FEATURE ARTICLE

The Self-care Nursing Competency: Framing the Mirrored Care Theory

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Abstract

Caring for ourselves mirrors our caring for others. This mirrored care theory serves as the embodiment of a nurse possessing a self-care nursing competency capable of mirroring competent patient care. The key concept of the theory is self-care nursing competency. Nursing has been established within this theory to help nurses achieve patient care competencies and impact the nursing profession. Self-care nursing competency contains three domains: self-awareness, self-regarding behavior, and self-love. Moreover, Hawthorne nurses are the nurse managers and leaders who must integrate and apply the self-care nursing competency and the concept of the mirrored care theory in the nursing curricula, policies, and programs. These managers and leaders should constantly monitor and appraise the system. Consequently, the mirrored care theory shall rationalize the inclusion of self-care nursing competency in the nursing scope and standards of practice.

When nurses possess self-care nursing competency, they are more competent in caring for others since they develop a sense of purpose, decrease experiences of burnout and dissatisfaction, and increase their morale. With this, the quality of care given by the nurses to themselves reflects the quality of care given to their clients. Hence, the mirrored care theory shall serve as a basis of caring not only for the patients but for the nurses as well.

Keywords: *Self-care nursing competency, mirrored care, self-awareness, self-regarding behavior, self-love, Hawthorne nurses*

Overview and Philosophical Standpoint

Caring for ourselves mirrors our caring for others. If we are competent in caring for ourselves, we can also be competent in caring for others. Competency is vital to the nursing profession that guarantees the high quality and effectiveness of delivered care and maintains the social value and status of the nursing profession (American Nurses Association Leadership Institute, 2013; Cusack & Smith, 2010; Chen, 2010; Porter-O'Grady, 2003). An individual who demonstrates competence is performing at an expected level. The Institute of Medicine (2003) defined professional competence as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice to benefit the individuals and community being served." Consequently, competencies are a requirement to render quality patient care, as stated authoritatively. As nurses, we do our best to comply until we forget that we are humans, too. While we nurses are experts at caring for others, we are novices at caring for ourselves (Hernandez, 2009). Recently, studies have shown that neglecting ourselves may result in burnout, decreased morale, job exit, nursing shortage, and poor patient care. Caring, the basis of good nursing, depends on knowing more about who we are (Smith, 2012). Still, issues of personal self-care are usually unaddressed, which has a lingering impact on maintaining awareness of the needs of others (Porter-O'Grady, 2003). Thus, it is imperative to include self-care nursing competency in the nursing scope and standards of practice.

The mirrored care theory is formulated to explain why we need to expect nurses to be competent in taking care of themselves. The mirrored care theory serves as the embodiment of a nurse possessing a self-care nursing competency capable of mirroring competent patient care. The key concept of the theory is self-care nursing competency. Nursing has been established within this theory to help nurses achieve patient care competencies and impact the nursing profession. Self-care nursing competency contains three domains: self-awareness, self-regarding behavior, and self-love. Moreover, Hawthorne nurses are the nurse managers and leaders who must integrate

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and apply the self-care nursing competency and the concept of the mirrored care theory in the nursing curricula, policies, and programs. These managers and leaders should constantly monitor and appraise the system. Hence, the mirrored care theory shall rationalize the inclusion of self-care nursing competency in the nursing scope and standards of practice.

The theory developed is based on the post-positivist approach, as indicated by how we measure the self-care care nursing competency among nurses. Post-positivism accepts the subjective nature of inquiry while still supporting rigor and objective measurement (McEwen and Wills, 2014). With this, competence can be evaluated using tools that capture objective and subjective data about the individual's knowledge base and actual performance and are appropriate for the specific situation and the desired outcome of the competency evaluation (American Nurses Association Leadership Institute, 2013). Measurement of self-care nursing competency may be done through reflective journaling (non-positivist approach) or using instrumentations like the Likert Scale (logical positivist approach). While the mirrored care theory represents a symbolic stance, the key concept of the theory, which is the self-care nursing competency, entails both personal and empirical as sources of epistemic knowledge.

