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Self-Awareness among Nursing Students of Selected Nursing College

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Abstract

Self-awareness is a process of objective examination of oneself. Self-awareness is considered as an important tool to develop a therapeutic relationship with patients for therapeutic healing. Self-awareness is considered as the essential aspect of a professional nurse this will lead to competency in provision of high quality nursing care and finally greater satisfaction in client care. A descriptive survey design was adopted. Using non probability convenience sampling 243 nursing students were selected as subjects. Instruments used for collecting the data consisted of Proforma for socio demographic variables, Life Skills Assessment Scale (Only self-awareness dimension was used) developed by Radhakrishnan Nair, Subashree. The results revealed that majority 147 (60.5%) of the nursing students had average level of self-awareness, 55 (22.6%) of students had high level, 23 (9.5%) had very high level and only 18(7.4%) had low level of self-awareness. There was a significant association between self-awareness and sex at $p < 0.05$ and year of study at the level of $p < 0.001$. Self-awareness is the foundation skill required for reflective practice as the outcomes from being self-aware underpin whole process. Self-awareness helps in personal success and management. The present study concluded that majority of the nursing students were having average level of self-awareness. More emphasis should be given to Self-awareness training.

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Keywords

Self-awareness;
Nursing students;
Nursing college;
Life skills assessment scale.

Introduction

Caring, the basis of good nursing depends on you knowing more about who you are. It is only when we know ourselves that we can be aware of what we will and will not accept from others in our lives – it helps us to relate to other people. Being self-aware enables us to identify our strengths and also those areas that can be developed. If we do not know our good and bad points then we are less likely to be able to help others. Nurses can use the self to therapeutic effect when working with patients (Jack and Smith, 2007). Eckroth-Bucher (2010), defines the concept as “Self-awareness involves the

cerebral exercise of introspection. This attribute reflects the cognitive exploration of own thoughts, feelings, beliefs, values, behaviors, and the feedback from others.”

According to Hildegard Peplau, “The central task of the basic professional school of nursing is viewed as the fullest development of the nurse as a person who is aware of how she functions in a situation”

Rungapadiachy (1999) suggests that becoming self-aware is compulsory in the caring professions and that it comprises three interrelated aspects: cognitive, affective and behavioural. He also states that the nature of being

self-aware means there is no 'saturation point'. He proposes three layers of self-awareness. First is superficial, for example, awareness of one's age and gender. Second is selective, which includes awareness of things that we feel we may need to be aware of, such as our outward appearance and attitudes. Third is deeper awareness – issues known only to ourselves. This level reflects our deepest secrets and thoughts.

Rasheed (2015), states that self-awareness is a dynamic and transformative process of self-reflection and change. It is a first step towards taking better care of you and it also helps in becoming resilient.

Campbell (1980) has identified a holistic nursing model of self-awareness that consists of four interconnected components:

The psychological component includes knowledge of emotions, motivations, self-concept, and personality. Being psychologically self-aware means being sensitive to feelings and outside events that affect those feelings.

The physical component is the knowledge of personal and general physiology, as well as of body sensations, body image, and physical potential.

The environmental component consists of the sociocultural environment, relationship with others, and knowledge of the relationship between humans and nature.

The philosophical component is the sense of life having meaning.

Self-awareness is the use of self-assessment to analyze and guide behavior in a genuine way; which enables nurses to create an environment which helps in promoting interpersonal relationship with the patients. It helps in engaging in healthy behaviors and ultimately helps in becoming better nurses and leads to better client care.

Furthermore, Nursing students and nurses bring not only caring to their wounded clients but also at times their own unresolved personal stress. Especially without mindful awareness, projection of the nurse's unacknowledged emotional encumbrances (counter transference) threatens the effectiveness of nurse-client relationship. It also improves the communication skill (Rasheed, 2015).

Han Soolgi and Kim Sungjae (2016) suggest that with self-awareness, one's own emotional issues can be sorted out and will not be expressed in harmful ways with clients. Additionally, it enables trainees to experience for themselves what it is like to be a client working through personal issues. By doing so, people become aware of numerous personal characteristics. Therefore, with self-awareness, nurses tend to reduce clients' stigma. Increased self-awareness allowed student nurses to promote empathy. Furthermore, it has a positive effect on increasing self-efficacy and autonomy. By enabling self-releasing and refilling behaviors, nurses overcome negative outcomes.

Arnold and Boggs (2015) states that self-awareness helps nurses to understand more about their clients. The more one knows about oneself, the more flexibility one gains to realistically interpret and cope constructively cope in challenging health situations.

