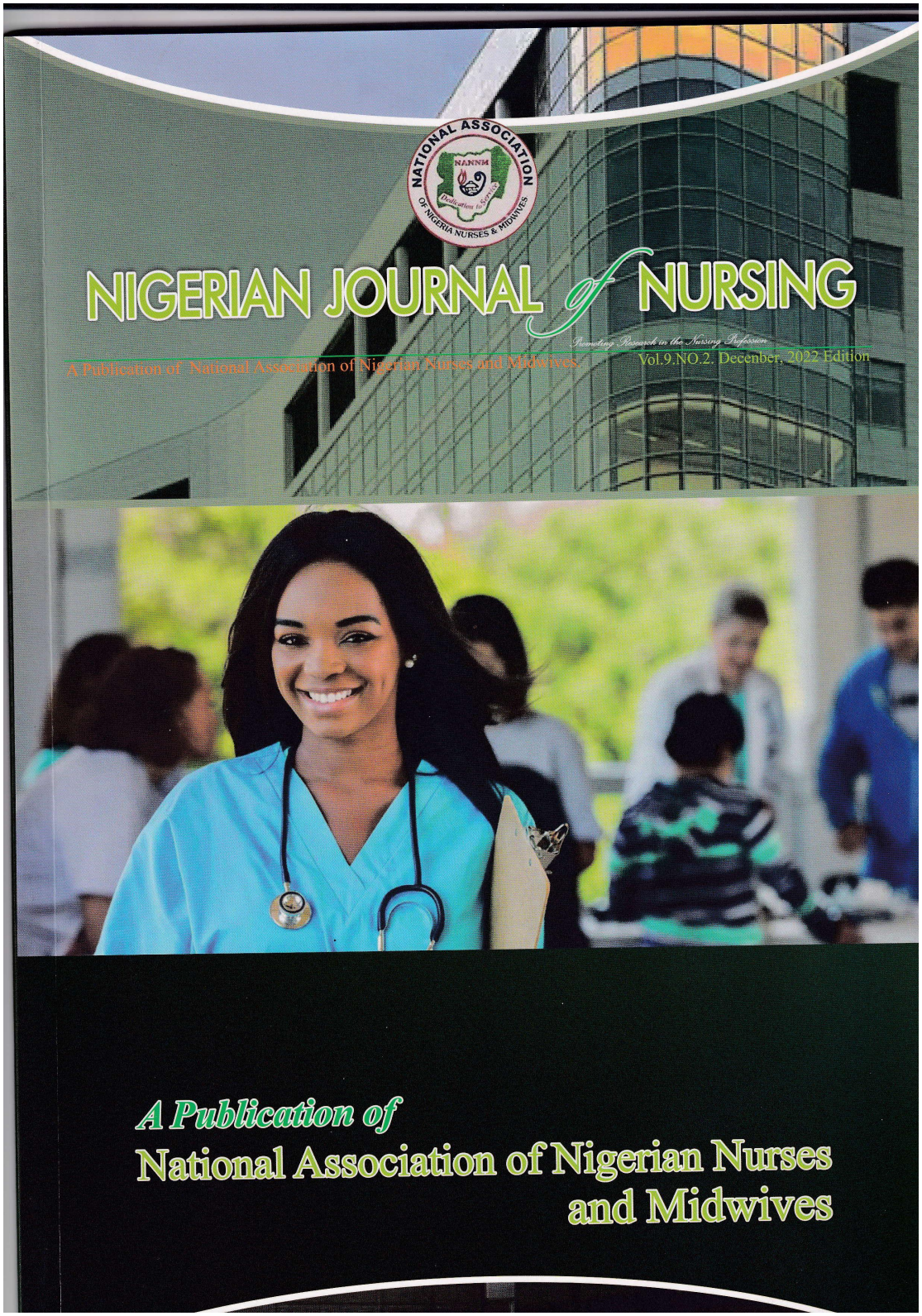


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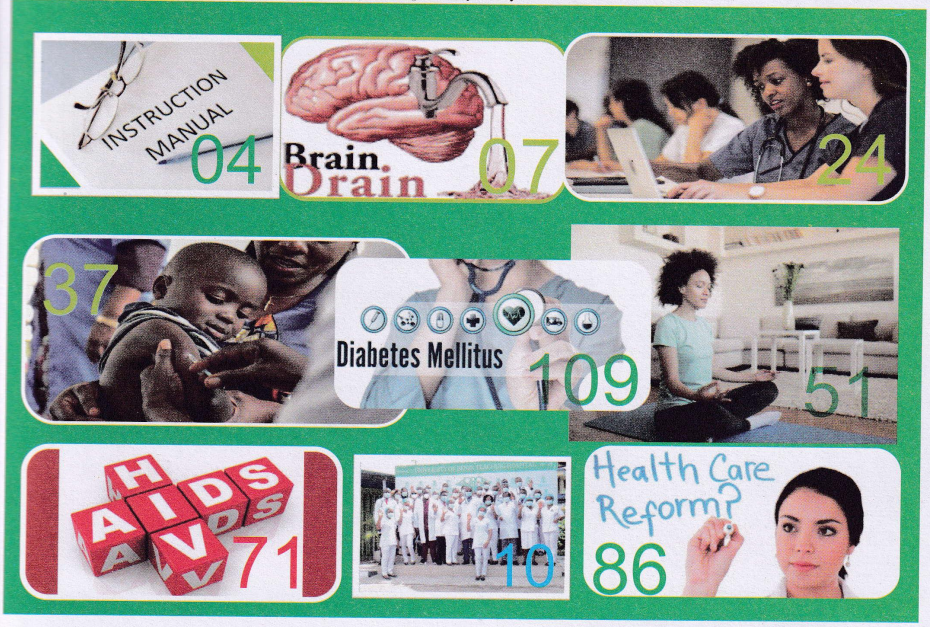
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SELF-CARE PRACTICES AMONG NURSES IN A GENERAL HOSPITAL IN NORTH-CENTRAL NIGERIA: A DESCRIPTIVE EXPLORATORY STUDY

