



Promoting self awareness in undergraduate nursing students in relation to their health status and personal behaviours

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ABSTRACT

The purpose of this article is to report the experience of facilitating, delivering and evaluating a health assessment workshop as part of Assessing and Promoting Health module on the Bachelor of Nursing Science (BNSc) General and Intellectual Disability programme. This module is delivered to 65 nursing students (40 general and 25 intellectual disability) undertaking the first year of the four year programme. The aim of the workshop is to promote health awareness among these undergraduate students. The objectives are to provide students with time to self assess their health knowledge and lifestyle practices. From this students' current health behaviours are discussed in conjunction with recommendations from the Department of Health and Children (DOHC) (2005). Students are then provided with an opportunity to assess the stresses they perceive in their own lives and this is followed by a relaxation session guided by the facilitators. The teaching methods focus mostly on active student participation, demonstration and experience sharing.

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Introduction

Nurse Education underwent massive change in the U.K. with the introduction of the Project 2000 diploma nurse education programme in the early 1990's. Meanwhile nurse education in Ireland was also planning changes. The diploma based programme commenced in Ireland in 1994 and subsequently the bachelor degree programme was then introduced nationwide in 2002, as a prerequisite for all undergraduate nurses.

One of the key features within nurse education moving from the apprenticeship model to the diploma and subsequent degree based education was a focus on health as opposed to disease. One of the criticisms of the original apprenticeship model was that it concentrated more on illness and treatments as opposed to maintaining or promoting health. However in keeping with international and national trends in health care, the focus on health and primary health care, in particular has become central to nursing curricula.

In an attempt to describe what was meant by the concept of primary health care, the Alma Ata conference in 1978 suggested that primary health care seeks to extend the first level of the health system from sick care to the development of health (WHO, 1986). The Irish Primary Care Strategy (Department of Health and Children

(DOHC, 2001) described primary care as an approach to care that includes a range of services designed to keep people well, which has a strong emphasis on working with communities and individuals to improve their health and social well-being. The strategy also goes on to suggest that, along with other areas, primary care providers have a role to play in supporting people towards self care and improving wellness from a health and social well-being perspective.

Within, the current Irish health service strategy document, it is claimed that the fundamental purpose of health service providers is to "To enable people live healthier and more fulfilled lives" (Transformation Programme 2007–2010; Health Service Executive (HSE), 2006). In addition, the National Health Promotion Strategy 2000–2005 (DOHC, 2000) and the Primary Care Strategy (DOHC, 2001) recommend that health services become health promoting environments and as nurses are the largest health professional group, they are viewed as fundamental in achieving this goal. It is also well recognised internationally that nurses have an important role to play in health promotion (WHO, 2003). Naidoo and Wills (2009) state that the primary health care approach is characterised by a number of principles the first of these principles being that of a "holistic understanding of health as wellbeing, rather than the absence of disease" p. 121.

We believe that student nurses should be introduced to the principles of health and health promotion early in their course and the workshop discussed in this paper was developed with this in mind. The writers are strongly of the opinion that before health

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care professionals can fulfil a role in health promotion or primary health care they first need to be aware of their own relationship to health and their personal health behaviours. Alpar et al. (2008) suggest that Schools of Nursing are in an ideal position to develop and provide health promotion programmes for their students to prepare them for their nursing role in this area. Alpar et al. (2008) describe a Turkish study whereby the health lifestyles of 70 Turkish student nurses were measured before and after an increase in curricular content in the area of health and health promotion. They claim that the results of the study showed a significant progressive increase in the health behaviours of students involved from the time they entered the programme to the time they graduated, particularly in the area of self responsibility for own health. They conclude that nurse educators have the power to shape the behaviors of tomorrow's nurses.

Purcell et al. (2006) explored modifiable health associated risk factors within a cohort of first year undergraduate nursing students and found that students do not always present a picture of health at this stage in their nursing career. They recommended that the nursing curriculum should incorporate health promotion activities such as exercise programmes and nutritional advice. In addition Clemmens et al. (2004) suggests that the curriculum support the healthy lifestyle behaviour of nursing students. However, Pawloski and Davidson (2003) found that despite nursing curriculum input on primary prevention and health promotion, many students' nurses did not engage in health behaviour activities. They described an American study which examined the impact of a simple exercise programme on 30 student nurses. Results indicated a deduction in body mass index (BMI's) and body fat and an increase in physical activity levels. The authors concluded that given the proper motivation and encouragement, nursing students can make positive health choices that will yield beneficial outcomes. They go on to suggest that nurses who make permanent lifestyle changes towards healthy lifestyles make wonderful role models for their peers and their clients. A U.K. study by Watson et al. (2006) suggests that smoking levels in the student nurses population was 3% above the national average. The study also reported that 55% of students were drinking at binge levels. An Irish study also reported that 27% of students smoked while 61% of males and 44% of females engaged in binge drinking at least once a week (Hope et al., 2003).

