group as a whole, emphasizing patterns of similarity and difference rather than individual perspectives in isolation (Akerlind et al., 2005, as cited in Akerlind, 2012, p. 117).

Challenges

As a novice phenomenographic researcher, I faced several challenges as my study evolved. Most were related to conflicting literature consulted regarding either the assumptions of phenomenography or the difference between phenomenography and phenomenology. As mentioned, phenomenography is a flexible and pragmatic approach used across various disciplines. As a results of this, the literature is highly varied, confusing, and at times

⁶ Phenomenographic term that refers to the product of phenomenography, which consists of the ordered or related set of categories of description emerging from the data (Bayuo et al., 2024)

contradictory. For example, while some literature considers phenomenography a subset of phenomenology (Cibangu & Hepworth, 2016), Marton and Booth (1997, p. 117) described phenomenography as no more than a “cousin-by-marriage” of phenomenology. Confusion is also generated from trying to distinguish phenomenography from phenomenology as a philosophy (most often Husserlian phenomenology), while failing to recognize that phenomenology has also developed over the last 40 years.

My experiences as an immigrant undergraduate nursing student underpin my interest in this topic and my suspicion that self-care is conceptualized and experienced in different ways by students. While Marton supports bracketing in phenomenography, the literature has become increasingly fragmented about the place of bracketing in qualitative research. Thus, rather than bracketing, I have endeavoured to remain open to the voice of my participants. I have done this through reflective journalling throughout the research process, conversations with my supervisory committee and continually challenging myself to seek out opposing and diverse views in the data. I also trust that the empathy I shared during my interviews led to meaningful insights from my participants.

Conclusion

This chapter has positioned phenomenography as a pragmatic and flexible research approach that aligns well with the aim of exploring the varied ways first-generation immigrant undergraduate nursing students conceptualize and experience self-care. In keeping with this approach, I have articulated four guiding assumptions that inform the direction of my study, alongside a detailed description of the research design. Together, these elements establish a strong foundation for the next phase: the presentation of findings, where participants’ accounts reveal deeper insights into the variation in their experiences.

Chapter 4: Manuscript Two

Preface

The following excerpts are summaries of the stories of each participant on my study. The inclusion of these stories aims to give context to the answers provided by the participants and therefore, the results of my study. Please, note that these summaries do not do justice to the complexity of their narratives and will not be published as part of manuscript two. To respect participants anonymity, their continent of origin rather than their country of origin is mentioned.

Participant P01

This participant brings a rich and complex personal history shaped by migration, career transition, and queer identity. Originally from South America, he left the country at age 15 (in 2001), to escape the civil war. He was accompanied by his parents and brothers. They lived in the United States as undocumented immigrants before arriving to Canada as refugee claimants. However, they were denied refugee status. During that precarious immigration process, he focused intensely on academic excellence, hoping that by proving to the Government that he could be of benefit to the Canadian society, him and his family could stay. Eventually, they all obtained permanent residency through a humanitarian and compassionate grounds application. These early experiences of uncertainty, adaptation, and resilience influenced his awareness of mental health and self-care.

Prior to entering nursing, P01 had a demanding career in corporate consulting. He left his profession due to toxic work conditions and burnout, attributed to 70-to-80-hour workweeks that left no room for self-care. This decision to study nursing was motivated by a desire to prioritize well-being and engage in work that aligned with his values. He described self-care as a necessity, developed over time and through lived experience. His current understanding of self-care includes physical, emotional, mental, spiritual, social, and financial dimensions. While he makes

counselling a priority activity of self-care, other practices include mindfulness, journaling, yoga, social connection, and physical activity. However, he acknowledges that maintaining these habits becomes more difficult during clinical rotations or high-stress academic periods.

P01 reflected on the absence of explicit discourse around mental health and self-care in his early life. In his country, care was often framed as family centered and practical (e.g., food, sleep, play), or as his mom would say “be safe”, while emotional or psychological well-being was rarely discussed. His experience of cultural adaptation to Canada has included learning to reconcile collectivist family traditions with more individualistic, western self-care models, and having to “catch up” to peers familiar with self-care practices such as yoga and mindfulness. The first time he heard about the concept of self-care was during the time he was doing his masters in 2007, while in Canada. The closest term to self-care he could think of in Spanish would relate to “being safe” or “looking after yourself” in a context of civil instability.

P01’s experience as a queer person adds further complexity to his narrative, and he considers himself to be a double minority: queer and immigrant. Coming out to his family was difficult, particularly within the context of their Catholic upbringing. While in his country, P01 suppressed his identity from trauma associated with the song “El Gran Varón,” which portrays a queer Latin American man who was casted away by his family for being gay, and died alone of AIDS in the 1980s. These intersecting experiences of migration and queer identity have made mental health support essential; he notes that counseling has been transformative, not just for navigating trauma but also for maintaining balance during his nursing education and current divorce. He assumes that, probably, if he was not queer, he would have not needed counselling because he would be a “normal” person.

P01 shared that he is beginning to re-examine his cultural heritage not as something he has outgrown, but as a potential source of healing and care (suggesting that future self-care might mean integrating practices from both cultural worlds). Additionally, P01 advocates for more inclusive pedagogy that incorporates immigrant and refugee voices, not just to validate those students' experiences, but to enrich the cultural competence of the broader student body.

Participant P02

Migrated to Canada from Central America at the age of nine (12 years ago). Her family moved to Canada seeking safety as well as career and study opportunities, which was a decision her parents had contemplated since she was very young. While the participant has no extended family in Canada, they were sponsored by a friend who has since become like family. Her early years in Canada involved major cultural adjustment and language difficulty, despite having attended a British school in her home country and knowing some English. Upon arrival, P02 became self-conscious about her accent and spelling, which cause her to withdraw from social interactions. This retreat sparked a love for reading (a solitary but therapeutic practice that endures today and plays a central role in her self-care routine).

Growing up, P02 experienced two contrasting models of care. In her country, care was communal. She and her twin brother were often looked after her grandmother, uncles and aunts, as well as by live-in help because her mother (a physician) and father (who worked in aviation) were often absent due to long working hours. In Canada, the intimacy of the immediate family became more prominent. Her mother had to requalify as a physician, and the shared experience of studying side-by-side deepened their bond. This shared academic journey allowed for mutual emotional support, especially during stressful moments, and influenced P02's early understanding of emotional resilience. While the term "self-care" was unfamiliar in both her

home country and her early Canadian schooling, P02 encountered it formally in the context of sports and later in nursing school, where it was emphasized as a mental health strategy for managing the emotional demands of the academic workload. When translated to Spanish, P02 explained not being able to think of a direct translation but, self-care would be something along the lines of “learning to love oneself”, “taking care of one’s soul”, “taking care of one’s mind”, “taking care of oneself”.

P02 identifies strongly as a family-oriented individual, and this cultural value continues to shape her identity and well-being. Living alone for the first time in her third year of nursing school caused an increase in anxiety, prompting her to seek medical support, including anxiety medication. This turning point reinforced her belief in the importance of recognizing when help was needed. The participant now practices self-care through mindfulness, yoga, hiking, reading, and maintaining a daily routine, which she sees as both grounding and diagnostic: a disrupted routine often signals emotional distress. She also emphasized the importance of small, consistent habits like making the bed or having breakfast, which helped structure her day and support mental stability.

P02 also highlights the role of cultural identity in shaping self-care by noting that the cultural norms from her home country lacked a clear language for mental health and often framed emotional struggles as personal weaknesses or spiritual failings. This background made it harder to seek psychological help and described the process of unlearning cultural stigma in order to adopt new forms of care. P02 has since come to embrace a bicultural identity (allowing herself to be both Latina and Canadian, Spanish and English-speaking, without feeling the need to suppress either side). COVID-19 further challenged P02’s reliance on family and community, pushing to develop solo self-care strategies. P02 explained that adapting to Canadian norms of

self-care took conscious work, especially in the absence of extended family or community ties that had previously anchored her sense of wellness.

Today, P02 frames self-care as an ongoing, multifaceted process shaped by routine, reflection, and connection, and sees it not as a response to crisis, but as a preventive practice: a “safety net” that helps manage the challenges of nursing school and life. While clinical placements often limit their ability to engage in preferred activities due to time and exhaustion, P02 makes efforts to preserve core habits and sees even brief moments (like a drive home) as opportunities for restoration. P02’s experience highlights the intersections of migration, cultural identity, language, and professional formation in shaping how self-care is understood and enacted. For P02, self-care is deeply personal, grounded in family, and responsive to both cultural context and lived reality.

Participant P03

Migrated to Canada from Asia approximately six years ago (in 2016) after marrying to a Canadian. She entered nursing with a desire to contribute to society and to be useful to others. Though she was aware of the term "self-care" before arriving in Canada, she associates it with the newer cultural trend in her home country of “self-reward” and describes it as an addictive form of indulgent consumption. She clarified that she didn’t know what self-care meant, and that she doesn’t think about it because she has no time to think about it. She notes that in her culture, especially among older generations, there is no direct translation for “self-care.” Feelings of stress were common in her family growing up, and her parents’ frequent verbalizations of their stress made her feel worse, leading her to internalize the belief that talking about one's emotions is unproductive and even harmful to others. As a result, she now avoids discussing her feelings

and believes that since she chose her path to migrate to Canada, she must endure its challenges silently.

P03's upbringing was shaped by the intense academic pressure and competitiveness of her society. As a child, she spent long hours in school followed by after-school tutoring at private academies. In her view, achieving good grades was the goal and served as her primary source of satisfaction. Today, she sees pursuing excellence in her nursing program (particularly earning high grades and a scholarship to ease financial burdens on her husband) as a form of self-care. In this sense, her concept of self-care diverges from Western interpretations that emphasize rest, emotional processing, or therapeutic practices. Instead, for P03, achieving her goals is itself the clearest expression of care for herself and those who support her.