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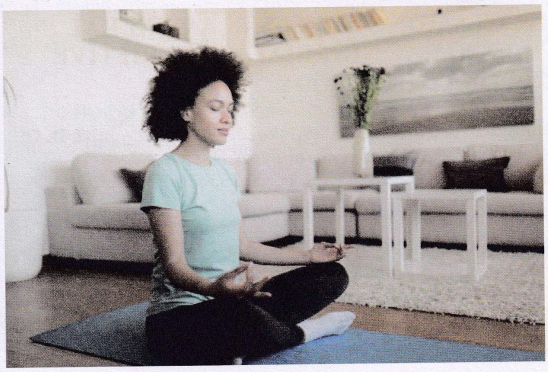
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ABSTRACT

Introduction:
Self-care is a vital component of nursing practice and is essential for the well-being of human beings, especially among patients and nurses. However, nurses and nursing students tend to focus more on the care of their patients and often pay little or no attention to personal self-care.
Aim/objectives: This study was therefore carried out to assess the self care practices among nurses in a General Hospital in North-central Nigeria.
Materials and methods:
A descriptive research study design was adopted and a self-constructed questionnaire was used to collect data on physical, social, and psychological self-care from a convenience sample of 111 nurses. Data was analyzed descriptively and inferentially, using Statistical Package for the Social Sciences (IBM SPSS) version 23.
Results:
Study participants were predominantly young females of the Yoruba ethnic extraction. The study showed that 52.8% of the respondents either "always" or "often" had fruits and balanced diet. Only 16.4% engaged in regular exercises, with another 63.7% either "sometimes" or "often" involved. Most (67.3%) of the nurses reported having good sleep (seven hours or more) and 61.8% of them "never" or "rarely" took coffee or tea to stay awake although 16.4% either always or often do while 21.8% "sometimes" also doing so. On the psychosocial scale, nurses regularly employ the family support system as a self-care strategy in only about 38.2% cases ("always" and "often"), with only few engaging in hobbies out their work schedules. Over half (50.9%) of the nurses "always" observe their prayers and meditate with another 45.4% either "often" or "sometimes" doing the same (84.5%). Workload always or often hinders how well nurses are able to take care of themselves in about half of the nurses.
Conclusion:

The study showed a positive self care practices in areas of physical, mental, and spiritual self -care practices, with prayers and meditations, good diet and nutrition, and good sleep in that order, constituting key self-care measures for the nurses. The religious/spiritual predominance of self-care practices may reflect some societal realities of Nigeria as a once acclaimed "most religious countries on earth." More in-depth studies are needed, with larger samples in various settings, to properly situate the levels and varieties of nurses' self-care in Nigeria.

Key words: Self-care practices, Nurses, Self-management, General Hospital, Kwara State, North-central Nigeria.



INTRODUCTION

Self-care is a term that has been growing in popularity lately. It refers to activities that take care of one's own emotional, mental, and physical health; taking care of one's own unique needs and personal well-being. Self-care is known as a process, a movement, a framework, a phenomenon, a theory and a model. Dorothea Orem's idea of self-care was the first to emphasize its importance in nursing. Orem highlighted that self-care is important for both nurses and patients' well-being (Younas, 2017). This concept is also used in different perspectives, including many health disciplines, nursing practice, research and nursing education. The concept of self-care could be regarded as being selfish and a luxury, often misinterpreted and misused by professional nurses.

Several studies on the usability of the Theory of Self-care indicated that this concept is mostly being applied with various chronic medical conditions such as diabetes and cardiac conditions, to educate, emphasise and motivate both patients and their families about the importance of self-care. The professional nurses' focus was principally on promoting patients' health and preventing their diseases by reinforcing a healthy diet and exercise and was neglected by most healthcare professionals (Leão et al., 2017). Healthcare professionals rather dedicate most of their time to the wellbeing of other vulnerable people, while putting their self-care priorities second; especially those activities that rejuvenate and refresh them (Crane et al., 2017).

