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Eliciting the Theory of Meaning on Self-Care for Nurses: Application of Ray's Caring Inquiry

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ABSTRACT

This study aims to explore the self-care experiences of Christian nurses in the Philippines, examining how their spiritual beliefs shape their professional and personal well-being. Using Ray's Caring Inquiry methodology, in-depth interviews were conducted with 30 nurses from diverse practice settings, resulting in seven key meta-themes: (1) surviving personal hardships, (2) transcending personal attachment to God, (3) loving oneself to love others, (4) envisioning oneself to serve others, (5) actualizing life's purpose, (6) integrating mind, body, and spirit, and (7) modeling self-care. While this research offers significant insights, its findings are limited to Christian nurses and may not fully reflect the experiences of those from different religious or cultural backgrounds. Future studies should explore spiritual self-care practices across various traditions to enhance the generalizability of the findings. Additionally, investigating the relationship between self-care, spirituality, and career longevity could provide valuable insights into how these practices contribute to professional fulfillment and mitigate burnout. The study also highlights the need for further research on how nurses can serve as role models of self-care, fostering a culture of wellness and compassion in healthcare. This pioneering study in the Philippines, utilizing Ray's Caring methodology, offers a unique contribution to the understanding of self-care in the nursing profession.

KEYWORDS

Filipino nurses,
Ray's Caring
Inquiry; self-care;
spirituality; theory
of meaning, well-
being

INTRODUCTION

At its core, nursing is the study of caring within the human health experience. Caring is not just a practice in nursing; it is the essence that defines the profession. As Tuppal et al. (2022) assert, nursing embodies caring, and this principle remains central to the discipline. Many authors have described caring in nursing in various ways. For Leininger (1978), caring is the dominant intellectual, theoretical, and practical focus of nursing. Boykin and Schoenhofer (1990) highlight it as an essential expression of being human. Similarly, Watson (1988, 2020) emphasizes that caring is a mutually beneficial experience for the patient the nurse and the entire healthcare team.

Numerous studies have demonstrated the positive outcomes associated with caring in nursing. Wolf (2013) suggests that caring improves a patient's physical, emotional, social, and spiritual well-being and patient satisfaction and length of hospital stay, and even reduces healthcare costs. However, the benefits of caring are not one-sided. Nurses themselves experience professional, emotional-spiritual, and social benefits from caring, such as enhanced intuition, empathy, clinical judgment, and a sense of purpose and connection to patients and colleagues (Wolf, 2013).

Despite being central to the healthcare system, the nursing profession is grappling with an escalating crisis—nurse burnout. Nurses worldwide are confronted with high stress levels, overwhelming workloads, and the pervasive impact of burnout, leading to increased absenteeism, higher turnover intentions, and, in some cases, departure from the profession altogether. A global pooled prevalence of burnout symptoms among nurses stands at 11.23% (Woo et al., 2020). This issue is not confined to one region but is a widespread concern, observed in countries such as China (Zhang et al., 2018), India (Baruah et al., 2019), Israel (Dor et al., 2019), Japan (Minamizono et al., 2019), Saudi Arabia (Bany Hamdan et al., 2019), Singapore (Tan et al., 2020), Thailand (Phuekphan et al., 2021), and the United States (Draze, 2022). In the Philippines, nurses face compounded challenges, including excessive workloads, inadequate pay, and limited benefits, which contribute to a growing intention to emigrate in search of better opportunities (Balinbin et al., 2020; Falguera et al., 2021). This systemic issue requires urgent attention to safeguard the well-being of nurses and ensure a sustainable healthcare workforce.

Given nurses' challenges, self-care has become a vital strategy for managing stress, preventing burnout, and building resilience. However, despite its proven benefits, research shows a troubling trend: many nurses neglect self-care (Helming et al., 2020). Self-care is crucial for reducing stress and burnout (Posluns & Gall, 2020; Mattioli et al., 2018), but it also helps alleviate emotional strain (Delgado et al., 2017). More importantly, it enhances nurses' overall well-being and strengthens their ability to build meaningful therapeutic relationships with patients and colleagues (Helming et al., 2020; Tuppal et al., 2022).