P03's relationship with her family has been difficult. She describes being treated as less important than her older brother (explained that, culturally, female children were less desirable) and recalls moments when her mother dismissed her academic needs, citing stress and finances, even when money was not an issue. These early experiences of feeling disregarded and undervalued led her to adopt a self-reliant, no-complaints approach to hardship. Her emotional self-protection is strong, and she is skeptical of both psychotherapy and social beliefs around self-care (seeing much of it as superficial or commercialized). During COVID, she experienced isolation and racism in Canada, which led to increased loneliness and further withdrawal. However, as restrictions lifted, she felt relief in being able to re-engage with her surroundings.

Despite her guardedness, the interview process itself became a moment of self-reflection for P03. She noted that she appreciated speaking about these topics and learned about herself in doing so. While she remains critical of the possibility to receive additional support from the faculty based on her immigrant status, she acknowledged key barriers to self-care: time, financial

stress, and her struggles with English as a second language. These challenges limit her ability to engage in relaxing activities like baking or driving, which she now avoids because they detract from study time.

Ultimately, P03 states that her understanding of self-care is deeply shaped by her personality and not necessarily something that portrays her culture. She is determined to succeed in nursing on her own terms and hopes to not be a financial burden to her husband. Her story highlights the need to avoid one-size-fits-all definitions of self-care and to recognize how immigrants' views may be shaped not only by culture but also by personal relational stories, migration circumstances, and socio-emotional survival strategies.

Participant P04

Had temporarily migrated from Asia in 2017, to attend high school in Gloden, BC, at the age of 14. Later, in 2019, she migrated permanently with her parents and younger brother to Golden, BC, to fulfill her dream to finish high school and pursue undergraduate education in Canada. P04's family migrated as Temporary Resident Visa holders while awaiting results of their application for Permanent Residency status.

This student was eager to highlight her struggles from before she entered nursing school. There were lots of issues related to her migration process, finances, and how this has affected her mental health. Before migrating, P04 never encountered the term self-care and recalls that life back home was simple and secure because her family owned the land, livestock, and grew their own food, so there was little financial stress. Because daily life already included rest, praying, family time, and shared responsibilities, she never thought of these practices as self-care (they were simply part of living).

Before migrating, P04 described herself as a “straight-A student” who excelled effortlessly in subjects like science and mathematics. Academic success was not only her personal strength but also her primary source of self-worth and family pride. Helping classmates and being recognized as an exceptional student gave her a sense of purpose and stability, particularly amid the disruptions of migration and family separation. After finishing high school in Golden, she took a year off to work and save money to avoid paying triple the cost of tuition fees while waiting for her Canadian Permanent Residency (without a permanent residency status she was classified as an international student). When she began university, however, her sense of identity was shaken as P04 found it difficult to regain her academic rhythm. The loss of focus, coupled with financial pressures of living by herself in a basement in Calgary, deeply affected her at different levels. Once a “straight-A” student, she found herself struggling with lower grades in nursing school, which deeply affected her. She viewed her educational success as repayment for her family’s sacrifices and a way to justify their migration. P04 openly linked her declining grades with a sense of mental and physical deterioration, saying that she could no longer concentrate, no matter how many hours she studied. When asked about her definition of self-care, P04 was specific: “is taking care of your body, because it is the only permanent thing”.

Financial strain, long commutes, lack of rest, and a perceived lack of institutional support compounded her distress. She avoided discussing her distress with her parents to spare them additional worry and debt, which left her increasingly isolated. Since high school, she adopted protective behaviours to not feel unsupported or lonely, such as avoiding making friends to not be the center of judgemental comments. At university, she found support from another immigrant student because “she [the student] understands the feelings” of being immigrant. Attempts to seek help from the university wellness center left her feeling dismissed when she

was directed to online resources instead of receiving the in-person support she sought. P04 explained that obtaining help related to her health in Calgary was limited as she was a BC health care holder.

Her story reveals how self-care for immigrant students is intertwined with resilience, identity reconstruction, and the search for balance amid competing cultural and institutional demands. It also reflects the emotional vulnerability of immigrant students who build their self-concept around achievement but must navigate systemic, financial, and cultural barriers that make sustaining that identity difficult.

Participant P05

Migrated to Canada from Asia in 2011 with her family, although she was born in Africa and left at a very young age (2 years old). Her father, a petroleum engineer, moved the family to Alberta to pursue better educational and life opportunities. English is P05's first language, though she understands some of her ethnic dialect from hearing it at home. Her formative years were spent in Asia, and while she doesn't identify as Arab, she developed a deep respect for faith-based expressions of gratitude and care, which shaped her understanding of self-care in collective and spiritual contexts. According to her, there is no specific term for self-care in her dialect because religion is strongly tied to the language and explains, that using phrases to praise and show gratitude to God is equivalent to the term "self-care".

P05 is a committed and empathetic nursing student who sees self-care not just as a personal practice, but as a valuable and teachable concept. She recalls first encountering the language of "self-care" around 2015-2016 through social media, which introduced ideas like burnout, work-life balance, and the need to preserve one's emotional and social battery. These insights resonated with her, and she now advocates for self-care among peers. For P05, self-care

includes physical activity, journaling, spiritual grounding, and social connection, and also emphasizes the importance of setting boundaries and creating mental space to reflect and recharge.

While she is deeply reflective and emotionally aware, P05 faces structural and cultural challenges within her academic and clinical environments. She expresses feeling isolated at times (both due to the low representation of first-generation Black immigrant students in her nursing program and due to a lack of culturally relevant support systems). She perceives some faculty support services as disconnected from her lived experience, especially when delivered by individuals who don't share her background. This dynamic has led her to rely more heavily on family support and informal peer networks where she can find emotional and cultural validation. In the clinical setting, P05 has experienced stress, horizontal violence, and subtle forms of undermining (particularly when her role as a novice student was questioned by staff or patients).

P05 identifies time constraints and burnout as key barriers to consistent self-care. Yet she remains resilient and hopeful, recognizing that self-care evolves with maturity and experience. She advocates for more inclusive faculty practices, greater student agency in clinical placements, and the presence of culturally aware advisors or "cultural brokers" to bridge understanding between students and institutions. For P05, self-care is not only personal but relational, cultural, and deeply tied to one's sense of worth and belonging in academic and professional spaces.

Participant P06

Migrated to Canada from Asia ten years ago (in 2012). As an only child, P06 lives with his grandparents while his father works in various cities and often overseas. This arrangement has placed P06 in a mature role early on because he frequently serves as a caretaker and language broker for his grandparents, whose English is limited. P06 helps coordinate medical

appointments and transportation for them, as well as translates and completes various medical forms.

In recent years, P06's family life was marked by hardship and loss. P06's mother died from a terminal illness about seven months prior to this interview. During her illness, P06 stepped up as the primary caregiver, all while finishing high school. He recalls how chaotic it became "when I was caring for my mom... as her primary caregiver," balancing schoolwork with managing her medications and palliative hospice visits. This intense experience of caregiving and navigating the health care system had a profound impact. P06 explains that advocating for his mother during this time was the reason he decided to pursue nursing education: to continue caring for others and to improve the kind of support patients and families receive. During his last years of high school, P06 engaged in volunteer and work opportunities that involved providing community and personal support, as well as serving people experiencing systemic vulnerabilities like homelessness and addiction. The period surrounding his mother's terminal diagnosis was emotionally complex; P06 admits feeling a natural guilt, as I "wasn't very close with my mom" before her condition worsened. Family dynamics were strained as P06 witnessed frequent conflicts within the household with "mom in the middle of it," which added stress to an already difficult time.

A couple of months following his mother's death, P06 immersed himself in work and volunteering, taking on a full-time summer job at a harm reduction organization while also training as a crisis-line volunteer, all on top of organizing a large community event. At one-point P06 was averaging a 70-hour work week, a pace he acknowledged was an attempt to "turn the energy of grief into doing something else". Helping others during that time was a coping mechanism for his own loss. In retrospect, P06 realizes that he largely neglected taking care of

himself by working even through weekends without rest. The strain eventually caught up to him as P06 became exhausted to the point of endangering his health and noticed signs of burnout. He was exhausted and emotionally drained from absorbing others' trauma from distress line calls and grieving the death of clients he would encounter in outreach. These warning signs forced P06 to recognize the importance of self-care to sustain his ability to help others.

Interestingly, P06's understanding of self-care has evolved only recently, shaped by both cultural background and personal experiences. In P06's household, the concept of "self-care" was essentially absent: family members never explicitly discussed caring for one's own emotional wellbeing. P06 first heard the term self-care only in 2021, when he began seeing a grief counselor after his mother's death. Initially, P06 sought help not for his own sake, but to find practical support for the family such as social work resources, and financial resources to cope with mounting expenses because he came from a low-income family. Once he started grief counseling sessions, P06 realized that that was the first thing he ever did to take care of his wellbeing. Hearing the words "self-care" and understanding them in this context was a turning point. However, bringing this concept into P06's family context had its challenges. Because P06 was 17 at the time, he needed parental consent to attend counseling and felt afraid of how his father might react. Mental health support can carry stigma in some traditional Asian families, but P06 described his family as more "liberal, westernized" than most, and indeed his father was accepting of the idea. Even so, P06's father didn't fully grasp the depth of what he was going through, and his initial attitude was a one-dimensional "you're a kid... just worry about school, don't worry about this" kind of response. In other words, while he permitted counseling, he saw P06's distress as something that could be shrugged off or solved by simple relaxation, not recognizing the complexity of grief and burnout that P06 felt.