On the contrary, self-care must be seen as an important part of nursing practice (Ashcraft & Gatto, 2015). The fifth provision of the American Nurses Association's Code of Ethics states that the moral respect that nurses extend to all human beings "extends to oneself as well: the same duties that we owe to others we owe to ourselves." These duties include the responsibility to: promote health and safety; preserve wholeness of character and

integrity; maintain competence; and continue personal and professional growth. However, the nurse faces a variety of competing stresses. The old adage, 'Physician heal thyself" has never been more true than in this age of long hours, work furloughs and overtime to which nurses are subjected. These make it necessary that every practicing individual take regular time out for personal mental and physical self-care.

Concept of self-care: The term "self-care" has been misinterpreted and misunderstood severally. Self-management, self-compassion, self-efficacy, self-regulation, and self-monitoring were all used interchangeably with the notion of self-care in the literature reviewed. According to Purdue University Global (2019), in nursing, self-management is a subtype of self-care that allows people to take control of their health and manage their own illnesses. Self-management focuses on everyday actions undertaken by an individual, whereas self-care focuses on self-regulation abilities, such as the ability to manage lifestyle changes and maintain an adequate amount of nutrition, exercise, and diet, as well as illness knowledge. There's also a distinction to be made between self-compassion and self-care.

Self-compassion is defined as a loving and considerate attitude toward oneself, as well as a thoughtful awareness focused toward oneself in times of hardship (Mills et al., 2015). Self-kindness, common humanity, and mindfulness are parts of self-compassion, whereas self-care is the act of treating oneself with kindness and compassion. Self-compassion can be viewed as a moderating variable that increases self-care abilities because people can go through the process of self-care without being compassionate to themselves at times. The belief in one's ability to plan and carry out actions is referred to as self-efficacy.

Individuals' efforts to manage and adjust their thoughts, emotions, and behaviors according to requirements in order to attain self-care goals without external intervention are referred to as self-regulation. Self-care is defined as the acts made to exert control over internal behavior and includes both self-regulatory activating and inhibiting components. Self-monitoring is a type of self-care in which a person measures their vital signs and symptoms and, as a result of their awareness, alters their treatment and lifestyle. Table 1 presents the attributes, antecedents, consequences of self-care.

Table 1: The attributes, antecedents, consequences of self-care

Attributes	Antecedents	Consequences
• Process • Activity • Capability • Autonomous choice • Education • Self-control • Interaction	• Self-motivation • Participation • Commitment • Resources • Religious and cultural beliefs • Social, spiritual and professional support • availability of time	• Maintenance of health and wellbeing • Autonomy • Increased self-esteem • Disease prevention • Empowerment • Increased social support • Ability to cope with stress

Self-care involves personal aspects such as interpersonal relationships, religion, leisure and family activities, and physical activities like healthy eating and preventative health consultation. Self-care is an individual's choice to make and include the formulation of self-care goals. Self-care education is the essence of self-care as it leads to information and increased health literacy. Interacting with friends, family, and other members of the health team is vital in self-care and ensures collaborative self-care efficiency. Self-care requires self-control and discipline to achieve specified goals and to perform physical activities such as exercises. Interacting with family members, friends and other members of the health profession encourage social, spiritual and professional support (Chipu et al., 2020).

Areas of Self-care: As listed by Janine (2021), there are eight areas of self-care that a nurse needs to focus on. These are the mental, physical, emotional, spiritual, social, personal, professional, and medical aspects. Mental self-care helps nurses intellectually. Taking time to expand or gain knowledge helps the nurse gain insight into things outside of bedside care, and can strengthen confidence while the physical component sees nursing as a physical career, but that doesn't count for physical activity that the CDC recommends. The CDC recommends 2.5 hours of moderate aerobic activity, such as brisk walking, one hour and 15 minutes of vigorous-intensity aerobic activity, or some combination of the two. Also, the need of two or more days of strength activities that work all major muscle groups. As exhausting as that may sound, these ideas can help one to brainstorm activities one is likely to stick to, in order to keep oneself healthy. In addition, the emotional care, nursing can be hard on nurses' emotions. While nurses will often feel the highs of helping patients succeed,



there are also the lows of seeing patients with conditions that deteriorate despite their best efforts. Nurses may even lose patients who they have warm relationships with. This can take a toll on their work performance as well as their home life. It is important to make sure they have an outlet to express these difficult emotions.

Spiritual self care involves spirituality, whether religious in nature or not it can be a key component to self-care and wellness while as humans, nurse are social creatures, thus requiring social care This has to do with nurses' connection with the family and the community. This can be very important to nurses, as they tend to be natural nurturers. Nurses also need personal self-care where they cultivate interests and an identity outside of "nurse" can help one feel more fulfilled and give him some respite from nursing career. Therefore, nurses should have outside interests that engage them.

In addition this personal self-care, the professional care involves a lot more to being a nurse than just caring for patients. Keeping professional life organized and on-track can help a nurse stay sane. Finally, and the seventh component involves the medical self-care. Nurses know that medicalself -care is important for their patients, but what about themselves? Medical self-care according to Janine (2021) includes a focus on :

- Daily physical activity - working does not count as physical activity. There is need to add exercises sucha brisk walk for 15 minutes before or after work.
- Healthy food and drink choices - packing food and always drinking water to fuel one's day.
- Healthy weight management- weigh oneself to know he ideal weight for healthy living and set a small goal to start.
- Routine preventive care choosing a primary care physician to oversee one's health can help stay on track with your overall health.
- Know your health numbers - take a look at one's blood pressure numbers, basal mass index (BMI), and laboratory values to assess risk for chronic conditions.
- Quality sleep maintaining quality sleep has incredible benefit for health managing stress - promoting your own self-care can help this.
- Quality health care services making sure quality healthcare is available is important for both patients and nurses.