Self-care nursing competency is mirrored as evidenced by our patient care competencies. This position is associated with G. H. Head, C. H. Cooley, and William James and is integral to the symbolic interactionist tradition (Gecas, Calonico, & Thomas, 1974). This view holds that the self-concept is a product of the reflected appraisals of others, especially significant others. Similarly, the social mirror theory in psychology posits that self-evaluation and reflection require a person's interpretation from their peers' perspective (Alleydog.com's online glossary, 2017). In my theory, others and peers are considered significant others. These are the patients who are a reflection of how we nurses provide care.

Moreover, in psychoanalytic theory by Lacan (2006), it can be understood that the mirror stage in this context like identification, if given its full sense as term, means the transformation that takes place in the subject when assuming an image. The mirror stage recognizes oneself in a mirror (literal) or other symbolic contraption, which induces apperception. Recently, psychologists studying Relational Frame Theory (RFT) have come to explore the connection between how we approach ourselves and how we approach others (Hayes, Barnes-Holmes & Roche, 2001). The RFT is an explicitly psychological account of human language and cognition that explains the connection between the conceptual self and the conceptual other, wherein we cannot help but behave toward ourselves in ways similar to how we behave toward others.

Based on the mirrored care theory, nurses create reflective care (care towards the patient), symbolizing a primary image (care towards self). Thus, my mirrored care theory takes precedence of ourselves as nurses in self-care since the care we do to ourselves is the care we do to our patients.

Theoretical Assertions

This section presents the broad assumptions, including the propositions and the metaparadigm concepts of the mirrored theory.

Assumptions

1. To care for others, individuals need to care for themselves first.
2. Nurses are not required to have self-care nursing competency since it is not authoritatively stated in the nursing scope and standards.
3. Nurses need to engage in self-care.
4. Self-care is achieved through conscious and continuous knowing of self.
5. Nurses who engage in self-care experience decreased burnout, increased job satisfaction, and develop a sense of purpose.

Propositions

1. The more care is given to oneself, the more care is mirrored towards others.
2. If self-awareness, self-regarding behavior, and self-love increase, so does self-care nursing competency.
3. The greater the expectation for nurses to practice self-care, as evidenced by the inclusion of self-care nursing competency in the nursing scope and standard of practice, the more self-care they practice.
4. The more the nurse managers and leaders integrate self-care nursing competency in the nursing curricula, policies, programs, and practices, the more they promote self-care nursing competency among the nurses.
5. If there is an increased self-care nursing competency, there is an increased patient care competency.
6. The greater the self-care nursing competency and the patient care competencies, the greater the quality of care.

Metaparadigm Concepts

Nursing. The optimization of health through a nurse possessing self-care nursing competency is a core requirement for providing mirrored care to patients.

Patient. An individual, family, or community needs mirrored care by nurses with a self-care nursing competency.

Environment. External features (self-care nursing competency-based curricula, policies, programs, and standards) that facilitate achievement of self-care nursing competency to mirror competent care to patients.

Health. A competent self-care nurse mirrors the optimum function of the patient, family, or community.

Context and Discussion

The key concept of the mirrored care theory is self-care nursing competency. The sub-concepts include self-care nursing competency domains, such as self-awareness, self-regarding behavior, and self-love. Moreover, the role of the Hawthorne nurses was also discussed. A conceptual framework (Figure 1) is presented to provide an illustration of the theory.

Self-care Nursing Competency

Self-care nursing competency is an expected performance level whereby nurses must demonstrate self-awareness, self-regarding behavior, and self-love.

There is no single definition of self-care nursing competency, so the concept composing the proposed concept is defined separately. Subsequently, self-care nursing competency is defined based on its context. Self-care is defined as any activity of an individual, family, or community to improve or restore health or treat or prevent disease (The Free Dictionary, 2003, para. 2). Self-care is a form of conscious, deliberate action (Lachinan, 1998 as cited by Engel, 2004, p. 5). It is a basic need to build up inner and outer resources so one can handle nursing stress while feeling enhancement of self. According to Orem (2001), the central concept of her self-care deficit nursing theory is self-care, which she defined as the practice of activities that individuals initiate and develop within specific time frames, whose objectives are to maintain life and personal well-being. Orem (2001) proposed that individuals must be involved in deliberate actions necessary for self-care and care of dependents. Moreover, Watson (2008) deepens the understanding and value of self-care as a foundation for creating authentic caring practices between caregivers and patients.