Navigating between cultures, P06 is aware of how differently generations understand self-care. For example, P06 says that his grandparents have “literally one definition” of self-care: sleep. If P06 is up late unwinding after studying, his grandmother will urge him to “go to sleep right now,” equating rest with the cure for any fatigue. P06 acknowledges that sleep is important, but he also sees self-care in broader terms than his grandparents do. In his view, self-care is not about doing X, Y, Z activities, but to engage in practices that helps him reach a mental space of wellness.

Today, as a young nursing student, P06 is striving to integrate self-care into his life, despite some difficulties. Time is limited, especially since P06 continues to help care for his grandparents at home. Financial pressures persist as well, which means P06 feels the need to keep working and stay productive. These factors can become barriers to self-care, yet P06 is much more conscious now of the importance of maintaining his own wellness. He has begun to set boundaries on how much he can “commit outside of school” to protect his academic performance and his mental health. Importantly, P06 has learned to seek support when needed. Since he doesn’t typically share vulnerable feelings with family members (it “isn’t something we do,” P06 says of discussing emotions with grandparents), he instead turns to friends, support groups, and professionals as outlets. Also, P06 finds it helpful to talk and “debrief” with peers or counselors about stressful experiences from work. P06 exhibits a growing self-awareness: from an immigrant child carrying family responsibilities, to a teen caring for a dying parent, to a volunteer and outreach worker, and now a reflective nursing student, has taught him the value of caring for himself as deeply as he cares for others. With empathy and determination, P06 is learning to thrive in his studies and future nursing career while also healing and growing from his past experiences.

Manuscript Two

Title: How is Self-Care Conceptualized and Experienced by Immigrant Undergraduate Nursing Students: A Phenomenographic Research Study

Subtitle: Self-care and Immigrant Undergraduate Nursing Students

Authors: Margarita Gil
Supervisory Committee

Keywords: self-care, undergraduate immigrant nursing students, phenomenography

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ABSTRACT

Background: Given the additional layers of cultural and migration-related experiences that immigrant undergraduate nursing students navigate, it is increasingly important to explore how these students conceptualize and experience self-care. Understanding their diverse perspectives can inform more responsive and supportive approaches to self-care within nursing education.

Objective: To explore how first-generation immigrant undergraduate nursing students conceptualize and experience self-care.

Methods: This qualitative study employed phenomenography as research approach based on the works of Marton and Booth (1997). Six first-generation immigrant undergraduate nursing students participated. Data was collected through semi-structured interviews, then analysed to identify *categories of description*.

Results: The study led to six categories of description indicative of the qualitatively different ways self-care is conceptualized and understood by first-generation immigrant nursing students. The six categories of description were categorized as conceptual categories (self-care as unknown, self-care as interdependency, self-care as becoming, and self-care as personal) and mediating categories (self-care through aspects of migration, and time and finances).

Conclusion: This study found that self-care among first-generation immigrant undergraduate nursing students was individually defined and influenced by dynamic and context-dependent processes shaped by pre-migration and migration experiences, culture, language, identity development, and access to time and financial resources. Therefore, there is a need for nursing education to adopt culturally responsive and flexible approaches to conceptualizations of self-care that reflect the diverse realities of immigrant students.

Introduction

The academic experience of nursing students is often marked by rigorous coursework, emotionally and physically demanding clinical placements, and the pressure to excel both theoretically and practically. These demands are frequently compounded by personal responsibilities, including part-time employment and efforts to maintain a work-life balance (Chow & Kalischuk, 2008; Crary, 2013; Flaherty, 2001; Littlejohn, 2005), with many students reporting difficulties in consistently engaging in self-care practices (Ashcraft & Gatto, 2015; Chow & Kalischuk, 2008; Crary, 2013; Jimenez et al., 2010; Nevins & Sherman, 2016; Pulido-Martos et al., 2012; Reeve et al., 2013). As a result, undergraduate nursing students across several countries have been found to experience elevated levels of anxiety and stress related to both academic and personal life demands (Reeve et al., 2013; Richardson et al., 2017; Jenkins et al., 2019).

These challenges have prompted growing interest in the role of self-care practices in promoting well-being within this population (Ashcraft & Gatto, 2018; Nevins et al., 2019; Snyder, 2020). In response, nursing programs have increasingly recognized the need to explore and promote self-care among students, with research highlighting positive outcomes such as enhanced academic performance, improved well-being, better patient care, and greater satisfaction within the profession (Ashcraft & Gatto, 2018; Enns et al., 2018; Nevins et al., 2019; Richards, 2013). While these efforts are encouraging, effective integration of self-care strategies into nursing education requires a nuanced understanding of how students themselves conceptualize self-care. Existing literature tends to conceptualize self-care in broad terms and offers limited insight into how specific subgroups, such as immigrant students, understand and

experience self-care. This raises questions about whose perspectives are represented in current understandings of self-care within nursing education.

Jenkins et al. (2019) define self-care as “a concept that may encompass a wide range of activities and practices undertaken to reduce stress, promote well-being, and cope with challenges” (p. 14), acknowledging the variability in individual interpretations. Certainly, undergraduate nursing students have described self-care as encompassing spiritual, emotional, and physical domains through practices such as mindfulness, meditation, yoga, aromatherapy, and therapeutic touch (Blum, 2014; Clark & Pelicci, 2011; Drew et al., 2016; Hutchinson & Janiszewski Goodin, 2013), alongside behaviors like physical exercise, healthy eating, and adequate sleep (Ashcraft & Gatto, 2018; Younas, 2017), with some of these practices being embedded into classroom settings.

However, there is growing recognition that structured, or institutionally prescribed self-care activities do not benefit all students equally. Some students report increased stress when self-care practices are made compulsory or when wellness is framed as an ethical obligation linked to professional competence (Slemon et al., 2021; Van Dam et al., 2018). These unintended consequences may be a burden for students already navigating the complex realities of migration and cultural adaptation.

In this context, it becomes important to attend to the perspectives of immigrant undergraduate nursing students because assuming uniformity in self-care practices risks overlooking the diverse ways students understand and engage with the concept. Exploring how these students conceptualize, and experience self-care can help surface underrepresented viewpoints, broaden our understanding of self-care in nursing education, and contribute to more inclusive and effective support strategies.

Background

The conceptualization of self-care by undergraduate nursing students remains broad and does not specify if the views of minority groups, such as immigrant students, have contributed to the understanding of this concept. Statistics Canada (2023, para. 1) defines an immigrant as “a person who is, or who has ever been, a landed immigrant or permanent resident. Such a person has been granted the right to live in Canada permanently by immigration authorities. Immigrants who have obtained Canadian citizenship by naturalization are included in this group”. First-generation immigrants then, are persons who were born outside of Canada and who, for the most part, are now, or once were, immigrants to Canada (Statistics Canada, 2016).

Although migration circumstances differ (where some people are drawn to a new country by opportunity, whereas others must flee difficult conditions) those able to plan often leave with some preparation, while others depart with little warning. Regardless, immigrants give up both tangible possessions and emotional attachments, and the resulting sense of loss can be momentary or long-lasting, influenced by many personal and situational factors (Bhugra et al., 2011). In addition, relocation often affects the extensive social and emotional networks immigrants cultivated in their home countries, with newcomers often finding few equivalent supports in their new setting.

Furthermore, Bhugra et al. (2011) explain that adjustment experiences also differ across cultural groups, with those sharing common cultural features with the host society (cultural congruity) typically facing different challenges than groups with fewer similarities. Although, individual experiences differ, for newcomers, the process of migration and resettlement heighten the probability of experiencing stress due to factors like unemployment, poverty, lack of access, cultural bereavement (grief from the loss of cultural values), and culture shock (Beiser, 2005;

Bhugra et al., 2011). Therefore, there is a risk that for first-generation immigrant nursing students, these challenges can intensify the recognized stressors associated with undergraduate nursing studies.

Moreover, supporting first-generation immigrant students early in their nursing education, by understanding how they make sense of and engage with self-care, can potentially enhance their learning experience, promote well-being, and contribute to retention and program completion. Subsequently, the broader issue of equity and representation in the healthcare system can be addressed through increased representation of immigrants in the nursing workforce contributing to improved culturally responsive care (Evans, 2013; Ferrel et al., 2016). The significance of a healthcare workforce that reflects the diversity of the population it serves results in improved access to care and health outcomes for minority patients when providers share similar cultural or linguistic backgrounds (Brach & Fraserirector, 2000; Flores & Coombs, 2013; Gathers, 2003; Iganski et al., 2001; Smedley et al., 2003; Premji & Etowa, 2014).

First-generation immigrant students may encounter challenges such as adjusting to a new cultural context, managing academic demands in an additional language, or experiencing exclusion and discrimination (Donnelly et al., 2009; Schwartz et al., 2013; Wolfgramm et al., 2014). Yet, existing literature on self-care in undergraduate nursing education often overlooks these experiences and does not account for how minority groups, such as immigrant students, contribute or shape prevailing understandings of self-care. Therefore, greater understanding of the nuances of self-care within first-generation immigrant nursing students is central to recognizing the complexity of this concept.

Research Approach

The research approach of phenomenography was chosen to explore the qualitatively different ways in which first-generation immigrant undergraduate nursing students conceptualize and experience self-care. Developed in Sweden with the work of Ference Marton and his colleagues at the University of Gothenburg in the late 1970s, phenomenography emerged within the field of educational research as a pragmatic approach to inquiry about teaching and learning (Marton, 1986, as cited in Whitfield et al., 2023, p. 3).

Phenomenography does not prescribe a single protocol for collecting or analyzing data. Instead, it offers a flexible analytical lens that prioritises the *conceptual* mapping of variation (Bayuo et al., 2024; Yates et al., 2012). Despite diverse applications, scholars agree that its core aim is to reveal qualitative differences in how people understand a given phenomenon (Sims, 2024; Sjöström & Dahlgren, 2002).