In implementing these self-care measures by nurses, however, several barriers to self-care practices among nurses have been documented. These include work placenvironmental challenges such as long working hours and fatigue, insufficient storage for nutritious, home-cooked meals, no availability of fresh food, lack of time, absence of recreational facilities or resources at workplace, other commitments, and unhealthy food cultures (Wolters, 2020; Holly et al., 2011). Other limiting factors include stress, academic dropout, burnout, secondary trauma, concentration difficulty, a lack of self-care knowledge, and mood swings (Tachias and Ferguson, 2019). The issue ofself -care of health-care providers was rarely discussed (Tachias and Ferguson, 2019).

Ross et al., (2018) reported that RNs functioning in areas outside direct patient setting are more likely to be prone to sedentarybehaviour and obesity, Nurses should be aware of what makes them happy: stress-relieving hobbies such as music, prayer, jogging, deep breathing, and friendship building (Osei et al. , 2019). However, a study in Nigeria indicated self-medication as a high self-care practice among nurses (Nwoga et al., 2020)

Nurses usually focus more on the care of their patients and often pay little or no attention to their personal self-care (Austen, 2015; Mills, Wand & Fraser, 2015). As Paul (2019) reported, in nursing, there is high level of lack of self-care among nurses. Over 70% of the nurses who participated in a study indicated they put their patients' health, safety, and well-being ahead of their own, while acknowledging that they were at a "substantial level of risk" for occupational stress. For example, during COVID-19, proper self-care techniques for nurseswere extremely vital. In one survey of nurses, Lynne (2021) reported that 80 percent of nurses were concernedabout their mental health; 60 percent indicated the pandemic was having a negative impact on their mental health and their physical well-being was also reportedly harmed. However, most nursing practitioners have overlooked the concept of self-care, focusing instead on the Nurses Pledge of Service, which emphasizes that patient care is their top priority. As a result, the terms "patient care" and "self-care" have been misinterpreted and misunderstood. Analysing the concept of self-care should thereby improve understanding, application, and practice of self-care activities among professionals in the nursing field.

Self-care lowers stress levels and increases nurse's capacity to provide compassion and empathy is replenished, and her performance is improved (The American Nurses Association, 2015). In addition, Lee et al., (2019) studied the impact of self-care in nursing well-being and concluded that self-care



practices in areas of nurses' psychological well-being, practice environment, and safety attitudes could benefit from psychological interventions with improvement in other areas of self-care. Self-care reduces stress, replenishes nurses' capacity to provide compassion and empathy and improves quality care. However, self-care is not being prioritised and activities are not being practised by professional nurses. This indicates an urgent need to improve nurses' health, particularly adopting self-care practice.

With almost 200 million people, Nigeria is Africa's most populous country, yet the nurse - to - patient population ratio is poor at 1.5:1000 (World Health Organization Global Workforce Statistics, 2019). As a result, Nigeria is experiencing a nursing shortage, which is putting a strain on the country's healthcare system, population health, and nurse's health and well-being. Nursing shortages and inequalities in the distribution of nurses are exacerbated by international and urban migration of nurses. Nigerian nurse's self-care is a significant concern for this study due to the increasing demand for healthcare and nursing services as a result of an older population and ongoing population growth in Nigeria, The institutional processes available in Nigeria's health system additionally expose nurses to working in unhealthy conditions. Therefore, measures to encourage Nigerian nurses to live healthier lifestyles may have the potential to improve their health and well-being.

Nurses self-care practices are influenced by both intrinsic and external factors such as time demands, lack of motivation, long working hours, severe workload, and stress, according to previous worldwide research studies. Concerns about nurses' lifestyle behaviours should be a priority. Because unhealthy lifestyles and working conditions, negative and long-lasting effects are being seen among nurses including burnout, heightened emotional stress, fatigue, stress-related obesity, among others (Anyebe et al., 2021) .

This foregoing scenario has prompted the researchers to interrogate self-care practices at a secondary health facility in Ilorin Kwara, North-Central Nigeria. This study assessed the predisposition of nurses to self-care practices, focusing on the four dimensions of the eight areas of self-care practices: physical, psychological, social and spiritual self-care attitude ofthe nurses. The study is further guided by three hypotheses.

MATERIALS AND METHODS

Research design and setting: The study utilized a descriptive research design with the purpose of examining the attitude towards self-care among nurses in General Hospital, Ilorin (G.H.I). TheH ospital is a State-owned hospital

located along Taiwo Road Ilorin in Ilorin West Local Government, and provides both primary and secondary health care services to diverse population. It is a 500-bedded hospital with about 150 nursing staff.

Study population, sampling technique and sample size: The population of this study was the entire nurses working in the General Hospital Ilorin at the time of the study. The General Hospital Ilorin was purposively selected for this study because of its proximity and the researchers' familiarity with the setting. However, the respondents were selected using a convenience sample of 111, based on shift nature of the nurses' duties and other engagements (including leave).