Historically, Florence Nightingale recognized Christ as the foundational author of the nursing profession (McDonald, 2017), emphasizing the importance for nurses to be “rooted and grounded in Christ” (McDonald, 2017). Building on this spiritual foundation, the concept of Holistic Nursing emerged in the 1970s and 1980s, a time when the nursing profession began to recognize the importance of addressing not only the physiological and cognitive needs of patients, but also their spiritual well-being (O’Brien, 2003). However, as nursing has evolved, it has encountered diverse paradigms, often moving away from its holistic roots. Recently, there has been a renewed emphasis on holistic nursing, which integrates the care of the body, mind, and spirit (Helming et al., 2020). This resurgence aligns with the redefinition of nursing as both a science and an art, a perspective embraced by the American Nurses Association (ANA, 2021).

Despite recent advancements, a notable gap remains in the literature regarding self-care theory within nursing, especially concerning the experiences of Filipino nurses and their encounters with burnout. This gap highlights the critical need for deeper exploration of self-care practices through cultural and spiritual lenses, particularly for nurses in the Philippines and globally. The research question for this study focuses on exploring the self-care practices of nurses across diverse fields in the Philippines. By examining the self-care experiences of Filipino-educated nurses in various practice settings, this study seeks to fill this gap and contribute to the development of a Self-Care Theory of Meaning. The findings aim to inform both nursing practice and future research, offering valuable insights into how self-care can be understood and applied in the nursing profession.

OBJECTIVE OF THE STUDY

This study aims to explore and elucidate the meaning of self-care experiences among a select group of Christian nurses employed in diverse practice settings across the Philippines. This research highlights the spiritual dimensions of self-care, emphasizing their significance in addressing and mitigating burnout. By delving into the interplay between spirituality and self-care, the study aims to provide insights that can enhance nurses’ well-being and resilience while fostering a deeper understanding of their professional and personal practices.

METHODOLOGICAL FRAMEWORK

Research Design

Ray's Caring Inquiry methodology (1991, 2013, 2019) is a qualitative approach that blends phenomenology and hermeneutics, rooted in the work of

scholars like Husserl, Heidegger, Ricoeur, and van Manen. This approach focuses on understanding the lived experiences of individuals and interpreting them within a deep, compassionate context. It emphasizes the spiritual connection between the researcher and participants, where both move beyond the personal “I” and “they” to a shared, compassionate “we.” This shift in consciousness allows for a deeper, spiritual connection that leads to transformative understanding and insight.

Caring Inquiry is not just a research method but an aesthetic, spiritual journey of mutual understanding and compassion. It involves both the researcher and the participants entering a meaningful union, illuminating the essence of the experiences being studied by bringing into being a knowledge of the substantiality of the created—a growing of the divine or spiritual life within (Steiner, 1989 in Ray, 1991, 2013, 2019). Through this process, the researcher taps into a higher sense of wisdom, where personal insights and spiritual revelations shape the creation of new theories about the human experience.