Phenomenography rests on several key assumptions. First, individuals interpret the world in distinct ways shaped by personal, social, and cultural contexts, thus, these differences provide valuable insight into the topic under study (Stewart, n.d.). Second, those varied experiences can be grouped and organized into a set of categories that represent collective understandings rather than isolated personal stories (Marton & Booth, 1997). Individuals, therefore, contribute fragments of conceptions of a phenomenon (Beaulieu, 2017; Stewart, n.d.). Third, exploring such variation deepens comprehension of how people make sense of the world around them, rather than signalling a problem to be resolved (Beaulieu, 2017; Stewart, n.d.). Finally, the resulting insights can guide practice and help tailor interventions to different groups (Stewart, n.d.)

By foregrounding a spectrum of meaning, phenomenography has powerful implications for education. By uncovering how different first-generation immigrant students conceptualize

self-care, this study provides evidence of variation in experiences that may otherwise be overlooked in homogenized health promotion strategies.

Research Participants

This study drew on a sample of six first-generation immigrant students enrolled at a Canadian Bachelor of Nursing programme who were willing to discuss their self-care experiences. This modest, purposefully chosen cohort enabled a rich exploration of conceptual variation without aiming for population-level generalisability. Although some scholars recommend samples of 15–20 to capture a wider range of variation (Dunkin, 2000; Trigwell, 2000), such numbers exceeded the practical limits of this master’s study.

According to Statistics Canada (2016), an *immigrant* is defined as “a person who is, or who has ever been, a landed immigrant or permanent resident.” *First-generation* refers to individuals born outside of Canada who have since immigrated (Statistics Canada, 2016). This population of students were chosen because they often navigate the demands of integrating and adapting to their host country while still preserving ties to their original cultural heritage. Their situation differs from that of second-generation immigrant students (Canadian-born children of immigrants) whose cultural negotiations typically follow a different trajectory (Schwartz et al., 2013).

Recruitment Strategy

Participants were recruited through purposive sampling. After obtaining approval from the Associate Dean (Undergraduate Programs) in the Faculty of Nursing, an invitation was disseminated through the faculty’s official social-media platforms and a direct email to all undergraduate nursing students. Students interested in participating received a follow-up email including demographic questions and a consent form, with explicit assurances that their survey

answers and interview comments would remain confidential. Interviews were scheduled after the conclusion of the semester to minimize the risk of perceived coercion or power imbalance related to academic standing.

Data Collection

Data was gathered through six individual, in-depth interviews, which are the primary mode of data collection in phenomenography (Stenfors-Hayes et al., 2013). Semi-structured interviews in a conversational format, guided by a small number of open-ended questions encouraged participants the freedom to elaborate on their experiences (Hajar, 2020). Each interview lasted approximately 60 minutes and was conducted either in person (n=3) or over Zoom® (n=3), according to participant preference. All interviews were audio-recorded and transcribed verbatim for analysis: the three Zoom interviews were transcribed using Zoom® transcription, and the in-person interviews were transcribed using Word® audio to text function. All transcripts were checked and edited against the recording. One in-person interview recording was of poor quality and transcription was incomplete. For that case, the verbatim transcript was supplemented with detailed field notes and post-interview reflections.

Data Analysis

The interviews were examined through an iterative, interpretive phenomenographic process (Barnard et al., 1999; Marton, 1986;). Analytical guidance was drawn from the works of Marton and Booth (1997) and Sjöström and Dahlgren (2002). First, the transcripts were read multiple times to establish familiarity with the data. Then, notes were taken and various coloured highlighters were used to identify excerpts and utterances relevant to the topic. These excerpts from the data that directly related to the research question formed the units of meaning⁷. Each

⁷ Units of meaning or central ideas (coding) (Sims, 2024). These are the building blocks of the categories of description.

unit was first interpreted within the context of its own interview, then transferred onto sticky notes and added to a pool of meanings, or collective data set known as categories of description⁸ in phenomenography. Categories of description were given tentative names and compared for relationships and variation. Quotes and potential quotes were identified for each category and then compared, grouped, and regrouped based on similarities and differences in meaning. This continual reshuffling and dialogue with the data proceeded until the core meanings of each category were clearly articulated and distinguishable from one another (Marton, 1986). The final *outcome space*⁹ of the analysis (see Figure 1) presents these categories and the relationships among them, offering a structured visual representation of how self-care is experienced by immigrant nursing students in diverse ways.

Ethics

This study received ethics approval from the Conjoint Health Research Ethics Board at the University (Research Ethics Board number REB22-0298).

Results

Results of this study led to six categories of description that reflected how the students' conceptualized and experienced self-care. Out of the six categories, four were identified as conceptual categories and two as mediating categories. The conceptual categories were *self-care as unknown*, *self-care as interdependency*, *self-care as becoming*, and *self-care as personal*. The two mediating categories were *self-care through aspects of migration*, and *time and finances*.

The conceptual categories and mediating categories, as a group, form the outcome space (Figure 1). Our results reflect a temporal relationship within the mediating category of

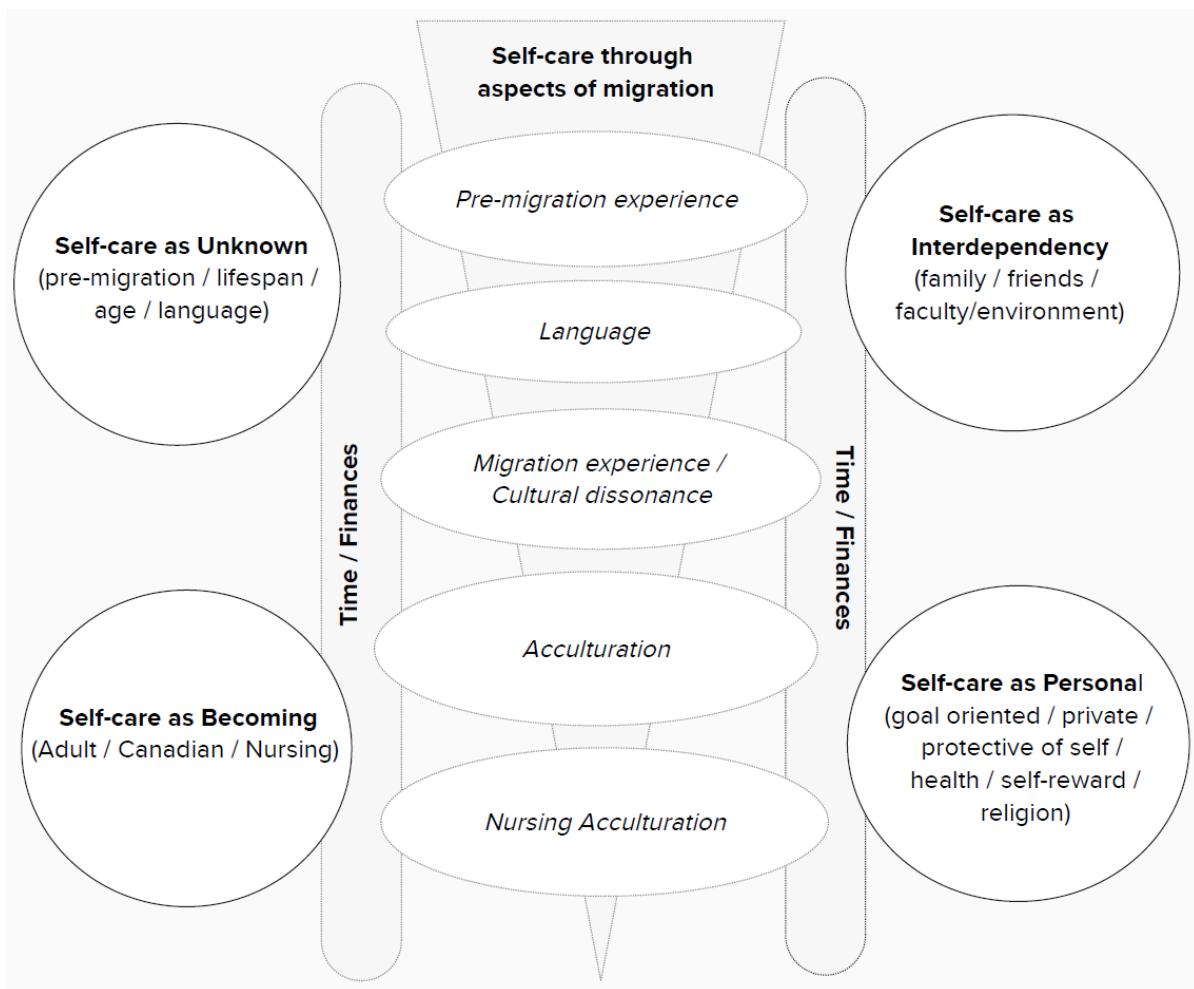
⁸ Categories of description represent how the phenomenon is experienced (Marton and Booth, 1997).

⁹ Phenomenographic term that refers to the product of phenomenography, which consists of the ordered or related set of categories of description emerging from the data (Bayuo et al., 2024).

description *self-care through aspects of migration*. The other mediating category of description, *time/finances*, runs parallel to *self-care through aspects of migration* as a bridge that links the four conceptual categories of description: *self-care as unknown*, *self-care as interdependency*, *self-care as becoming*, and *self-care as personal*.