Instrument for data collection: The instrument used for data collection was a researcher-constructed, self-administered questionnaire, consisting of 28 closed-ended questions, and divided into four Sections, A, B, C and D:

Section A comprised of respondents' demographic variables.

Section B to assess the physical self-care practices.

Section C to assess the respondents' mental physical self-care practices.

Section D to assess the respondents' social and spiritual self-care practices.

The instrument passed through face and content validity, and was pretested; and yielded a reliability of 0.75 Cronbach coefficient, which indicates that the instrument is reliable.

Procedure for data collection

Prior to the commencement of data collection, a letter of permission was obtained from the Department of Nursing Sciences which was shown and submitted to the Head of Nursing Department General Hospital; and informed consent was obtained from each respondent. During the conduct of the research, all the ethical principles were respected and adhered to. The researchers administered the questionnaire with the help of two research assistants.

Method of data analysis: Of the 111 questionnaires collected, one was incompletely completed which could not be included for analysis. The data collected for the remaining 110 were coded and imputed into the computer using the IBM-Statistical Package for the Social Sciences (IBM-SPSS Version 23.0). Results were presented using descriptive statistics in form of tables, and charts in percentages. Inferential



statistics was in form of chi square (with p-value set at 0.05 level of significance) to test hypotheses.

RESULTS

Socio- demographic variables of the respondents

Results shown on Table 2 reveal that the study population is relatively young: 43.6% of the respondents between ages 18 and 25 years, 17.3% 26-32 years, 112.7% aged 33 to 39 years, while 23.6% were 40 years and above. Respondents were also mostly females (n = 89 ; 80.9%) with only 9.1% males. Respondents were more fairly distributed along religious subscription 54.2% Christianity 45.0% Muslims).

Due to geographical location of the study, respondents were expectedly more of the Yoruba ethnic extraction (98.2%), while nurses in further training on clinical experience postings at the setting constituted 35.5%; Senior Nursing Officers made up 26.45 and Principal Nursing officers were 20.0% while 18.2% as Chief Nursing Officers.

Table 2: Socio-demographic profile of the respondents

Variable	Frequency	Percentage (%)
Age		
18-25	48	43.6
26-32	19	17.3
33-39	14	12.7
40-46	12	10.9
47-53	14	12.7
54-60	3	2.7
Gender		
Male	21	19.1
Female	89	80.9
Religion		
Islam	59	45.0
Christianity	71	54.2
Ethnicity		
Baruten	1	0.9
Ebira	1	0.9
Yoruba	108	98.2
Hospital Rank		
CNO	20	18.2
PNO	22	20.0
SNO	29	26.4
Students (Post-basic on posting)	39	35.5

As still part of the socio-demographic characteristics, Fig.1 presents the years of experience of the study participants. It is shown that more than half of the respondents (55.5%) had between 1 and7 years of working experience, 25.5% had 8-15 years, and 10.0% had 23-29 years while 7.3% had 16-22 years of working experience. This range of experiences should also give a good picture of self-care practices among nurses in the setting.

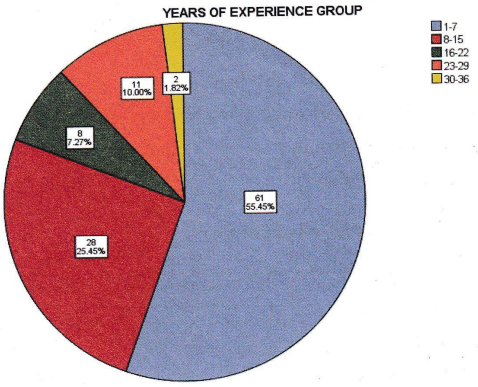


Fig 1: Years of Working experience of Respondents

Respondents' Physical Self Care

Findings on physical self care practices as shown in Table 2 indicate that 60.0% of the respondentsreported, either sometimes or often, having eating fruits and balanced diet while about one-fourth of them (25.6%) always had. This indicates that fruits and good nutrition are common self-care practices, constituting a healthy eating habit by the nurses. Similarly, 44.5% of the respondents said they always drink enough water daily, according to the recommended daily water intake, while another (30.9%) participants often do, indicating fluid intake/hydration as good self-care practices. Only 20.9% reported occasionally drinking water.

On the area of sleep (enough sleep defined as 7 hours of sleep and above), 38.2% of them report ed " always got enough sleep , (29.1%) often got while (21.8%) said they sometimes got enough sleep. The remaining 33.7% had inadequate sleep (6hours or less). As a good aspect of the self-care practice, this result implies that 67.3% of the nurses reported good sleep. Also as shown in the Table, 61.8% of the respondents "never" or "rarely" took coffee or tea to stay awake". However,



21.8% of them sometimes do while the 16.4% either always or often do. This implies that although intake of coffee or tea as a self-care was not a common practice, a good number (38.2%) use it as a measure to stay awake (sometimes, often or always).