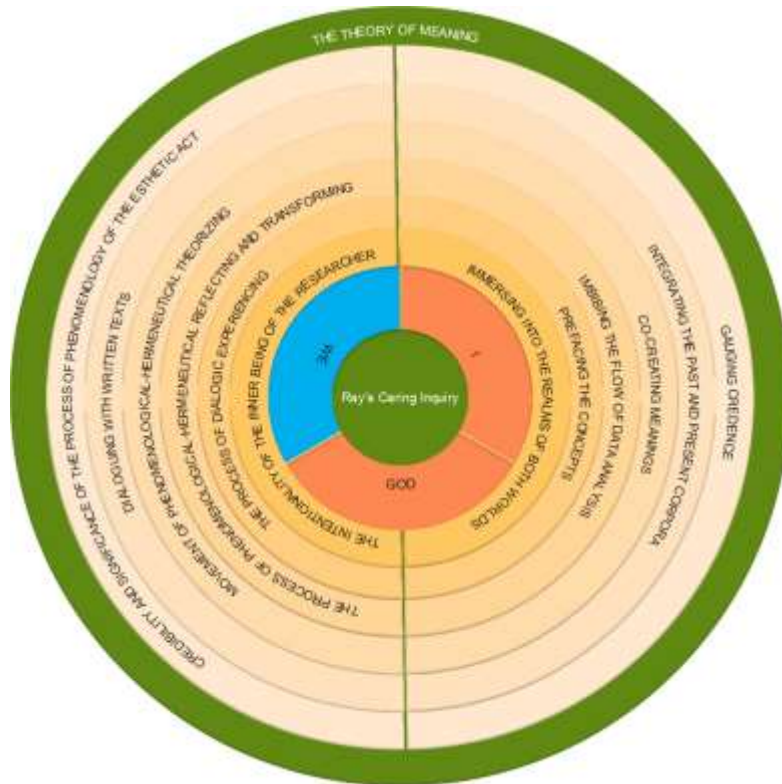


Figure 1. Ray's (2013) Caring Inquiry vis-à-vis Researchers' Understanding of the Methodological Process.

The Caring Inquiry Process

The process begins with *The Intentionality of the Inner Being of the Researcher: Immersing into The Realms*, where the researcher engages in deep self-reflection to clarify their understanding of the phenomenon being studied—such as self-care among nurses. This reflection helps the researcher set aside preconceived notions and shift their focus from "I" to "we" in a compassionate, shared space.

The *Process of Dialogic Experiencing: Prefacing the Concepts* is the second step in Caring Inquiry. This phase involves selecting participants, addressing ethical concerns, recognizing the compassionate "we," and gathering data through observation and conversation (Ray, 1991). The researcher focused on the question, "What does self-care mean to you?" This question started a dialogue that encouraged a back-and-forth exchange between the researcher and participants. This interactive process allowed the researcher to ask follow-up questions based on the participant's responses, helping to gain deeper insights into their self-care experiences. To clarify the meaning of the phenomenon, the researcher used probing questions to explore the participants' descriptions further. All conversations were audio-recorded and transcribed for analysis.

Following this, the process of phenomenological-hermeneutical reflection and transformation, which is imbibing data analysis flow, takes place. In this phase, the researcher listens carefully to the participants' narratives, setting aside their assumptions to understand and interpret the meanings behind their experiences deeply. The goal is to uncover the universal themes and metaphors that emerge from the shared self-care experiences.

In the phase of *Phenomenological-Hermeneutical Theorizing to a Theory of Meaning: Co-Creating Meanings*, the researcher focused on reflecting and interpreting the data. During this process, the "Seeing Self-in-Others" metaphor emerged and was developed into a theory of meaning. Caring Inquiry is a method that helps researchers find meaning in the experiences they study. In this case, the phenomenon of interest was nurses' self-care experiences in the Philippines.

The theory came about as the researcher worked to understand and synthesize the meaning of these experiences, considering the context and time in which they occurred. Meaning is always shaped by its context, or "lifeworld," and the context itself provides depth and understanding. In this study, the "Total Self for God and Others" theory emerged as an intuitive understanding of the participants' self-care experiences.

The researcher's insights were guided by the presence of the

"invisible sharer" (God/Christ in the consciousness of the researcher), illuminating the themes and deeper meanings in the data. This discovery process aligns with Ray's teachings about the role of the "invisible sharer," which played a vital part in shaping the theory of meaning.

In the phase of *Dialoguing with Written Texts: Integrating the Past and Present Corpora*, the researcher carefully reflected on and engaged with existing writings about self-care, burnout, compassion fatigue, caring science, and other relevant studies. This helped uncover the study's themes, metathemes, metaphors, and the overarching theory, "Total Self for God and Others." The researcher compared current self-care theories with the findings of this study, deepening her understanding of the spiritual aspects of nursing. This theory broadens perspectives, encouraging new ways of thinking and challenging common assumptions about nurses' experiences. Ultimately, this study empowers nurses, not only in the Philippines but globally, to embrace nursing as an act of caring and to view self-care as something entrusted to God's grace, mercy, and guidance, as reflected in scripture (Deuteronomy 31:6; Hebrews 13:6; 1 John 4:18).

Finally, in the *Credibility and Significance of the Process of Phenomenology of the Esthetic Act: Gauging credence phase*, Ray (2019) outlined five key concepts—Recognizing, Believing, Acknowledging, Affirming, and Confirming—that help validate the research and its findings. These concepts ensure that the lived experiences shared by the researcher and participants and the data collected and analyzed are meaningful and trustworthy.