Interestingly, it has been seen that the most rapid decline in physical activity levels occurs during late adolescence and early adulthood. Also Deng Keating et al. (2005) showed that about 40%–50% of college students were physically inactive.

Reasons for this drop in activity have been attributed to students experiencing more barriers to participating in physical activity as they progress through the educational system. Barriers identified included high workload, lack of specific sports teams to join at their college and lack of transportation to facilities (Gyurcsik et al., 2006).

Moreover it is interesting to note that Racette et al. (2005) suggests that weight gain and behavioural patterns during college may often contribute to overweight and obesity in adulthood. Clement et al. (2004) suggests that while at college, students may develop physical activity and nutritional habits that will affect their health across the lifespan. In Ireland, the National Taskforce on Obesity (DOHC, 2005) makes recommendations in a number of key areas aimed at tackling the growing problem of obesity. Particularly relevant is recommendation number fourteen which suggests that all third level colleges should be encouraged to adopt "The Health Promoting Colleges" concept and to actively address issues concerning healthy eating, drinking behaviour and sedentary lifestyle patterns among the students. Therefore the authors suggest that the introduction of a health assessment workshop such as this one is timely in the current climate of increasing negative health behaviours.

Therefore the intention of this article is to report the experience of developing, facilitating, delivering and evaluating a health awareness workshop as part of a health promotion module in the Bachelor of Nursing Science Degree (BNSc) General and Intellectual Disability programme in Ireland. It also aims to highlight the importance of health promotion within the nursing curriculum and share curricular innovations, teaching methods and experience.

Overview of module

The health awareness workshop is a component of a module entitled "Assessing and Promoting Health" and is delivered to 65 nursing students (25 Intellectual Disability and 40 General students) undertaking year one of the four year degree programme. The module runs in semester two of the programme prior to nursing students commencing their first seven weeks of clinical practice experience. It is anticipated that this foundation module, with its focus on developing health self awareness through group work will serve as a prerequisite to further development of deeper learning in this area. Furthermore the health awareness workshop within year 1 is a key foundation to the subsequent development of the health promoting nurse throughout this nursing degree programme. The concept of health and health promotion is further developed in years 2 and 3 of the curriculum. In year two students undertake a module entitled 'Fundamental Issues in Health Care' which provides students with an opportunity to explore wider contextual issues associated with health care provision. In the third year of the programme, students undertake a module entitled simply 'Health Promotion' whereby the focus shifts from their own health awareness to that of their developing role as health promoter. Also, in year 3 students undertake a module called 'Community Nursing'. The aim of this module is to introduce students to the principles and practice of community nursing within the context of primary, continuing and community care provision (Bachelor of Nursing Curriculum Document: St Angelas College, 2007). As health promotion is spiralled throughout the curriculum, it is anticipated that nursing students will become more confident and challenge the areas of practice with a view to them been catalysts for change with regard to integrating health promotion more fully within the clinical setting.

Purpose of workshop

The aim of the workshop is to promote health awareness among first year undergraduate General and Intellectual Disability nursing students.

The objectives are to provide students with an opportunity to self assess their health knowledge and lifestyle practices with regard to four health behaviours. The facilitators suggest that students need to be aware of their own lifestyle practices before they begin to engage in an active health promotion role. In keeping with this Jack and Smith (2007: 47) recognise that 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 and this helps us to relate to other people. Prior to and during the workshop students are encouraged to have firstly, a positive attitude to health and health promotion and secondly, be motivated to develop self assessment skills in relation to their own health behaviours. Students participating in the workshop are provided with an opportunity to increase their personal health knowledge and skills within a supportive learning environment before embarking on their clinical practice placement. The Ottawa Charter (WHO, 1986) identifies "developing personal skills" as one of the key prerequisites for health care professionals to develop in order to fulfil a health promotion role. We suggest that the workshop discussed

Table 1
Workshop content.

Phase 1	Students self assess their own knowledge and lifestyle practices around smoking, alcohol, exercise and diet with the aid of a health assessment form.
Phase 2	Students work in pairs to obtain baseline records of pulse, blood pressure and respirations. They are then guided through a basic fitness test based on a modified version of the Harvard Step Test involving exercises to music following which post test measures are recorded e.g. pulse. This is followed by a guided practice in stretching exercise muscle groups.
Phase 3	Students self assess their stress levels by the use of either The Daily Hassles Index for College Students (Schafer, 1992) or the Holmes and Rahe (1967) scale. Here, students are asked to complete a stress index scale where stress is measured incrementally using a Likert scale.
Phase 4	Facilitators lead students through a guided relaxation process. During this phase the facilitator guides the students through a deep breathing exercise and music is provided in the background.