Self-awareness helps nurses work from their strengths and cope more effectively to minimize personal weaknesses in interactions with others. Additionally, it helps nurses to stop avoiding clients and reduces their anxiety, which has an effect on the quality of nursing care.

Objectives

To assess the self-awareness among nursing students of selected nursing college.

To find the association of levels of self-awareness of nursing students with their selected socio demographic variables.

Materials and Methods

Research design

Descriptive survey design was adopted for the study.

Setting

The study was conducted in selected nursing college in Puducherry.

Sample

All the students studying B.Sc. Nursing, M.Sc. Nursing, Post Basic Diploma in Nursing were considered as the samples.

Sampling technique

Convenience sampling technique was used to obtain a sample of 243 nursing students.

Data collection tool

Proforma for socio demographic variables

Life Skills Assessment Scale developed by Radhakrishnan Nair, Subashree 2014 (only self-awareness dimension was included), which is a 5 point scale consisted of 11 items. It consisted of both positive and negative items. The maximum score is 55 and the minimum score is 11. The scores are further divided into very high (>48), high (44-48), average (34-43), low (29-33) and very low (<29).

Data collection procedure

After getting administrative approval and informed consent from the students the data were collected

Data analysis

Descriptive and inferential statistics were used to analyse the data.

Results and Discussion

Data presented under the following headings.

Table 1 shows the frequency and percentage wise distribution of demographic variables of nursing students

Table 2 shows the frequency and percentage wise distribution of level of self-awareness among nursing students.

Majority of the nursing students had average level of self-awareness 147 (60.5%), 55 (22.6%), of students had high level of self-awareness, 23 (9.5%) had very high level of self-awareness, very less number of the students had low level of life self-awareness 18 (7.4%) and none of the students had very low level of self-awareness.

Table 3 shows that there is a significant association between the level of self-awareness and sex at the level of $p < 0.05$ and year of study at the level of $p < 0.001$.

Majority (52.6%) of students was in the age group of 20-25 years and most of them (84.8%) were females.

Majority of the students were studying B.Sc. Nursing course. In relation to place of stay 140 (57.6%) of students were staying in home.

Fig.1 Level of self-awareness among nursing students

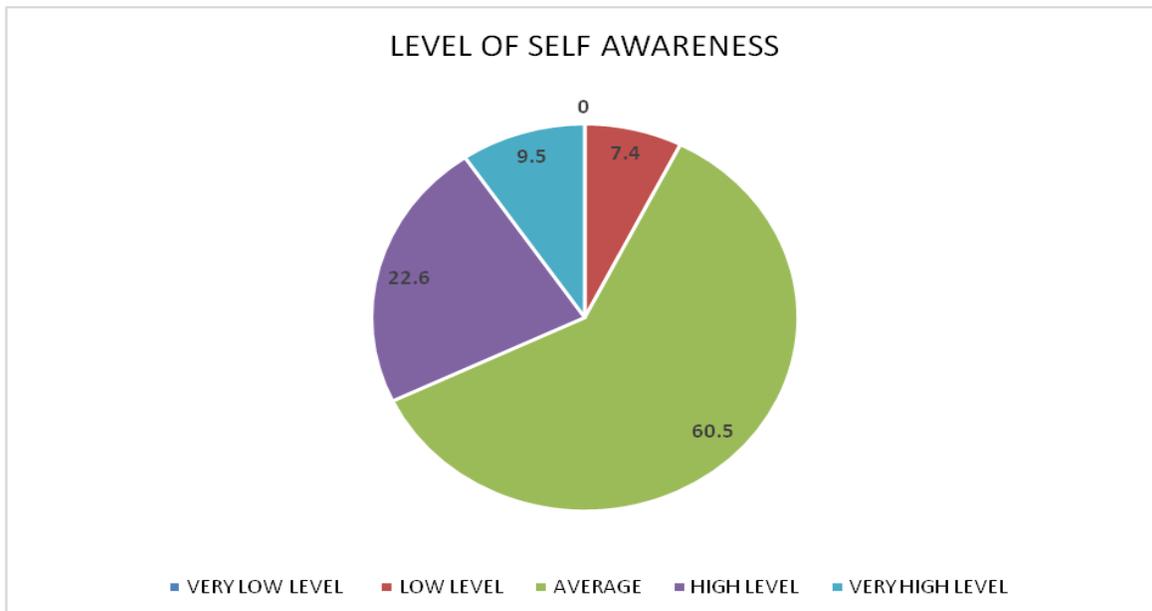


Table.1 Frequency and percentage wise distribution of demographic variables among nursing students (N=243)