The phenomenological evidence, reflecting the participants' real-life experiences, was synthesized by the researcher into the theory, Total Self for God and Others: A Theory of the Meaning of Self-Care for Nursing. This process deepened understanding, shedding light on the human and spiritual dimensions of the participant's experiences and the researcher's role in the study.

The researcher clarified the overall meaning through Affirming and Confirming, bringing together all the findings into a unified theory. This unity of meaning reflects the researcher's intuitive grasp and interpretation of the participants' stories. The study was conducted with ethical care and adherence to qualitative, phenomenological, and hermeneutic methods, ultimately leading to the development of the theory.

To further establish credibility, the researcher shared the findings with participants for validation, who confirmed the accuracy of the data. This process reinforced the study's trustworthiness. By synthesizing the findings into a coherent theory, the research offers valuable insights, enhancing readers' understanding (Ray, 2019).

Setting and samples. Eligible participants in this study met the following criteria: (1) staff nurses and public health nurses aged 25 to 60 years, who had been assigned to their designated areas for at least two years; (2) nurse educators aged 35 to 60 years, with a minimum of five years of teaching experience, including both classroom instruction and clinical supervision; (3) nurse administrators aged 35 to 65 years, with at least five years of experience in an administrative position; (4) Christian nurses who identify as believers in Christ; and (5) individuals willing to participate and sign the Informed Consent form. Participants were recruited from health institutions and colleges of nursing throughout Northern Mindanao, the Philippines. Additionally, the researcher included Ruth (a pseudonym), a nurse working in two hospitals abroad, to explore the self-care practices of nurses working internationally. Ruth voluntarily participated in the study, and her interview was conducted via Skype. Nurses who did not meet the specified inclusion criteria were excluded from the study.

Ethical Consideration. The researcher followed all ethical guidelines, obtaining clearance from the Institutional Ethics Review Committee at a university in the Philippines (Protocol Code 2019-01 PhDNS-14). Additional approvals were secured from the Nursing Directors and Deans of the participating institutions. Participants were fully informed about the study's purpose, and their consent was obtained before participation.

RESULTS AND DISCUSSION

Profile of the key informants

The participants in this study ranged in age from 26 to 64, representing a wide span of professional experience and life stages. The group included 20 females and 10 males, with the majority being married (14), while the remaining 16 were single. In terms of religious affiliation, the largest group identified as Roman Catholics (15), followed by Seventh-day Adventists (8), Born Again Christians (5), and Baptists (2).

The participants were assigned to diverse professional roles. Most worked as staff nurses in various clinical settings, including the Operating Room (OR), Emergency Room (ER), Intensive Care Unit (ICU), and Medical-Surgical Wards. A significant number also served as nurse educators or deans in nursing schools, while others held administrative leadership roles, such as Nursing Directors or Chief Nurses. Additional specialized roles included public health nurses, hemodialysis specialists, and quality assurance nurses.

The participants' years of professional experience varied greatly, ranging from as little as 9 months to over 24 years. Many participants balanced challenging workloads in hospitals, public health institutions, or academia, with several working in dual or overlapping roles that combined clinical duties with teaching or administrative responsibilities. Additionally, a small subset of participants worked internationally, offering unique insights into self-care practices across different cultural and professional contexts.

Metathemes

Metathemes are overarching, unifying concepts or ideas that emerge from qualitative data analysis. They go beyond individual themes by integrating and synthesizing multiple related themes into a broader, more comprehensive understanding of a phenomenon. Metathemes capture the essence of participants' shared experiences, providing deeper insights into the core meaning and context of the studied subject.

In research, meta-themes are derived through an iterative process of data analysis, often involving phenomenological or hermeneutic approaches. They represent the fundamental patterns and connections across participants' narratives, highlighting the shared realities that transcend individual perspectives.

Seven meta-themes were co-created through this caring inquiry, each reflecting a deep and interconnected understanding of the participants' lived experiences. These meta-themes serve as thematic foundations, revealing the profound ways self-care and spirituality intersect within nursing.