Exercise and regular check-up were also fairly consistent self-care activities: lmost half (63.7%) of the respondents said they either sometimes or often participate in exercises and maintenance of body fitness, while (16.4%) said they always participate in exercises and maintenance of body fitness. On check-up it was reported that(31.8%) of the respondents said they sometimes go for regular checkup, 22.7% said they often go while 16.4% said they always go, 35.5% of the respondent said they always perform self-breast examination/testicular examination, 24.5% said they sometimes perform it while 19.1% said they often perform it.

Self-medication as self-care activity is only fairly practiced as half 50.0% of the respondents said they have never used a prescription drug when it is not prescribed for them, 20.9% said they sometimes use it while 8.2% said they often use it. Self-medication is self-management strategy involves taking medication without making adequate clinical consultation with the doctor. On their workload half of the nurses reported that work schedulehinders taking care of their body (23.6% always and 26.4%).

Table 3: Respondents physical self-care (N=110)

Variable	Never		Rarely		Sometimes		Often		Always	
	F	%	F	%	F	%	F	%	F	%
ve a healthy eating habit by eating fruits, nced diet	13	11.8	3	2.7	36	32.7	30	27.3	28	25.5
enough sleep (7hours and above)	3	2.7	9	8.2	24	21.8	32	29.1	42	38.2
nk enough water everyday recommended water intake is at least 1550ml, 6 cups	2	1.8	2	1.8	23	20.9	34	30.9	49	44.5
nk coffee tea to stay awake	45	40.9	23	20.9	24	21.8	9	8.2	9	8.2
rticipate in exercises and maintenance of fitness	2	1.8	19	17.3	50	45.5	20	18.2	18	16.4
for regular medical checkup	7	6.4	25	22.7	35	31.8	25	22.7	18	16.4
rform a self-breast examination or testicular nination	16	14.5	7	6.4	27	24.5	21	19.1	39	35.5
se prescription drugs when not prescribed for	55	50.0	16	14.5	23	20.9	9	8.2	7	6.4
workload affects how well I take care of my	10	9.1	11	10.0	34	30.9	29	26.4	26	23.6

Respondents' Mental Self-care

Table 4 shows that 10.0% "always" and 28.2% "often" ask for support and assistance from families and friends when they need it, but 47.3% "sometimes" and

13.6% "rarely" do so. This indicates that nurses regularly employ family support system as a self-care strategy, only in about 38.2% of situations ("always" and "often").

Also, 40.0% of the respondent said they sometime engage in their hobbies of interest that are not well related, (9.1% said they rarely do so while 4.5% said they never do so. Similarly, 38.2% of the respondent said they rarely go on a day trips, mini vacation or break from routine, 17.3% said they never go while 20.0% said they sometimes go. This indicates nurses less often engage in hobbies out their work schedules.

From theTable , it is also shown that 41.8% of the respondent said they sometimes say no to added responsibilities and stress, 14.5% said they rarely say no while 7.3% said they always say no. It could also be seen in Table 4 that 46.4% said they sometimes engage in their hobbies, 10.0% said they always engage in it, (26.4%) of the respondents said they often sacrifice sleep to get work done, 34.5% said they sometimes do so while 9.1% said they rarely do so. From the findings in Table 4 shows that 4.5% of the respondents said they never cope well with stress, 13.6% said they rarely cope, 38.2% said they sometimes cope while 31.8% said they often cope.

Table 4: Respondents mental self-care

Variable	Never		Rarely		Sometimes		Often		Always	
	F	%	F	%	F	%	F	%	F	%
I ask for support and assistance from families and friends when I need it	1	0.9	15	13.6	52	47.3	31	28.2	11	10.0
I engage in my hobbies of interest that are not work related	5	4.5	10	9.1	44	40.0	37	33.6	14	12.7
I go on a day trips mini vacation or break from routine	19	17.3	42	38.2	22	20.0	26	23.6	1	0.9
I say no to added responsibilities and stresses	7	6.4	16	14.5	46	41.8	33	30.0	8	7.3
I often engage in my hobbies	0	0.0	15	13.6	51	46.4	33	30.0	11	10.0
I sacrifice sleep in order to get work done	19	17.3	10	9.1	38	34.5	29	26.4	14	12.7
I cope well with stress	5	4.5	15	13.6	42	38.2	35	31.8	13	11.8

Respondents' Social and Spiritual Self-care

Findings in T able 5 shows that respondents "sometimes" (38.2%) or "often" (28.2%) make time for intimate relationship; 9.1% "rarely" do. Also, most of the nurses (36.4% and 41.8%) sometimes and often respectively spend quality time with their family and make time to visit important friends (sometimes - 41.8% and often -34.5%), with only one in 10 nurses (10.0%) saying they " always make time" out for important visits.

Similarly, as shown in Table 5, 37.3% of the respondents

said they often discuss and exchange ideas with other, 20.0% said they always do so while 10.9% said they rarely do so.Slightly m ore than half (50.9%) of the respondents said they "always" observe their prayers and meditate and 45.4% either "often" or "sometimes" (often - 33.6% and sometimes-11.8%) do the same. This indicates that most nurses (84.5%) either always or often use prayers and meditations as self-care measures.