On the other hand, nursing competency has several attributes, including integrating knowledge into practice, experience, critical thinking, proficient skills, caring, communication, environment, motivation, and professionalism (Smith, 2012). Nurses are not nurses if they are not competent in caring for their patients. Foucault's Greco-Roman ethics concerned the

Figure 1. *Conceptual Framework of the Mirrored Care Theory*
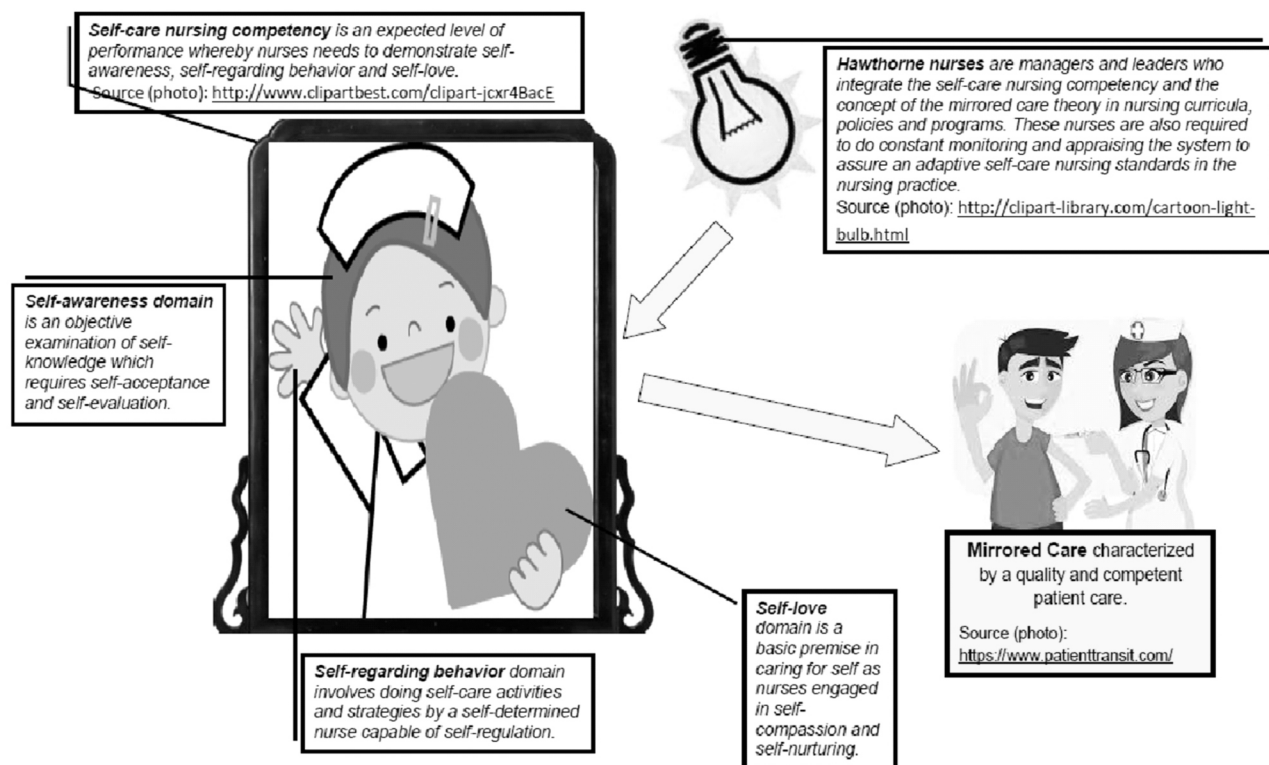
self and care of the self as required for right conduct (McDonal, & Wearing; Iftode, 2013). Care of the self is described as an engagement with one's self-transformation to attain a certain state of happiness, purity, wisdom, perfection, or immortality.