Surviving Personal Hardships

The personal hardships that emerged from the narratives of the key informants were described as personal needs deprivation and personal health problems.

Personal Needs Deprivation. The key informants expressed their physiologic needs, which were sacrificed to prioritize their patients' needs. Grace shared:

Sometimes, I fail to take my meals because of the continuous admission of patients to the emergency room. I drink lots of water to satisfy my hunger.

Grace further disclosed her depressing experience regarding holding back her elimination need. She said:

Many patients were admitted, even to the point that I suppressed my need to eliminate to cater to the patient's needs.

Personal Health Problems. Some key informants communicated that their health issues prompted them to adopt healthy behaviors. Hope narrated:

My diagnosis of mild tricuspid regurgitation is an awakening event in my life. Now, I take the time to eat breakfast. I stopped drinking soft drinks and avoided salty and fatty foods. I also hydrate by drinking 1-2 liters of water daily. I now sleep for 8–10 hours. Moreover, to help me relax, I read eBook novels and knit a scarf.

Transcending Personal Attachment to God

The key informants have a personal attachment to God, described as the unitive relationship between God and the nurse. Their self-transcendence and obedience show their relationship with God.

Self-transcendence. David believed that God had a purpose for all the events in his life when he mentioned:

I believe that God is the reason behind every circumstance of my life. I should not have reached this far had it not been for Him.

For Gabriella, she considered God as the source of her strength, and she said:

He [God] is the source of my strength because how can I work if I do not have His strength- that is why He is my priority.

Obedience to God. The key informants recognized the importance of prayer in their life, which consists of listening to God and trusting His guidance to perform what is expected of them as God's stewards. They see God as their wisdom, strength, and healing source. Beulah is caring for herself to fulfill God's commission. She communicated:

Serving others, God's commission, stimulated me to

care for myself. Neglecting oneself is a form of disobeying God.

Loving Self to Love Others

Self-sustenance. Amidst the hectic schedules and many tasks, these key informants find ways to give them the strength to carry out those assigned tasks. Deborah said:

I ensure I eat, even if I do not have an appetite. I must force myself for sustenance.

Self-esteem. One of the key informants' issues is building their self-worth. Ruth proudly shared:

I was nominated for the Top 100 Nurses in Houston. When the patients asked me, "Are you a Filipino?" I said, "Yes, Ma'am, yes, sir," and they said, "Oh, [. . .] Filipinos are the best nurses."

Imaging Self to Serve Others

Vessel of God. One factor that prompted the key informants to take care of themselves was their desire to be of use to God and serve others. Abraham firmly believed that God's presence was flowing through him.

I care for myself because we are God's instruments in manifesting His love and faithfulness to humanity.

Self-through-others is also apparent to other key informants. As the key informants holistically care for themselves, they become empowered and positively charged individuals. Thus, they have allowed the patient's negative influx of pain and suffering and enabled them to be authentically present with them. Martha said:

Despite my exhaustion and burnout, I provided my patients with high-quality care. I see myself satisfied and happy when I see my patient satisfied and comfortable.

Actualizing Life's Purpose

Meaningful Existence. Those individuals with a close emotional bond with God take work as having a sacred nature and calling from God. Thus, the person accepts one's job or profession as the meaning and purpose of one's existence. The key informants firmly believe that their profession is God's calling. Faith said:

Knowing that my mission is to help others sustains me where I am now.

Life's Ultimate Goal. Some key informants communicated that their destination would be with the Heavenly Father. Bathsheba mentioned:

The ultimate goal of life is to enter our heavenly home. This is why God is the most important thing in my life.

Interweaving Mind-Body-Spirit

The main issue highlighted by the participants is the belief that a person is a vessel of God. Beulah shared the same thought, and she said,

Self-care is the inner care of yourself. I must pray first to have peace of mind, and then I can care for myself physically, emotionally, and mentally.

Modelling Self. Key informants know their patients, students, colleagues, and subordinates are observing them. Thus, they are caring for themselves to be good examples. As a Nursing Director, Esther is inspired to see the impact of self-care.

I used to be strict with my employees, but when I learned to manage my emotions and establish a good relationship with them, they, in turn, learned to communicate well with their patients.