Figure 1

The Outcome Space- Immigrant Nursing Students' Collective Understanding of Self-Care



Conceptual Categories of Description

1. Self-care as Unknown

This category of description highlights self-care as an unknown concept for the participants before migrating from their countries of origin. The data from the interviews revealed that the initial lack of awareness of the term self-care was related to aspects of pre-migration experience, lifespan, age, and language. For example, for some students, the term self-care was not known prior to migrating out of their country. When asked about their first encounter with the term self-care, one participant responded “for sure not back home, because I was not in that stress that I needed self-care... I was a free person. When I came to Canada, I realized that in Canada everything works on money. We don’t have to worry about milk (pause) we don’t have to worry about (pause)... because we have our own land, own wheat, and then we have cows at home (pause), no worry about the rents and stuff.” (P4). Another participant shared: “I guess self-care would have been things like health care... like, are you eating properly? Are you sleeping properly? Type of thing.... But not something that gets talked about: what are you doing with your mental health? Mental health is not even a thing back there... or, I never heard of it before, at least” (P1). It became evident that language played an important role in the conception of self-care, and most students confirmed they were not aware of the concept of self-care before migrating to Canada: “I was really overwhelmed, and I reached out to counselling services at McGill University. That was the first time I started hearing ‘what are you doing for self-care?’ and I’m like, I don’t even know what that is... how do I even self-care?” (P1). “I think the first time I ever heard it [self-care] was maybe later in high school.... Like taking care of yourself after a game... like, after feeling super tired you have to relax yourself down” (P2). In addition, most participants had migrated out of their countries at an early age, which made them reflect on the fact that self-care could have been embedded in their day-to-day activities

and behaviours without the need to refer to it with a specific term: "... it's like you do it naturally, organically [pause] your mom might have to remind you to take care of yourself but then you just go out and play, or play video games..." (P1). "I didn't know what (self-care) was. I guess, because you are young... I'm trying to picture it because I don't have the same problems that I do now" (P2). "Yeah, (back home) everything was self-care: getting a head massage from my grandma on Sunday is a part of self-care too" (P4).

2. Self-care as Interdependency

This category focuses on self-care as an interdependent endeavour. For some participants, self-care is portrayed in relation to bonds with family and friends, and are influenced by cultural identity: "the best memories I had that actually brought me a lot of joy, is that [pause] I am a big family person" , "... part of my self-care would definitely be being around what I consider my family, which is, everyone really: my grandmother, my cousins, my uncles." (P2). In contrast, for another participant, whose family ties were not close, self-care had limited relevance. The student shared that "talking about your stress and your emotions is not good for anybody" (P3) as she grew up seeing that talking about one's stress, stressed the rest of the family. Additionally, physical environments as well as the Faculty of Nursing were identified as contributors of such interdependency. For one participant, who lives on their own, sitting in the same spot at the campus library brings her comfort as it provided a sense of familiarity "... I spotted a chair, and just wanted to sit there [pause], I also wished there is nobody sitting there, and I just want the same spot. Being on the same space feels like is your own space" (P4). Finally, in terms of how faculty members could support engagement in self-care, participants shared that building rapport with students would be beneficial: "... and while that's not going to reduce the workload, that could reduce the feeling of overwhelming burden in particular" (P6) ,

and that the faculty should involve more “cultural brokerage...trying to understand the students’ worldview rather than taking things at face-value... trying to advocate for the students” (P5). A more practical suggestion to have faculty scheduled courses like yoga or meditation were identified as beneficial (P4). However, in contrast, one participant believed that the faculty should not be held accountable to support self-care needs of immigrant students. In her view, it was her choice to come into nursing, therefore, she needed to be challenged as any other student and not be treated less strictly because she is an immigrant (P3).

3. Self-care as Becoming

This category highlights the participants’ views on self-care within the process of their developing identity as an adult, nursing student, and/or Canadian. One participant who became the advocate and main caregiver for their mother and grandparents, shared that at their job as a community outreach worker “people see me as a person who can help others but, I have to realize I have to let myself to be helped by other people as well... Because I picked up on a lot of different responsibilities for family from an early age, I guess, that kind of carried over. And now with the work that I am doing I cannot show any signs of indecisiveness or emotions at the moment of crisis, just because of priorities that I have to go through. So, I’ve been kind of very ingrained in the mindset (to not show vulnerability)” (P6). Moreover, participants addressed the disconnect between the rhetoric of self-care and the reality of nursing practice “... since we are entering a helping profession and is a very demanding academic career, self-care is like absolutely a priority. And we say is an absolute priority but, do we practice it in reality?” (P6) and also voiced barriers to self-care within the role of a nursing student: “when I go into crazy term five [the students’ first exposure to acute care practicums], and do all the stuff that we are supposed to do, that (self-care) sort of takes a back seat because now I have to focus on my

marks and school work, and group work, and well... all the stuff that you're supposed to do for nursing school. And it (self-care) automatically doesn't become a priority" (P1); "(in clinical) you can have a difficult interaction (with a patient), and you obviously have to be respectful and maintain professionalism. But it is difficult. So, I guess it contributes to your self-care, because you are spending more time trying to counter something you heard rather than just focusing on yourself" (P5). For another participant, being an immigrant influenced the perception of self-care in terms of the dualism of identity "who you perceive yourself to be is really important to how you're gonna do self-care. At least in my story, I feel like I had many times where I didn't know how to perceive myself... I almost stopped speaking Spanish because I did not want to have an accent in English, and then someone told me I had an accent in Spanish so, I started speaking Spanish more. It was stressing me out. It feels like you are losing your background, but you also feel different than being a Canadian, and I feel like that affected self-care, because.... How are you supposed to know what calms you down when you don't know who you are?" (P2).

4. Self-care as Personal

This category is closely associated to the category of *self-care as becoming*, as it relates to the process of the changing self in the world. In this category of description, the relevance of studying self-care at an individual level, rather than at a homogenized approach, becomes evident. Topics like being goal oriented, private and protective of self, views on health and self-reward, and the role of religion were identified as participants shared their meaning of self-care. For some participants, self-care means acting towards their goals in unorthodox ways: "... I don't need to necessarily have to complete x, y, z list of things to qualify as self-care. So... for me self-care could be just doing homework and not working, which will be relieving a lot of stress mentally, so that I could be prepared for further content [pause] which, I think it's quite

unique in that sense” (P6); an example given was a self-compassion plan which, consisted in a list of do’s and don’ts around how much to be able to commit outside school (volunteer and paid work) while maintaining academic workload, good grades, and remaining restful (P6). Another participant explained that she cannot engage in things she loves doing, like baking and driving, because she does not have time for it. In her experience, it becomes counterproductive because it takes time away from studying, which makes her anxious and causes her stress. She clarified that focusing on her studies and her goals and, doing everything that needs to be done to reach that goal, is a way of engaging in self-care (P3). Alongside this perception, the participant explains that she sees self-care as a concept that is influenced by her personality and not necessarily portrays her culture (P3). Moreover, self-care had become a popular term within the younger generations of her country and, although there is no specific word to translate the term, it is linked to self-reward. This self-rewarding concept, in her view, was generating addiction-like behaviours in younger people such as frenzied shopping. Furthermore, she shares that a way to engage in self-care for her means to study hard towards good grades to win a scholarship so she can ease the burden of financial expenses. Therefore, getting good grades is her reward (P3). Participants expressed views on self-care in terms of health: “work on your body is the main point, because this is permanent but nothing else is permanent” (P4), “I think self-care should happen even when you are not stressed. It’s like a prevention method, a safety net to help you not get anxious” (P2)”, “I think for me, if my mental space is well at the end of the day, and throughout the day... whether or not I went to work, whether or not I went to school, whether or not I studied” (P5). For some participants religion played a role in self-care as well “Religion is really the self-care... like, by God’s grace, you can’t just move through thinking it’s all by your own will” (P5), “if I talk about my culture and my religion, everything is self-care. We pray,

right? So, it's a self-care as well" (P4). Lastly, self-care was also approached as a private and protective element "I think (self-care) has to do with setting boundaries, and how well you feel your boundaries are respected, and how well you are able to uphold your boundaries" (P5), "practicing self-care should not be overly influenced by whatever content that you are consuming. It is important to have realistic expectations of however you're gonna practice self-care" (P5), "I'm very protective of my time" (P5), "there is no time to complain because whatever happens in my life is because I chose to do it, so I have to deal with it" (P3).

The four conceptual categories reveal how immigrant nursing students construct varied understanding of self-care. Self-care as unknown reflects that most participants were unfamiliar with the term or concept before migration. Self-care as personal shows an individualized and evolving practice shaped by students' goals, personality, faith, and boundaries. Self-care as becoming captures how students' understanding of self-care evolves alongside their developing identities as adults, Canadians, and nursing professionals. And, lastly, self-care as interdependency emphasizes the relational nature of care.

Mediating Categories of Description

1. Self-care Through Aspects of Migration

The results reflect a temporal relationship within the mediating category of description of *self-care through aspects of migration*. This relationship reveals a flow of aspects within the process of migration, rather than portraying hierarchical levels of importance. Such aspects include pre-migration experience, language, migration experience/cultural dissonance, acculturation, and nursing acculturation. Some of the aspects within the process of migration can be linked to the four conceptual categories of description already mentioned above.

Pre-migration Experience. Students reflected on their life back home and how family ties, everyday activities, age, and language influenced their understanding or perception of self-care. Hence, a relationship between pre-migration experience and the conceptual category of description *self-care as unknown* can be identified: “(back home) I never heard the term self-care, but they (parents) do talk about relaxing... They (parents) really encouraged us to relax when we could, and to talk about what we were feeling instead of holding down. But they never mentioned therapy or counselling because they didn’t grow up with it either” (P2). Another participant shared seeing her parents work many hours a week with only three days of vacation a year, which meant that there was no time to stop and look after themselves (P3).