Table 5: Respondents'Social and Spiritual Self-Care

Variable	Never		Rarely		Sometimes		Often		Always	
	F	%	F	%	F	%	F	%	F	%
I make time for intimate relationship	6	5.5	10	9.1	42	38.2	31	28.2	28	25.5
I spend quality time with family	2	1.8	9	8.2	40	36.4	46	41.8	13	11.8
I make time to visit important friends	5	4.5	14	12.7	42	38.2	38	34.5	11	10.0
I discuss and exchange ideas with others	2	1.8	12	10.9	33	30.0	41	37.3	22	20.0
I observe my prayers and meditate	0	0.0	4	3.6	13	11.8	37	33.6	56	50.9
I take part in active roles in my religion	0	0.0	0	0.0	10	9.1	38	34.5	62	56.4
My work affect how I spend quality time with family	6	5.5	0	0.0	21	19.1	29	26.5	54	49.1

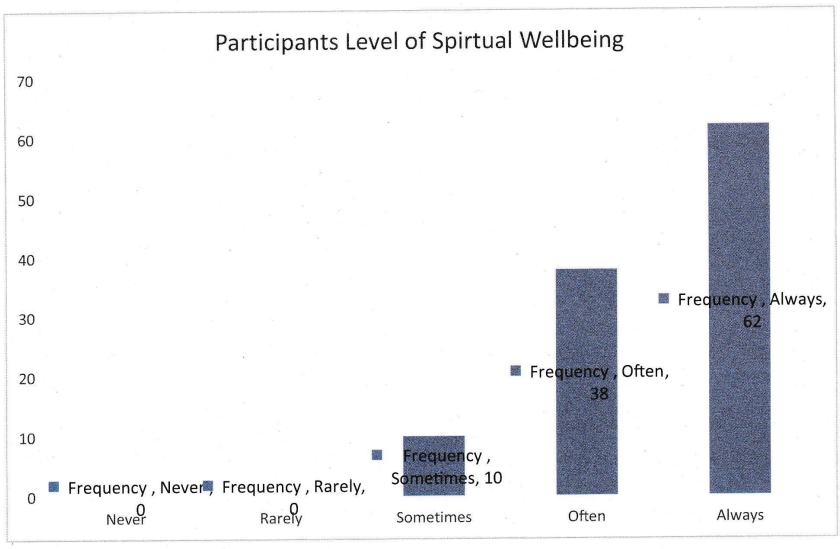


Fig. 2: Participants level of spiritual well being

Findings from Figure 2 above shows that more than half (56.4%) of the respondents said they always take part in active roles in their religion, (9.1%) said they sometimes do so while (34.5%) said they often do so.

From Tables 2-4 above, it is deduced that 40.9% of the respondents reported low level of self-care while 59.1% have high self-care practices as summarized below:

Self-care Practice	Freq	Percentage %
Low	45	40.9
High	65	59.1
Total	110	100.0

Test of Formulated Hypothesis

Hypothesis 1

i. **Null hypothesis 1 (H_0):** There is no significant association between the years of Service and the physical self-care practices of nurses in General Hospital, Ilorin

Alternate hypothesis 1 (H_1): There is a significant association between the years of Service and the physical self-care practices of nurses

Table 6: Chi-square testing showing association between the years of Service and the physical self-care practices of nurses (n=110)

Variable	Responses	Level of Physical Self-care Practice			Chi-Square X^2	Df	P-Value	Remark
		Low Level	High Level	Total				
Years of Service	1-7	31	30	61	6.363[a]	4	0.174	Not Significant H_o accepted
	8-15	7	21	28				
	16-22	3	5	8				
	23-29	3	8	11				
	30-36	1	1	2				
	Total	45	65	110				

Table 6 shows that there is no significant association between the years of Service and the physical self-care practices of nurses in the setting with p-value=0.174> 0.05. Since the p value is greater than the significance value (0.05), the null hypothesis was therefore, accepted and the alternative hypothesis rejected.



Hypothesis 2

i. **Null hypothesis 2 (H_0):** There is no significant association between the years of Service and the Mental self-care practices of nurses

ii. **Alternate hypothesis 2 (H_1):** There is a significant association between the years of Service and the Mental self-care practices of nurses

Table 7: Chi-square testing showing association between the years of Service and the Mental self-care practices of nurses (n=110)

Variable	Responses	Level of Mental Self-care Practice			Chi-Square X^2	Df	P-Value	Remark
		Low Level	High Level	Total				
Years of Service	1-7	40	21	61	2.013[a]	4	0.733	Not Significant H_o accepted
	8-15	20	8	28				
	16-22	4	4	8				
	23-29	6	5	11				
	30-36	1	1	2				
	Total	71	39	110				

Table 7 shows that there is no significant association between the years of Service and the physical self-care practices of nurses in te study setting, with p-value=0.733> 0.05. Since the p value is greater than the significance value (0.05), the null hypothesis was therefore, accepted and the alte rnative hypothesis rejected.

Hypothesis 3

i. **Null hypothesis 3 (H_0):** There is no significant association between the rank and Social Self-care practice of nurses.

ii. **Alternate hypothesis 3 (H_1):** There is a significant association between the rank and Social Self-care practice of nurses.