According to the ethics perspective, self-care is not a simple personal matter but also an ethical necessity, a moral imperative (Carrol, Gilroy, and Mura, 1999 as cited by Norcross, & Guy, 2009, p. 121). In the provisions of the new Code of Ethics by the American Nurses Association (2015), nurses owe the same duties to themselves 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. Since nurses are not required to care for themselves as self-care nursing competency is not authoritatively stated, they usually neglect self-care. If this competency is stated in the Nursing Scope and Standards of Practice, the public can expect registered nurses to demonstrate professional competence throughout their careers (American Nurses Association Leadership Institute, 2013). Thus, self-care nursing competency is the key concept in framing the mirrored theory.

Self-care nursing competency is conceptualized based on several principles and theories from various disciplines. First, the Expectancy Theory by Edward Tolman in the 1930s suggests that human behavior will be motivated by conscious expectation more than response stimuli (Ugah, & Arua, 2011). The health professions should expect clinicians to nurture their well-being (Richards, 2013, as cited by Beaumont, & Martin, 2016, p. 777). As a result, the expectation will be that the action in prospect will lead to the desired goal or outcome. If nurses are expected to possess self-care nursing competency as the highest level of nursing competence, they will do their best to act responsively to achieve it.

In education, the principle of highest-level construal highlights the importance of focusing on the superordinate meaning or purpose of a task (Davis, Kelley, Kim, Tang, & Hicks, 2016) and reaffirming why the self-care nursing competency should be pursued first results in an intrinsic motivation why nurses continue in providing care for others. Similarly, the Expectancy-value theory transcends the purpose of why nurses need to take care of themselves. The Expectancy-value theory of achievement provides a framework under which high-level construal would be expected to enhance motivation (Wigfield & Eccles, 2000). Nurses tend to be motivated to do any task, such as achieving self-care nursing competency due to its subjective value. Giving others what we have creates a subjective value or interest if self-care nursing competency will be pursued.

Furthermore, the Theory of Planned Behavior explains the importance of the self-care nursing competency domains. Such theory emphasizes the importance of cognitive formation for underpinning attitudes in bridging the psychological gap between an attitude and behavior (Lowe, & Norman, 2013). Therefore, self-care nursing competency comprises three interrelated domains: self-awareness, self-regarding behavior, and self-love.

Self-awareness

The Self-awareness domain refers to the objective examination of self-knowledge, which requires self-acceptance and self-evaluation.

Many authors uphold the importance of self-awareness or initially starting with oneself to develop effective care to self and others (Rasheed, 2015; Andenoro, Popa, Bletscher & Albert, 2012; Smith, 2007; Oflaz, Meric, Yuksel & Ozcan, 2011). Common components of the definitions in educational literature included knowledge and attentiveness to personal behaviors, attitudes, needs, and emotions (Benbassat, & Baumal, 2005; Saunders et al., 2007; Dobie, 2007). In business, self-awareness is defined as an agreement and resolution between an individual's perceptions and external perceptions about that individual (McCarthy, & Garavan, 1999; Yammarino, & Atwater, 1993 as cited by Whitney et al., 2016, p. 1). According to the American Nurses Association Leadership Institute (2013), self-awareness is a "leading-self" competency wherein nurses are expected to accurately picture strengths and weaknesses as nurses are willing to improve. Nurses are said to have self-awareness if they admit personal mistakes, learn from them, and move on to the right situation. Hence, nurses should have self-knowledge and self-acceptance.