The relationship between pre-migration experience with the category of description of *self-care as interdependency* was reflected in the family bonds “...I’m a big family person... I see my family as a big part of my self-care.” (P2). On a different connotation, for one participant, there was the expectation to understand how stressed the life of her parents was, which made her feel that nobody cared about her needs. Therefore, relying on others was not viewed as a relevant approach to self-care (P3). The latter example also shows a link to *self-care as personal* since it shows that there are unique ways to confront hardships, such as adopting this position: “there is no time to complain because whatever happens in my life is because I chose to do it, so I have to deal with it” (P3).

Language. The factor of language is a mediator of *self-care as unknown* since none of the students were able to translate the term self-care directly into their primary language. Some students identified close-enough words in their language that meant “more or less like self-love” (P6), “learning to love oneself, taking care of one’s soul, taking care of ones’ mind, taking care of oneself” (P2). A participant translated self-care within the social context of their country of

origin where civil instability is prominent “be safe, look after oneself” (P1). Another participant was aware of the term in English while back home, however stated not knowing what it meant and rather, called it a foreign concept and a trendy term related to self-reward. (P3). From another perspective, having a language barrier pushed a participant to develop a long-lasting love for reading, which she identified as a self-care activity “having a language barrier made me really self-conscious, made me not wanting to speak to people. That’s actually how I got into reading” (P2), and this example can be linked to the category of description *self-care as becoming*.

Migration Experience and Cultural Dissonance. Diverse experiences of migration and encounters with cultural dissonance shaped meanings about self-care. For some students, hardships initiated their first encounter with self-care: “I found myself really overwhelmed, and I didn’t really know how to deal with it... I reached out to counselling services. I started doing a little bit of yoga and that was sort of my introduction into self-care” (P1). Some of those hardships resulted in dissimilar conceptions of self-care “I can’t say making (Canadian) friends is a part of self-care. Maybe sometimes you need them, and they are not free”, “I made “J” my friend because she is international as well and she can understand the feeling” (P4). Additionally, for some participants cultural dissonance affected their quest for support with self-care: “I feel my cultural background kind of stopped me from getting a bit of help for a while until I had to really listen to other people because, it’s really different there (back home). I actually had to step back of what I was taught in my cultural background, to get where I am now” (P2), or made them reflect on their current way of engaging in self-care “(back home) we had our own ways of taking care of ourselves... It’s family oriented... we’re tight, we are close, we support each other. And me doing my own thing seemed a little bit foreign. But that’s the North American way... is

doing your own things... very individual” (P1). For other participants, on-campus institutional resources felt culturally distant or inadequate for their needs: “they’re just giving me the websites. Why would I look at a website when I feel I want to talk to someone?” (P4), “it’s easier to discuss challenges and come up with solutions with people who understand what the challenge is (referring to cultural similarity)” (P5). These experiences can be linked to the categories of description of *self-care as unknown*, *self-care as interdependency*, and *self-care as becoming*.

Acculturation. this factor speaks to the transformation of the meaning of self-care as the participants adopt to their host country, and can be linked to the categories of description of *self-care as interdependency*, *self-care as becoming*, and *self-care as personal*: One participant shared “self-care was a bit of a challenge... my mom specially, she is very rooted in tradition and in religion... (for her) self-care is ‘let’s pray’ and that’s not me anymore . I’ve transitioned out of that... and I am more straddling the North American way of self-care” (P1) at the same time, the participant reflects on “I am very dismissive about everything my mom tells me to do because I’m like ‘no, I know better’... but I wonder if I can take the things that I’ve learned here and fill the gaps or improve with things I can bring from home” (P1). Another participant shared about the challenge of self-perception and identity as a new immigrant “...as I grew older, I kind of realized that I could be more than one thing at once... that I could be a Canadian and Latina and speak in Spanish and English. Not worrying about labels really helped me with self-care” (P2). For a participant, lack of cultural representation influenced her self-care practices: “support was available from Caucasian females... I felt really hard to relate to people... Now I had to go find my preferred support, so it was easy to put it on the back burner. I wasn’t using the supports the school provided because they weren’t just as useful (compared to having family a phone call away)” (P5). In contrast, for another student, the ability to have counselling services within the

faculty was appreciated since counselling was a practice this student engaged in post-migration and found very helpful (P1). One participant reflected on the hardships of fitting in and shared “... (in high school) I used to stay away from friends. I don’t want them to judge me for any reason” (P4).

Nursing Acculturation. As the students progressed into their nursing school, it was noted that the language they used to describe self-care became more wide-ranging and geared towards mental health (except for one student who was aware of the aspect of mental health related to his personal experience). The following excerpts can be related to the categories of description of *self-care as becoming*, and *self-care as personal*: “I’ve seen that there is this evolution of self-care from taking care of your body, taking your medicine, you go to the doctor, you eat well...I think that self-care now really means mental health” (P1), “Now, self-care means taking care of all the different parts of myself ...the health of my mind... the spiritual piece... the emotional health... the social aspects... and the finances.” (P1), “now that I know more about what it means, I think self-care would be more about reflection and mindfulness.” (P2)

2. Time and Finances

This mediating category of description runs parallel to *self-care through aspects of migration* to show that time and finances appeared to be a constant factor influencing self-care in various ways and through the four conceptual categories of description: For some, time was reflected in their course load and nursing education: When asked about engaging in self-care during clinical days, some participants shared “Lack of time is a big barrier (to self-care)... because there is always staffing considerations... if you are responsible for more patients one day than you should be, that contributes to burnout” (P5); another responded “uff... not really. I think the main reason is that there is no time. When I was in clinical, we ended up having four

patients because it was super understaffed in our unit” (P2). Additionally, time was highlighted as a limited resource “I think I will need more time to study [pause] I think the day should have 27 hours” (P4), “I wish I had 40 hours a day instead of 24. Or duplicate myself, you know? I am very protective of my time” (P6). From the migration perspective, time was relevant at highlighting different challenges for participants that migrated at a more recent date and were improving their language proficiency: “I don’t know what self-care is... I don’t think about it because I have no time to think about it. I need to focus on my studies” (P3), “I always wanted to go to the gym, but I have exams every week... and the assignments, if I miss a class I lose marks. And, in class they rush too much... it seems like they are rushing through the slides, and we could get nothing out of it. I feel like I’m sitting blank and coming back blank... and that is hurting me a lot. All I was known for was (being) a straight A student, not a 60% score” (P4).

Finances also stood out as a factor influencing self-care. During the process of settlement, some participants faced financial constraints that limited the options to engage in self-care: “At the time (of migrating) I didn’t know how much was involved in self-care...I was a broke student, I mean, being a refugee, I didn’t have any resources...those were all student loans so I had to be very careful about where I spent my money. But the things that I did do for self-care were all the things that were provided for free at the university” (P1). For another participant, financial constraints related to migratory status while waiting to obtain permanent residency spiraled deeper “I remember my dad gave me \$10 and I went for the movie (with high school friends). But then, they wanted to go again, but I didn’t want to ask for money. So, I just decided to create distance”, “The day I applied (to university), they said it’s triple the fees (for not being a permanent resident). And then, looking at my dad and mom, I said ‘ok, I won’t go. I’ll take a year off’ (to save money) while waiting for the permanent residency”, “due to that year off I

worked like 16 hours a day... and now, I can't get back to the way I used to study. I lost that focus and it affected my mental health a lot", "I got my permanent residency and still I worked. I help my dad with the debt... to apply for a (student) loan I have to be like twelve months of permanent residency" (P4).

To summarize, this study reveals that self-care among undergraduate nursing students of immigrant backgrounds is a dynamic and multifaceted phenomenon shaped by personal, cultural, and contextual dimensions. The four conceptual categories (self-care as unknown, interdependency, becoming, and personal) demonstrate the evolving and individualized nature of self-care as students navigate cultural transitions, identity formation, and academic pressures. The mediating categories (self-care through aspects of migration, and time and finances) highlights how contextual realities intersect with personal meaning-making of self-care. Together, these categories form an outcome space that emphasizes the need to understand self-care as deeply embedded in students lived experiences, shaped by their migration journeys, and negotiated within the demands of nursing education. This nuanced understanding has implications for educators and institutions seeking to support diverse student populations in meaningful and culturally responsible ways, rather than assuming self-care as a static or universal practice.

Discussion

Exploring how first-generation immigrant undergraduate nursing students conceptualized and experienced self-care, revealed a complex interplay between migratory, linguistic, cultural, institutional, and personal contexts that, concurrently influenced by time and finances, shaped self-care as a dynamic and evolving phenomenon. The outcome space, comprising four conceptual categories of description (self-care as unknown, interdependency, becoming, and

personal) and two mediating categories of description (self-care through aspects of migration, and time and finances), aimed to capture the range and depth of students' perspectives, revealing both common threads and meaningful differences across participants, thus, highlighting critical dimensions that challenge universalized wellness narratives. This suggests that what "counts" as self-care is conditional on students' views and transitions overtime.

In the context of pre-migration and migration experiences, pre-migration life played a foundational role in how students approached self-care. For many, the term "self-care" was unfamiliar prior to arrival in Canada, and daily life activities such as family bonding, rest, or spiritual practice, made self-care implicit or unnecessary to name. Similarly, migration presented new challenges such as financial pressures and cultural dissonance that, for some students, prompted a re-framing of self-care from implicit, relational routines to explicit, individual strategies. This shift underlines that self-care literacy is socially situated since students bring with them cultural patterns that may be rendered invisible or devalued in the host culture until new demands bring them into focus. In particular, students underwent identity negotiation and acculturation as developmental work while navigating evolving expectations, new social roles, and competing cultural narratives, often under intense academic pressures. As their identities shifted, so did their self-care practices: some embraced hybrid cultural approaches while others selectively adopted or rejected practices from either context. Therefore, these findings suggest that educators and institutions must consider pre-migration contexts to better support immigrant student's well-being, and that identity development is not merely a backdrop but an active domain in which the meaning of self-care is negotiated.