Table 8: Chi-square testing showing association between the rank and Social Self-care practice of nurses (n=110)

Variable	Responses	Level of Social Self-care Practice			Chi-Square X^2	Df	P-Value	Remark
		Low Level	High Level	Total				

Rank of Respondents	CNO	8	12	20	6.833[a]	5	0.233	Not Significant H_o accepted
	PNO	11	11	22				
	SNO	18	11	29				
	Students	22	11	39				
	Total	59	17	110				

Table 8 shows that there is no significant association between the rank and Social Self-care practice of nurses in the setting, with p-value=0.233> 0.05. Since the p value is greater than the significance value (0.05), the null hypothesis was therefore, accepted and the alternative hypothesis rejected.

DISCUSSION OF FINDINGS

Socio-demographic profile

The findings from this study revealed that majority of the respondents are predominantly young female, in their early career (1-7 years working experience). Findings are consistent with Holly et al., (2011) whose study revealed similar demographic profile of participants.

Physical Self-care practice attitude among nurses

The findings of this study reveal that adequate physical self-care practice among nurses was 50.9%, indicating about half reporting lack of self-care in physical health. Those who reported good physical self-care practices consisted of taking good diet, exercise or other physical activities, as well as having good sleep. A good number (44.5%) also reported drinking at least six glasses of water daily. The use of self-medication was not a common practice as this was discountenanced by more than half of the nurses (55%). Some previous findings are contrary to our present results (Holly et al., 2011; Nwoga et al., 2020). For example, Nwoga et al., 2020) reported 86.4% of nurses engaged in self-medication. Our findings show that nurses in our setting have a more non-pharmacological predisposition to physical self-care practices. However, as reported elsewhere nurses may overeat and become overweight or even obese as a self-care (Anyebe et al., 2021; Tachias & Ferguson, 2019).

Psychological, Social and spiritual self-care practices among nurse

The study reveals that many nurses fall back on support from families and friends, engage in their cherished hobbies. However, good number often deprives themselves of sleep to get work done. Essentially, the findings deduced positive attitude to psychological self-care by delegating certain tasks to family and other associates; and engaging in hobbies of interest and other means of coping well with stress.

The study also shows that many of the respondents (38.2%) "Sometimes make time for intimate relationship", others (36.4%)



said they "sometimes spend time with their family", while others (38.2%) make time for visiting friends and often discuss and exchange ideas ((37.3%). Slightly more than half of nurses (50.9%) 'Always pray and meditate." These findings indicate a mix of neutral and positive social self-care in the spiritual self-care domain. Tachias and Ferguson (2019) had emphasized the place of prayer and meditation in nurses' self-care situation while Ross et al., (2018) reported the social interactive modality as an often-adopted strategy.

This study shows no significant relationship between the years of service and physical self- care practice of nurses, no significant relationship between years of experience and mental self-care practice and also there is no significant relationship between rank and social self-care practice. This is a result of p-value > 0.05. This implies that the years of service, does not influence physical and mental self-care neither does rank in the hospital influence the social and spiritual self-care practice of nurses.

IMPLICATIONS OF THE FINDINGS FOR NURSING IN NIGERIA

The findings of this study indicate nurses' personal approach to self-care practices among the study participants. The researchers would expect a more professional prescription for nurses to practice self-care as a professional responsibility. This may require input from nursing education, nursing administration, the regulatory body of nurses in Nigeria and the professional associations. Its inclusion in the codes of ethics for nurses in Nigeria may give weight to its practice. This might help in the burn-out syndromes characteristic in many nursing practice areas.

LIMITATIONS OF THE STUDY

The study was limited to a small size in a single hospital, as such the findings cannot be generalized to the whole nurses in the State Analysis was also limited to basic statistical methods. Despite these limitations, however, the study explored this very important concept of self-care practices among nurses with a view to undertaking a more robust randomized studies; a challenge that the authors and other researchers are expected to accept.

CONCLUSION

Nurses understood the importance of self-care for personal physical, mental, social and spiritual care. There is a reasonable level of self-care practices among nurses in the study area, particularly in regards to physical care, psychological care and spiritual domains. Even with this, level physical self-care takes the forms of good diets, adequate fluid intake, good sleep but this is limited byworkload always or often hindering these activities in about half of the study population. Prayers and meditations are the dominant self-care activities in the mental and spiritual domains. The study points to the need for more emphasis to be

placed on self-care for nurses in the study area as is done by Nursing Organisations in most developed countries.

As a result of these findings the following are recommended:

- More insight into self-care practices for nurse are needed to inspire coverage of more areas of self-care;
- Nursing Associations in Nigeria should re-emphasize the need for self-care for nurses especially in Nigeria. As recommended by ANA (2015), Nursing Associations can adopt self-care as an ethical responsibility, and include this in the Mandatory Continuing Professional Development Programmes (MCPDP) as an update area for all nurses;
- In addition to the commonly practiced spiritual exercises as self-care, proactive measures can also be contemplated and implemented.

The researchers suggest that further studies should be conducted in other to cover other hospitals in the study area and in Nigeria, on the practice of self-care among nurses to allow for generalization of findings. Qualitative research designs are also suggested to explore personal experiences of practice of self-care among nurses to provide more in-depth information.

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