Self-knowledgeable nurses are mindful of coping with changing needs. Mindfulness is a moment-to-moment awareness that can be learned to allow us to exert extensive self-control and self-governance over the perceived experience (Perron, 2013; Engle, 2004). Nurses who are conscious of themselves should also engage in self-acceptance. In the Self-discrepancy theory, the true self (actual self) must be achieved in conjunction with the self-guide (ideal and ought self) to avoid psychological discomforts (Hu, Kumar, Huang, & Ratnavela, 2017). Ideal and ought are significant standards and directions for people to form and present their identity. The true self is one of the significant aspects of an individual's identity and people are highly motivated to express such important aspects in social interactions. Thus, acceptance of either negative or positive aspects of self is necessary to avoid inauthentic behavior (e.g. in taking care of others). Inauthenticity is a mode of existence characterized by defenses and barriers that seek to protect and immune the self from existence, death, responsibility, and anxiety (McDonald, & Wearing, 2013). When nurses face these conditions, they

cannot give adaptive care due to their inauthenticity. If nurses do not know their good and bad points, they are less likely to be able to help others (Smith, 2007). Consequently, understanding one's self enables a nurse to identify the strengths and areas to be developed needed in patient care.

Self-knowledge and self-acceptance are phenomenological understandings of the body based on Gestalt theory. The Gestalt theory emphasizes the simultaneous integration of cognitive, bodily, and affective elements in order to become aware and to reflect upon one's self and learning as a subjective process of awareness (Haugstvedt, Hallberg, Graf-Iveren, Sorensen & Haugli, 2011).

Moreover, Gestalt coaching psychology explores the world around individuals in a way that broadens their choices and maximizes their ability to use their capabilities (Bower, 2015). Still, it was emphasized that Gestalt theory facilitates the process of self-awareness as a core issue for starting and continuing the process of change to self and others.

Lastly, becoming self-aware is an ongoing process that is never complete (Smith, 2007). Thus, part of the self-awareness domain is self-evaluation that also needs to be undertaken. The social psychology of self-awareness started using Objective Self-Awareness theory emphasizing self-evaluation. Objective Self-awareness theory contends that focusing attention on the self initiates an automatic comparison of the self to standards (Silvia, & Philips, 2013). Also central to the attitude concept is evaluation: attributing an object as good or bad, likable or disliked, or pleasant or unpleasant (Lowe, & Norman, 2013). Such evaluation occurs unintentionally and is referred to as automatic. Nurses are expected to self-evaluate so as to increase their awareness and improve their self-care nursing competency.

Subsequently, self-evaluation entails knowing how to step out of one's professional activity to particularize what relates to the self and what relates to the strict evaluation of results achieved (Deslandes, 2012). Nurses need to conduct an honest evaluation through self-report measures. It can be done through reflection writing, storytelling, psychodrama, use of narrative, and self-surveillance (Walker, 2013; Deslandes, 2012; Oflaz, Meric, Yuksel, & Ozcan, 2011; Smith, 2007; Sorrell, 2007; Rolfe, & Gardner, 2006). Nurses are challenged to evaluate their capacities to pay attention to the progress that still need to be made.

Self-regarding Behavior

The domain of self-regarding behavior involves self-care activities and strategies by a self-determined nurse capable of self-regulation.

Nurses are expected to care for themselves as they engage in self-regarding behaviors. Aside from the Self-care Discrepancy theory which explains the self-awareness domain, the Self-Determination theory also focuses on human behaviors. Self-determination theory posits that people are motivated differently when doing something (Ryan, & Deci, 2000). Applying the self-determination theory in nursing practice, nurses shall engage in action (caring for themselves) for separable outcomes driven by extrinsic motivation (reward & job promotion) or intrinsic motivation (a sense of purpose and fulfillment).

Moreover, nurses involved in self-care activities or strategies exemplify the nature and source of moral motivation. The contention is that morality should be other-regarding and self-regarding (Walker, 2013). When moral concerns become core to identity and motivation, then their pursuit is enhancing to the self. Prioritizing self-needs rather than others becomes rightful. Thus, nurses will be involved in self-caring activities before caring for their patients.

As nurses are genuinely motivated, they can also self-regulate as evidenced by their self-care and health-related behaviors. The effective self-regulation of health-promoting behaviors requires setting appropriate goals, engaging in goal-directed behaviors, monitoring goal progress, and adjusting one's behavior and goal as needed (Terry, & Leary, 2011).

Self-love

The Self-love domain is a basic premise in caring for one's self as nurses engaged in self-compassion and self-nurturing.