Moreover, language emerged as both a barrier and a bridge to self-care. Not only did students lack a direct translation of "self-care" in their native languages but also described a

shifting meaning of the term as they progressed through nursing school and life in Canada. Initially associated with basic health or safety, self-care gradually evolved to include mental, emotional, spiritual, social, and financial dimensions. Consequently, the linguistic unfamiliarity of self-care signals the cultural specificity of the term, which institutions should not assume to be universally understood or culturally neutral.

This study also revealed that cultural dissonance influenced students' engagement with institutional supports and peer networks as students often described tension between cultural collectivist values and individualistic wellness paradigms common in North American contexts. This dissonance led some students to feel alienated from institutional self-care resources which they perceived as impersonal or culturally detached. One participant emphasized the need for "cultural brokerage" and faculty advocacy, highlighting the importance of culturally responsive approaches. These accounts suggest that interest in self-care might be less about readiness and more about cultural resonance, representation, and trust.

At a personal level, participants' understanding of self-care became notably diverse. Although many participants viewed self-care as rooted in interdependent relationships with family, friends, or familiar environments, others had a more ambivalent or even negative association. For example, for some participants, family dynamics discouraged open expression or emotional disclosure, shaping a more private or protective approach to self-care. Likewise, self-care was often framed as a deeply personal and boundary setting practice. Participants described limits, pursuing academic goals, and maintaining privacy as acts of care. Some embraced traditional or spiritual practices, while others were skeptical of the commercialization of self-care in popular culture. Across the narratives, there was an emphasis on agency, which meant defining self-care on one's own terms and adapting it over time. Importantly, what reduced stress

for one student could heighten stress for another. Furthermore, as students progressed in their nursing education, their understanding of self-care seemed to evolve alongside their emerging professional identity. In other words, earlier associations with physical wellbeing gave way to more complex notions surrounding mental health, reflection, and resilience, often shaped by course work, clinical experiences, and emerging professional expectations. Then, the mismatch between what nursing programs promote (self-care is essential) and what students experience (self-care gets deprioritized) emerged as a salient source of frustration and contradiction. These findings challenge assumptions that collectivist cultures always foster communal approaches to care and signals the need for individualized approaches that respects students' diverse relational histories, and points to the value of approaches that invite students to author their own definitions and metrics of restoration.

Lastly, time and finances emerged as structural conditions that affected the participants engagement in self-care. Chronic time scarcity due to coursework, clinical demands, family caregiver roles, as well as financial constraints related to student debts, and precarious migration status, repeatedly displaced self-care or transformed it into another item on an already overloaded to-do-list. Notably, for some students even leisure or valued practices created more stress if they diverted time away from study or work, which made them reframe self-care around prioritizing academic success and maintaining financial stability. This practical framing of self-care challenges conventional narratives that equate self-care with leisure, highlighting instead how structural inequities shape what forms of care are feasible. Also, encouraging students to practice self-care can unintentionally place the responsibility on individuals, while overlooking the institutional factors, such as, workload structure, class scheduling, and financial support, which are essential to making self-care realistically attainable.

Collectively, these findings emphasize that self-care in first-generation undergraduate immigrant nursing students is not necessarily a generic practice but a dynamic, relational, contextualized and evolving process. Hence, the outcome space offers a practical analytic map to support educators and students: (a) assess pre-migration stories and meanings; (b) attend to language in terms of linguistics access and evolving discourse; (c) anticipate cultural dissonance and build bridges (representation, cultural brokerage); (d) acknowledge that navigating one's identity is an ongoing developmental process that can be supported and guided overtime; and (e) addressed time and finances as integral to self-care. Framing self-care as a context-aware practice instead of a static list of activities may better align institutional supports with the lived realities of first-generation immigrant nursing students and, ultimately, foster more equitable conditions for learning and well-being.

Limitations

All participants were first-generation immigrant students from distinct countries of origin. The absence of representation from all stages across the nursing program limited the range of variation in perception, which would have been desirable for the purposes of phenomenographic analysis. Although phenomenography does not aim for generalizability, participants in this study were drawn from one faculty of nursing only and finding might reflect specific program supports and self-care teachings.

Conclusion

The results of this study reveal that self-care, as experienced and conceptualized by first-generation immigrant undergraduate nursing students, is a multifaceted and evolving construct shaped by pre-migration and migration history, culture, language, identity development, and conditions such as time and finances. Rather than a static and universal understood practice, self-

care emerged as deeply contextual and individually negotiated. The four conceptual categories of description (self-care as unknown, interdependency, becoming, and personal) highlight the diverse ways students make sense of and engage in self-care, while the two mediating categories of description (self-care through aspects of migration, and time and finances) highlights the broader conditions that enable or constrain these practices. Together, these findings challenge one-size-fits all models of wellness commonly embedded in nursing education and point to the importance of culturally and contextually responsive approaches. Recognizing self-care as something that shapes and is shaped by students' experiences offers an opportunity to better support immigrant learners in ways that honour their unique backgrounds, realities, and aspirations.

Chapter 5: Conclusion

This thesis explored how self-care is conceptualized and experienced by first-generation immigrant undergraduate nursing students from a university in western Canada, addressing a critical gap in both scholarly literature and nursing education practice. Through a narrative review and a phenomenographic study, this work reveals that self-care is not a fixed or universally understood practice, but rather a contextual, evolving, and deeply personal phenomenon shaped by immigrant experiences, cultural background, language, identity development, and structural constraints such as time and finances.

The narrative review highlighted consensus on the importance of self-care in nursing education and practice yet exposed the lack of attention to immigrant students' perspective. Despite increasing diversity in nursing programs, the literature seldom accounts for how migration, cultural adaptation, or identity formation influence self-care beliefs and behaviours. Standardized definitions and wellness models fail to capture this complexity, risking the marginalization of students whose lived realities differ from dominant norms.

Building on these insights, this phenomenographic study revealed six categories of description that together formed the outcome space of how first-generation, immigrant, undergraduate nursing students experience and conceptualize self-care. Four conceptual categories (self-care as unknown, interdependency, becoming, and personal) captured the diverse way students relate to self-care, and two mediating categories (self-care through aspects of migration, and time and finances) highlighted broader dimensions that enabled or constrained students' ability to engage in self-care.

Importantly, this study emphasized that self-care is not simply an individual responsibility but a relational, cultural, and institutional construct. Migration-related stress,

linguistic barriers, identity negotiation, time constraints, and financial hardship, guided students' understanding of self-care and whether it felt accessible. These findings challenge the applicability of one-size-fits all wellness interventions in nursing education, highlighting the need for culturally responsive and structurally aware approaches. Therefore, the following implications for nursing education and recommendations for future research could be considered.

Implications for Nursing Education

The findings of this study carry several implications relevant to nursing educators and developers of nursing programs:

- **Culturally responsive pedagogy:** self-care is a concept that is culturally and linguistically mediated. Therefore, educators should expect to find diverse expressions of self-care among immigrant students, and support students with integrating their lived experiences into wellness initiatives. Flexible and inclusive wellness programming within nursing programs would offer students the opportunity to select strategies that align with their values, cultures, and time constraints.
- **Faculty development:** raising awareness among faculty members in relation to migration-related stress, cultural dissonance, and the nuances of identity formation as they inform self-care for immigrant undergraduate nursing students. Lunch and learn seminars and inviting input from immigrant nursing students / alumni may be useful strategies to increase awareness through sharing their stories.
- **Academic and wellness support services:** institutions should take into account varied student perspectives on having access to diverse counselling staff, peer mentorship programs, and advising that accounts for financial and linguistic barriers. This

acknowledges that time and finances are not merely personal challenges but systemic constraints that disproportionately affect immigrant students.

Recommendations for Future Research

This study opens several avenues for further exploration:

- Qualitative research: to gain depth in exploring how immigrant students conceptualize and engage in self-care, considering their unique social, cultural, and migration-related contexts.
- Broader and comparative studies: future research could examine immigrant nursing students' self-care experiences across multiple regions and programs at national and international levels. Comparative studies between different types of immigrant and non-immigrant students would help illuminate shared and divergent themes.
- Longitudinal approaches: long-term studies could track how immigrant nursing students' understanding of self-care evolves through the program, offering insight into how nursing acculturation shapes the language around well-being.
- Intervention-based research: future studies could evaluate the effectiveness of culturally adapted self-care programs, such as peer-led support groups, co-designed wellness initiatives, or alternative counselling models, and assess their impact on academic outcomes, well-being, and retention.

To conclude, this research affirms that self-care, while essential to the sustainability of nursing education and practice, cannot be meaningfully understood or promoted without considering the cultural, migratory, and institutional contexts in which students live and learn. By centering the voices of first-generation immigrant undergraduate nursing students, this thesis offers a framework for rethinking how self-care is taught, supported, and practiced in nursing

education. Only by embracing this complexity can we move towards an approach to student wellness that empowers all learners to thrive.

While it may be unrealistic to design nursing programs that encompass every possible interpretation of self-care, fostering openness to diverse perspectives is both achievable and necessary. And, finally, this study challenges the very idea that self-care needs a fixed definition at all. I realize that in nursing we favour clear-cut frameworks, but perhaps our insistence on generating a single definition for self-care has been part of the problem all along. What if self-care is not meant to have a fixed definition but instead remain open, shaped by context, identity, and lived experience? That possibility may be uncomfortable, but it is one that we can no longer afford to ignore.

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Appendix A

Study Invitation

Dear Undergraduate Nursing Student,

If you are a First-Generation Immigrant, we invite you to participate in a study entitled, “*Views on Self-care by Undergraduate Immigrant Nursing Students: A Phenomenographic Study*”.

The intention of my study is to understand the different ways in which first-generation immigrant undergraduate nursing students experience self-care.