Enlightening Experience. One key informant shared that her colleague had a brush with death due to self-care deprivation. Upon reflection, Martha realized:

It was an eye-opener when a colleague was confined after long hours of heavy duty. It started with a dull headache and fever that led to lengthy hospitalization due to deprivation of one's self-care to cause a near-death experience with a Glasgow Coma Scale (GCS) 3.

Symbolism of the Visual Representation

The metaphor, "**Seeing Self-in-Others Toward an Empowered Self**", evolved and deepened through phenomenological-hermeneutical theorizing, becoming a central construct of this study (Ray, 2019). This metaphor encapsulates the nurses' self-care experiences, symbolizing

their resilience and ability to persevere despite their hardships. It reflects the nurses' understanding of their life's purpose, which enables them to remain faithful to their calling and approach their work with renewed perseverance. The metaphor was further magnified through deeper hermeneutical-phenomenological reflection and intuiting, leading to its aesthetic representation in this research. The researcher created a symbolic depiction using **Baybayin**, a pre-colonial writing and representational system used by early Filipinos. Derived from the Tagalog root word *baybay*, meaning "to spell," Baybayin is employed here as a visual and cultural medium to illuminate the metaphor's profound meaning (Nogra et al., 2020).

Figure 2 portrays a female nurse enveloped in peace and self-love, depicted holistically. The nurse is surrounded by a red ribbon, symbolizing her holistic care of spirit, soul, and body. This ribbon connects to a radiant light in the upper left corner, symbolizing her relationship with God. This divine connection is the source of revelatory knowledge, inspiring the nurse's understanding of her identity and life's purpose. From this spiritual foundation flows the motivation to love and care for herself, empowering her to care for others authentically.

Baybayin texts are intricately incorporated throughout the ribbon, representing the nurse's transformative journey as she embraces self-care. At the uppermost part of the ribbon, the texts reflect the initial stages of self-realization and spiritual connection. As the ribbon encircles the nurse, the texts embody the ongoing transformation, showcasing her growth into a role model for others to emulate. The bottom of the ribbon signifies the culmination of this empowerment, as the nurse becomes fully equipped to face life's challenges with resilience and compassion.

The metaphor embodies the nurse's preparedness to battle life's hardships and provide compassionate service to others. The Baybayin texts emphasize the cyclical nature of empowerment: as the nurse cares for herself, she becomes a source of inspiration and strength for those she serves. This holistic service—encompassing spirit, soul, and body—projects a reciprocal response to the needs of others. Consequently, the self and others are empowered to navigate life's challenges with renewed hope and assurance.

This metaphor highlights the transformative power of self-care and underscores its spiritual and cultural significance. It serves as a potent reminder that caring for oneself is integral to the ability to care for others, reinforcing the interconnectedness of personal well-being and professional resilience in the nursing vocation.



Figure 2. Art Expression of Total Self for God and Others: A Theory of Meaning of Self-Care for Nursing

The *Total Self for God and Others: A Theory of the Meaning of Self-Care for Nursing* provides a fresh perspective on integrating spirituality into nursing practice, emphasizing its profound impact on nurses' well-being and caregiving abilities. This theory highlights the vital role of spirituality in fostering holistic self-care, enabling nurses to balance the demands of their profession while maintaining their physical, emotional, and spiritual health. Moreover, this theory reinforces that within the application of the caring inquiry process, as an aesthetic, a spiritual journey, "...there can be no experience that does not wager on a presence of sense that is, finally theological (God-created or love)" (Steiner, 1989, pp. 215-216).

Through this lens, nursing is reframed as a professional commitment and a spiritual vocation. Nurses are empowered to view self-care as a personal responsibility and a divine calling grounded in their connection to God. This spiritual foundation equips them to face

workplace challenges with resilience, find deeper meaning in their work, and extend compassionate care to others.

The theory aligns with Ray's Caring Inquiry methodology, reinforcing that self-care is not merely a task but a transformative journey that integrates the unity of body, mind, and spirit. By nurturing their spiritual well-being, nurses can achieve greater professional satisfaction, mitigate burnout, and create a ripple effect of positive influence on colleagues and patients.