Ironically, people who experience negative events often treat themselves far more critically and unkindly than they would treat someone in similar circumstances (Whitney et al., 2016). It is usually evident when nurses are emotionally and physically exhausted. The transition from the give and take of caring to being completely cared for often leads to the breakdown of meaning, a loss of identity of the nurse, and loneliness (Heliker & Jaquish, 2006). To revive the inner passion of the nurse, the nurse should have self-love.

Self-love is a mature state of mind about self-compassion and self-nurturing. If there is self-love, an individual has the energy and attention available for others while the individual is comfortable with his or her needs for others (Dawson, 2010). Based on the concepts and tools of Eros and Agape, nurses are made to understand the contradictions of nursing and to find increased purpose, peace, and strength in their work (Valentine-Maher, 2008). These issues of love are paramount, and the various scientific disciplines - natural, social, or

religious - must be brought to bear on how best to understand love (Oord, 2005). The underlying principles suggested that love is radiated towards others as nurses engage in Agape (selfless caring to others) aspects of nursing with creative force, an Eros (self-caring self) directive that will both empower the Agape values and increase the service, as well as, empower ourselves as nurse persons to be creative, satisfied and engaged. Hence, self-love is a precondition to self-awareness and self-regarding behaviors.

Self-compassion and emotional intelligence were found to have an association. Accordingly, self-compassion is being kind to self, recognizing that difficulties are a normal part of life, and a balance between cognitions and emotions (Neff, 2003). Self-compassion predicted more stable feelings of self-worth and had a stronger negative association with social comparison, self-rumination, anger, and the need for cognitive closure (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010). Hence, increasing self-compassion and reducing self-criticism may protect students from stress-related illnesses, including empathic distress, burnout, and compassion fatigue (Beaumont, & Martin, 2016).

In psychology, self-compassion is an effective strategy for individuals to grow stronger mentally and emotionally and more capable of realizing their full potential in the long run (Kageyama, 2014). Moreover, self-compassion involves restoring personal bonds and a sense of belonging with others and supporting the person's reconciliation with suffering (Gustin, & Wagner, 2013). Therefore, nurses should treat themselves with more understanding and kindness during challenging times.

Being in love with one's self entails a self-nurturing attitude. When individuals fall in love with themselves, they talk to themselves in a supportive way, become self-nurturing people, turn grief into joy and happiness, know who they are, live and love happily, solve problems with confidence, tap into God-given institution and wisdom and live life on purpose (Dawson, 2010). It is consistent with Maslow's conceptualization of the self, which assumes that the "self" has a natural tendency toward actualization (McDonald, & Wearing, 2013). In Socrates' care-of-self ethic, the degree of knowledge dependence on a manager and one's own dependence and self-control matters (Deslandes, 2012). It is a reminder that standards must be met as much in keeping with inner order as the will of the external power and at the same time, exercising sovereignty over oneself. The "self" uncontaminated by social and other expectations, can change, move forward in life, and make choices that express one's authentic values. Therefore, nurses who engage in self-nurturing can work independently without referential goals to others. Nurses do their job due to an inner fulfillment and a sense of purpose.

Hawthorne Nurses

Hawthorne nurses are managers and leaders who integrate self-care nursing competency and the mirrored care theory into nursing curricula, policies, and programs. These nurses must also constantly monitor and appraise the system to ensure adaptive self-care nursing standards in nursing practice.

Nurses in all areas of the profession can influence the organization. They must develop structures that create optimal healing environments by focusing on the patients and, most importantly, honoring the nurses and the self (Hernandez, 2009). Growing evidence demonstrates a variety of self-care curricula have been effective at reducing medical student distress, depression, and anxiety and improving a variety of factors, including competence, empathy, and self-awareness (Karpowicz, Harazduk, & Haramati, 2009). Managers need to accommodate health professionals' changing physical and emotional needs through a self-care program (Kelly, & Colquhoun, 2005).