According to Statistics Canada, the definition of **immigrant** “refers to a person who is, or who has ever been, a landed immigrant or permanent resident. Such a person has been granted the right to live in Canada permanently by immigration authorities. Immigrants who have obtained Canadian citizenship by naturalization are included in this group” (Statistics Canada, 2016).

First-generation “includes persons who were born outside Canada. For the most part, these individuals are now, or once were, immigrants to Canada” (Statistics Canada, 2016).

The research study is being conducted at the University of Calgary, Faculty of Nursing and involves the following:

- Completing one interview of approximately 60 minutes (includes collecting demographic information).
- Participation or non-participation in the study will not affect your academic grades.
- Participation is completely voluntary, and you may withdraw from the study at any time.

There are no known risks associated with participating in this study. Your responses to the questionnaire and interview will remain confidential.

Please, contact me via e-mail to participate, or if you have any questions.

This study has received ethical approval from the Conjoint Health Research Ethics Board (REB22-0298).

Thank you in advance for your time and participation in this valuable research towards bridging the gap of our current understanding about self-care and self-care practices from the perspective of immigrant students.

Sincerely,
Margarita Gil, RN, CCNE, Master of Nursing Student
Dr. Lorraine Venturato (Principal Investigator)

Appendix B
Consent Form



FACULTY OF NURSING
Calgary, AB, Canada T2N 1N4
ucalgary.ca

**UNIVERSITY OF CALGARY
CONSENT TO PARTICIPATE IN RESEARCH**

TITLE: Views on Self-care by Immigrant Undergraduate Nursing Students: A Phenomenographic Study

SPONSOR: University of Calgary

INVESTIGATORS: Dr. Lorraine Venturato and Margarita Gil

INTRODUCTION

Dr. Lorraine Venturato, and associates from the Faculty of Nursing at the University of Calgary are conducting a research study.

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form for your records.

You were identified as a possible participant in this study because you are an undergraduate nursing student, who identified themselves as a first-generation immigrant. Your participation in this research study is voluntary.

WHY IS THIS STUDY BEING DONE?

The purpose of this research study is to understand the different ways in which immigrant undergraduate students experience self-care. In addition to improving students' mental health outcomes, addressing this gap can lead to a higher rate in student retention and completion of the

program, enhance diversity and representation in the workforce, and thus, ultimately, improve population health outcomes by facilitating access and quality of care for minority patients.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

About six people will take part in this study through the University of Calgary.

WHAT WILL HAPPEN IF I TAKE PART IN THIS STUDY?

If you volunteer to participate in this study, the researcher will ask you to do the following:

- Participation in this interview will involve one interview of about one hour in duration.
- The interview will be held at a mutually agreeable location and time. It can be done in person or over Zoom®.
- This study does not involve experimentation and or access to the participant's medical records.
- Expected questions on the interview include (but are not limited to): what does self-care mean to you? How common is it for you to practice self-care? Please, elaborate...
- You do not need to answer every question or give information that you do not wish to give.
- The recorded interview will be erased once all data analysis is complete or by August of 2024.
- The information obtained from these interviews will only be used to write a manuscript-based thesis that will include 2 journal articles for publication.
- You are free to withdraw from the study for up to five days after the interview.
- Only the student conducting the interview (Margarita Gil) and the principal investigator (Dr. Lorraine Venturato) will have access to the interview recording and the transcript made of the interview.

HOW LONG WILL I BE IN THIS STUDY?

Participation will take a total of about one hour of your day.

ARE THERE ANY POTENTIAL RISKS OR DISCOMFORTS THAT I CAN EXPECT FROM THIS STUDY?

- There is no anticipated danger of physical or psychological risk from participation in the interview. However, interviews might address sensitive topics. You will be free to stop the interview at any time and will be provided with information on support resources such as, the Student Wellness Centre and the Distress Centre Calgary if you request additional support.
- The student's grades will not be affected by participating or withdrawing from the study.

ARE THERE ANY POTENTIAL BENEFITS IF I PARTICIPATE?

There will be no direct benefit to you from participating in this study. However, this study may help the researchers learn more about how immigrant undergraduate nursing students understand the concept of self-care, how they practice it, and what barriers have they faced when engaging in self-care. Ultimately, the benefit of your participation in this research encourages support for the mental health and inclusivity of immigrant student populations.

WHAT OTHER CHOICES DO I HAVE IF I CHOOSE NOT TO PARTICIPATE?

You are free to choose not to participate in the study. If you decide not to take part in this study, there will be no penalty to you. Your decision will not affect your education.

CAN I STOP BEING IN THE STUDY?

Yes. You can decide to stop at any time. Tell the researchers if you are thinking about stopping or decide to stop.

WITHDRAWAL OF STUDY DATA

You may request that your data be withdrawn for up to 5 days after the interview.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

You will not be paid for your participation in this research study. You will not be reimbursed for any out-of-pocket expenses, such as parking or transportation fees.

WILL INFORMATION ABOUT ME AND MY PARTICIPATION BE KEPT CONFIDENTIAL?

The researchers will do their best to make sure that your private information is kept confidential. Information about you will be handled as confidentially as possible, but there is always the potential for an unintended breach of privacy. The research team will handle data according to the Data Management Plan as outlined below:

- Some identifiable information about you will be replaced with a code. A master list linking the code and your identifiable information will be kept separate from the research data.
- All research data and records will be maintained in a secure location at the University of Calgary. Only the principal investigators will have access to it.
- All research data and records will be stored electronically on a secure computer with password protection.

HOW LONG WILL INFORMATION FROM THE STUDY BE KEPT?

- The researchers intend to keep the research data/records for approximately 5 years.

Any future use of this research data is required to undergo review by a Research Ethics Board.

RESEARCHER CONFLICTS OF INTERESTS

There are no conflicts of interest

CONTACT FOR FUTURE RESEARCH

University of Calgary researchers may contact me in the future to ask me to take part in other research studies.

YES

NO

WHOM MAY I CONTACT IF I HAVE QUESTIONS ABOUT THIS STUDY?

The Research Team:

You may contact Margarita Gil or Dr. Lorraine Venturato with any questions or concerns about the research or your participation in this study.

Conjoint Health Research Ethics Board (CHREB):

If you have any questions concerning your rights as a possible participant in this research, please contact the Chair, Conjoint Health Research Ethics Board, University of Calgary.

HOW CAN I FIND OUT ABOUT THE STUDY RESULTS?

Study results will be available on request.

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?

Taking part in this study is your choice. You can choose whether or not you want to participate. Whatever decision you make, there will be no penalty to you.

- You have a right to have all of your questions answered before deciding whether to take part.
- Your decision will not affect your grades or education
- If you decide to take part, you may leave the study at any time

HOW DO I INDICATE MY AGREEMENT TO PARTICIPATE?

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to take part in the study. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities.

SIGNATURE OF STUDY PARTICIPANT

Name of Participant

Signature of Participant

Date

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent

Contact Number

Signature of Person Obtaining Consent

Date

SIGNATURE OF THE WITNESS

Name of Witness

Signature of Witness

Date

A signed copy of this consent form has been given to you to keep for your records and reference.

Appendix C

Demographic Survey

Please, take 1-2 minutes of your time to answer the following questions. Your answers are voluntary, however, for the purpose of this study, questions #2 and #13 are mandatory.

1. In which semester/term of the program are you in?
2. What is your country of origin?
3. Is English your first language?
4. What is your primary language?
5. Do you have any other bachelor's degree
6. What other degree(s) do you hold?
7. What is your gender?
8. How old are you?
9. Employment status
10. Marital status
11. Do you live with a family member?
12. With which family member do you live?
13. How long have you been living in Canada?
14. What motivated you to move to Canada?
15. What is your immigrant status?

Appendix D

Interview Guide

Research Question: How is Self-care Conceptualized and Experienced by Immigrant Undergraduate Nursing Students?

Questions	Prompts
Tell me a bit about yourself	<ul style="list-style-type: none"> • Importance of SC?
How is this research relevant to you?	
Have you heard the term “self-care” before?	<ul style="list-style-type: none"> • Since when? • Back home (context) • Canada
<p>What does the term self-care mean to you?</p> <p>How does your cultural background influence your <i>understanding</i> of self-care?</p> <p>How does your cultural background influence your <i>practice</i> of self-care?</p>	<p>How is this meaning influenced by:</p> <ul style="list-style-type: none"> • Cultural context/perspective • Family views? • Language (another term)? <p>“NO”- How do you think not having a word for self-care in your language has influenced your understanding of self-care?</p>
<p>Tell me about your experience with self-care as an immigrant nursing student. [what do you do that is enjoyable?]</p> <p>What are some examples of how you practice self-care during clinical vs. non-clinical days?</p> <p>What helps you do self-care?</p> <p>What are some barriers to practicing self-care?</p> <p>Where do you see self-care fitting in with your other priorities/obligations?</p>	<ul style="list-style-type: none"> • Role of: Family / Friends / Culture • Before and after COVID <p>From literature:</p> <ul style="list-style-type: none"> • Personal obligations • Acculturation process • Financial aspects • Academic workload • Clinical vs. non-clinical days • English as additional language • Social isolation • Role of Faculty
Closing question: Is there anything else you would like to say about your understanding and experiences of self-care as an immigrant undergraduate nursing student?	

Appendix E

Waiver to Include Unpublished Manuscripts in the Thesis

The signatories below agree that the, yet unpublished, manuscripts entitled “How is Self-care Defined by Immigrant Undergraduate Nursing Students: A Narrative Review” and “How is Self-care Conceptualized and Experienced by Immigrant Undergraduate Nursing Students: A Phenomenographic Research Study”, may be included in this thesis.

Dr. Tracey Clancy

Dr. Graham McCaffrey

Dr. Lorraine Venturato