Practical Applications

Nurses should be encouraged to incorporate spiritual self-care practices, such as prayer, meditation, and reflective journaling, into their daily routines. These practices foster inner peace, emotional balance, and a sense of purpose, all of which are essential in managing stress and providing high-quality care.

Understanding the interconnectedness of self-care and caregiving allows nurses to model holistic care for their patients. By addressing their own spiritual and emotional needs, nurses can create a compassionate and empowering environment that supports both patients' recovery and nurses' professional growth.

Healthcare institutions can support nurses' self-care by promoting spiritual wellness programs, offering mindfulness workshops, and fostering a culture of empathy and respect. These initiatives enhance job satisfaction and reduce burnout, ultimately improving patient outcomes. Ray's (1981b, 1989, 2010, 2016, 2021) qualitative (ethnographic, phenomenological and grounded theory and mixed methods) research which includes the discovery of the Theory of Bureaucratic Caring illuminated the meaning of caring in complex health care institutions. Bureaucratization is a reality in health care and has become stronger over the years. Caring in Ray's studies emerged as a spiritual-ethical concept within diverse clinical contexts, not only, within transpersonal relationships of health care personnel, but also, for administrators within diverse hospital administrative contexts. In her early research, the turning point in understanding the meaning of caring in administration as spiritual and ethical, particularly ethical, was the way in which administrators whose jobs/roles upheld the bureaucracy expressed the meaning of caring. Ray identified the bureaucratic research structure as 1.) the political (power and authority) or governance of the organization, 2.) the economic (balance of goods, money and services) or how the organization is economically sustained to function, 3.) the legal (rules, regulations, policies) or the stability of human caring with inside and outside regulation, and 4.) the technical/technology or how non-human resources are balanced to meet the needs of human patients and staff within the hierarchy of roles and responsibilities. The research overall

showed that nurses, patients, and nursing and non-nursing administrators sought to incorporate a spiritual-ethical view of the meaning of caring. Staff nurses, however, had difficulty in understanding how they could incorporate the context or system into their nursing view given the severe economic impact on them due to the increased morbidity of patients, their increased workload, and diminished numbers to adequately care. Patients, though, understood the criticality of caring and saw it as central to their wellbeing and recovery. In contemporary health care in the United States and globally, more and more, administrators are attempting to understand patient and nurse dissatisfaction and that satisfaction itself relies upon respect for nurse caring and on the ability to provide time to care.

Nursing curricula should integrate the themes identified in this study, particularly the role of spirituality in self-care and caregiving and the ethics of the nurse-patient-administrator relationship to sustain caring and self-care in the organizational context. This will prepare future nurses to approach their work holistically, emphasizing the unity of mind, body, and spirit.

Addressing Limitations and Future Research

While this study offers significant insights, its findings are limited to Christian nurses and may not fully represent nurses' experiences from other religious or cultural backgrounds. Future research should explore the spiritual self-care practices of nurses from diverse traditions to expand the applicability of this theory.

Future studies should explore how nurses navigate personal hardships while maintaining professional resilience, shedding light on strategies that enable them to balance their profession's emotional and physical demands. Examining the relationship between self-care, spirituality, and career longevity can provide valuable insights into how spiritual practices contribute to sustained professional fulfillment and reduced burnout. Research should also investigate the impact of integrating mind-body-spirit practices into daily nursing routines, highlighting how these holistic approaches enhance both personal wellbeing and professional performance (Ray, 2015). Finally, it is essential to study how nurses can serve as role models of self-care for their peers and patients, fostering a culture of wellness and compassion within the healthcare environment. These areas of inquiry will further advance the understanding of self-care's role in the nursing profession and its potential to improve both individual and organizational outcomes.

CONCLUSION

The *Total Self for God and Others* theory underscores the importance of spirituality in nursing, providing a framework for integrating holistic self-care into professional practice. By embracing this theory, nurses are empowered to care for themselves and others with compassion, resilience, and purpose. This approach enhances nurses' well-being and elevates the quality of care provided to patients, fostering a more compassionate and sustainable healthcare environment. By recognizing the transformative power of spirituality, nursing can evolve as a profession that nurtures the mind, body, and spirit of both caregivers and those they serve.

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