There is a need for nurses to be knowledgeable about self-care and, at the same time, embody the importance of self-care when they are still nursing students. According to the American Holistic Nurses Association, deemphasizing self-care often starts when nursing students enter the practice setting (Trossman, 2009). Teaching students to care for themselves is essential to nursing education (Stark, Manning-Walsh, and Vliem, 2005). By introducing health-promoting lifestyle and self-care strategies in nursing, curricula may allow the students to practice self-care and to develop healthy lifestyles before they enter practice.

It is necessary for the nursing profession to make "self-caring competency as part of the nursing standards. According to Norcross and Guy (2009), self-care is an ethical imperative of every profession to function well in their work. Similarly, the new Code of Ethics for Nurses released by the American Nurses Association included provisions about nurses' responsibility to care for themselves. In provision number 5, it is stated that "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" (American Nurses Association, 2015).

These standards should be reflected in the policies and programs of the institution. While nurses treat clients as individuals and offer a caring attitude to all clients, ensuring that standards and values are met while respecting them, the same can be said for caring for themselves (Mantesso, 2005). As the institution sets standards considered authoritative statements to comply with, nurses must take care of themselves to have "self-care nursing competency." Moreover, Turkel, Lynn, and Raton

(2015) believe nursing leaders have a moral responsibility to integrate, role model, and value self-care within organizational cultures. It can be done by developing self-care nurse programs and policies to enhance the "self-care nursing competency" among the nurses.

Integrating self-care nursing competency with the principle of the mirrored care theory is not enough. To assure the performance of the self-care nursing competency, managers and leaders need to monitor and to appraise the system. Based on the Hawthorne effect, people will perform better when being studied (Johnsey, 2011). Aside from the authoritative statements that shall be found in the nursing scope and standards of practice, the profession needs Hawthorne nurses to maintain their efforts in self-care even when there is no consequence.

Conclusion and Recommendation

Using the Mirrored Care Theory as the foundation for nursing practice increases the patient's and nurse's quality of life. Nurse managers and leaders advocate the integration of self-care nursing competency in nursing curricula, policies, programs, and practice to enhance nurses' commitment to caring. Since self-care nursing competency is necessary in nursing practice, nurses can give the best care to their clients.

When nurses possess self-care nursing competency, they are more competent in caring for others since they develop a sense of purpose, decrease experiences of burnout and dissatisfaction, and increase their morale. With this, the quality of care given by the nurses to themselves reflects the quality of care given to their patients. Hence, the mirrored care theory shall serve as a basis for caring not only for the patients but for the nurses as well.

The Mirrored Care theory proposes a new approach to the nursing profession with self-care nursing competency as its foundation. As theory serves as a guide, the author recommends the integration of the concepts and principles of the developed theory as a basis for nursing practice. Theoretical testing through qualitative methodologies should be conducted to prove its assumptions and propositions. Also, empirical testing through quantitative methodologies should be administered to rationalize the inclusion and relationship of the identified variables. In the end, the knowledge formed suggests further exploration and contextualization of relevant ideas to develop new perspectives in caring in nursing.

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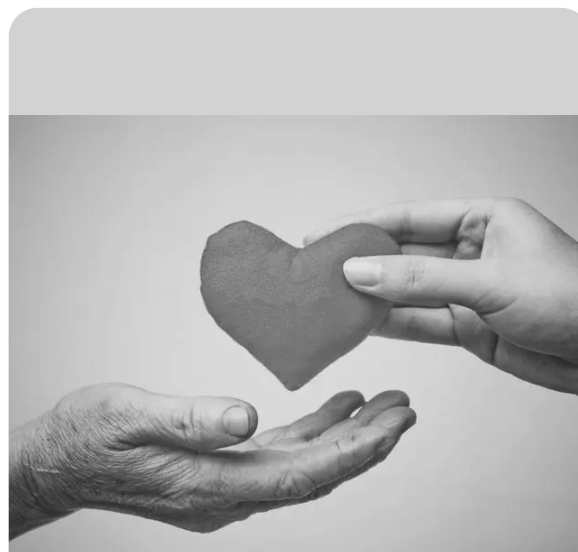
The nurse is temporarily the consciousness of the unconscious, the love of life of the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the newborn , knowledge and confidence for the young mother, a voice for those too weak to speak, and so on.

- Virginia Henderson