S. No	Demographic variables	Frequency	Percentage
1	Age in years		
	a).Below 20	85	35
	b). 20- 25	152	52.6
	c). Above 25	6	2.4
2	Sex		
	a).Male	37	15.2
	b). Female	206	84.8
3	Course of study		
	a).B.Sc. Nursing	201	82.7
	b). M.Sc. Nursing	34	14
	c). Post basic diploma in nursing	8	3.3
4	Year of study		
	a).B.Sc. Nursing I Year	45	18.5
	b). B.Sc. Nursing II Year	67	27.6
	c). B.Sc. Nursing III Year	52	21.4
	d). B.Sc. Nursing IV Year	37	15.2
	e). M.Sc. Nursing I Year	22	9.1
	f). M.Sc. Nursing II Year	12	4.9
	c). Post Basic Diploma in Nursing	8	3.3
5	Place of stay		
	a). Hostel	103	42.4
	b). Home	140	57.6

Table.2 Frequency and percentage wise distribution of level of self-awareness among nursing students (N=243)

Level of self-awareness	Frequency (N)	Percentage (%)
Very low level (<29)	0	0
Low level (29-33)	18	7.4
Average (34-43)	147	60.5
High level (44-48)	55	22.6
Very high level (>48)	23	9.5

Table.3 Association between the level of self-awareness among nursing students with selected demographic variables
N=243

SL. NO	Demographic variables	Level of self-awareness								X ²	df	p-value
		Low		Average		High		Very high				
		N	%	N	%	N	%	N	%			
1	Age									5.26	6	.510
	Below 20 years	4	4.7	48	56.5	23	27.1	10	11.8			
	20-25 years	14	9.2	96	63.2	30	19.7	12	7.9			
	Above 25 years	0	0	3	50	2	33.3	1	16.7			
2	Sex									8.21	4	.046*
	Male	3	8.1	21	56.8	9	24.3	4	10.8			
	Female	15	7.3	126	61.2	46	22.3	19	9.2			
3	Course									4.26	6	.641
	B.Sc Nursing	17	8.5	119	59.2	46	22.9	19	9.5			
	M.Sc Nursing	1	2.9	23	67.6	6	17.6	4	11.8			
	Post basic diploma in nursing	0	0	5	62.5	3	37.5	0	0			
4	Year of study									19.6	8	.001**
	B.Sc Nursing I year	0	0	29	64.4	10	22.2	6	13.3			
	B.Sc Nursing II year	8	11.9	38	56.7	13	19.4	8	11.9			
	B.Sc Nursing III year	3	5.8	30	57.7	16	30.8	3	5.8			
	B.Sc Nursing IV year	6	16.2	22	59.5	7	18.9	2	5.4			
	M.Sc Nursing I year	1	4.5	14	63.6	5	22.7	2	9.1			
	M.Sc Nursing II year	0	0	9	75	1	8.3	2	16.7			
	Post basic diploma	0	0	5	62.5	3	37.5	0	0			
5	Place of stay									5.20	3	.158
	Hostel	5	4.9	63	61.2	21	20.4	14	13.6			
	Home	13	9.3	84	60	34	24.3	9	6.4			

*-p<0.05, significant and **-p<0.001, highly significant

With regard to level of self-awareness majority 147 (60.5%), of the nursing students had average level of self-awareness, 55 (22.6%) of students had high level of self-awareness, 23 (9.5%) had very high level of self-awareness, very less number of the students had low level of life self-awareness 18 (7.4%) and none of the students had very low level of self-awareness. This result is consistent with the results obtained from the research by Rajini DHINGA and Kriti Singh Chauhan (2017), on assessment of life skills of adolescents in relation to selected variables which indicated that 57% of adolescents were having average level of self-awareness. It is also supported by the study conducted by Arati Chakra (2016), on life skills approach to adolescent development indicated that majority (73%) of adolescent were having average level of self-awareness (Fig. 1).

The findings related to association reveals that there is a significant association between the level of self-awareness and sex at the level of p< 0.05 and year of study at the level of p< 0.001. The result is supported by the study conducted by Aruradha (2014), on assessment of life skills among adolescents which reveals that there is a significant difference in the self-awareness scores of male and female. Self-awareness mean scores were more for girls than boys.

Self-awareness is considered as the therapeutic tool for nurse client relationship. Self-awareness may both enhance self-care and improve patient care and satisfaction. When professionals integrate self-awareness into their practice, this may help them to accept limits (including personal vulnerability, personal influence,

responsibility and accountability for change, and limits of the known and unknown) and maintain clarity about self in relation to others, in terms of both interconnections and boundaries.

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