goes some way in commencing the development of these personal skills. The development of such personal skills are facilitated by education and building of self confidence, which facilitate in supporting empowerment which is also viewed as a key component for the health care professional working within primary health care setting (DOHC, 2003). In Ireland the health strategy Shaping a Healthier Future (DOH, 1994) proposed a health promotion model of health care and reiterated the importance of the nursing profession as the key stakeholders in achieving the strategies and aims. However, it must also be acknowledged despite having educational input in health promotion, nursing students may not always have the opportunity to implement health promotion initiatives in the ward environment (Latter et al., 2000; Holt and Warne, 2007; Casey, 2007). The absence of a suitable role model in the clinical area was identified as far back as 1996 by Treacy et al. in an Irish health care setting as a possible issue which makes it difficult for students to integrate health promotion into their role if they do not see other more experienced nurses practicing it. The writers suggest that a curriculum such as the one outlined above will help address this issue and that graduating nurses from such a curriculum will be suitably empowered with the skills, knowledge and confidence to be positive health promotion role models of the future.

Teaching and presentation methods

The teaching methods focus mostly on active student participation, demonstration and experience sharing. The adoption of this student participatory mode of teaching provides the facilitators with an opportunity to gain some insight into the students' understanding of the subject. For the purpose of the workshop this large cohort of 65 students is divided into two groups with two facilitators per group. Quinn and Hughes (2007) points out that "for the facilitators' small group teaching is the essence of education providing them with the opportunity for more intimate and rewarding engagements with students" p. 234. At the beginning of the module students are provided with a detailed list of recommended books and articles which provide information on the topic areas (This list is available from the authors).

Layout of workshop

The main focus of this article centres on a descriptive account of what happens within the workshop which is divided into four phases which are presented in Table 1.

Phase 1

According to Quinn and Hughes, self assessment is an important strategy for students to acquire as it forms the basis of life skills and lifelong learning (Quinn and Hughes, 2007 p. 289). Within phase 1, a health assessment form is administered to each student to enable them to self assess their health knowledge and lifestyle practices

with regard to four main health behaviours. Many college students engage in various risky health behaviours (Von Ah et al., 2004; Lenz, 2004) however it is beyond the scope of this workshop to address all lifestyle choices and health behaviours. Therefore the facilitators chose to focus on four modifiable lifestyle risk factors namely, smoking, alcohol, physical activity and diet.

Two of the main areas addressed within the workshop were that of diet and physical activity which have gained much attention in recent times due largely to the so called "Obesity Epidemic" (DOHC, 2005). According to the WHO (2007) 30–80% of adults in the European region are overweight and a third of these are obese. The WHO states that the rising trend is especially alarming in children and adolescents. In 2005, figures from Ireland's National Taskforce on Obesity showed that, approximately 39% of Irish adults were overweight and 18% were obese (DOHC, 2005).

The WHO states that every adult should accumulate 30 min or more of moderate-intensity physical activity on most, preferably all, days of the week to maintain health (WHO, 2007).

They go on to estimate that approximately 60% of all adults do not engage in these minimum levels. An Irish Study on physical activity reported that 22 per cent of adults in Ireland were completely inactive and that the balance (78%) engaged in physical activity to some degree, but only about 40 per cent of all adults took part regularly enough and with enough intensity of effort to approximate to the minimum standards. (Report on Physical activity in Irish Adults ESRI (Economic and Social Research Institute), 2004; based on Report on Sports Participation and Health among Adults in Ireland (2004).

According to the WHO (2004) tobacco smoking accounts for the death of 1 in 10 adults worldwide and is the second major cause of death. Findings from an Irish survey of health lifestyles of Irish people showed that 29% of the population were current smokers and that younger people were more likely to smoke. (Survey of Lifestyles, Attitudes and Nutrition in Ireland (SLAN) (DOHC, 2008). Findings from the same study indicated that over one quarter (28%) reported excessive drinking (i.e. having 6 or more standard drinks on one occasion) in the last year. This was also more common in younger respondents.

A survey by Watson et al. (2006) on smoking behaviour in student nurses in the U.K. found that 28% were cigarette smokers which were higher than the national average of 25%. Watson et al. (2006) also reported that 74% of student nurses had exceeded what they describe as the daily benchmarks for low risk drinking on at least one occasion during the week. Subsequently CLAN (Hope et al., 2003) concluded from their Irish study, that this pattern of high-risk drinking is the norm among college students.

The health assessment form used within this workshop facilitates the students to self assesses their health practices in relation to the four areas outlined above. In addition knowledge is assessed by providing students with multiple choice questions on these areas. Examples of such questions included, asking the students to name three conditions where smoking is a predisposing factor. Students were also asked about the quantity of alcohol they

Table 2

Extract from the student evaluation.

N = 65	Very good	Good	Poor	Very poor
Organisation and Logical flow	75.4%	23.1%	1.5%	
Facilitation of workshop	67.7%	32.3%		
Benefit of workshop to learning	81.5%	18.5%		

consumed in any given week and the amount of time they engaged in physical activity. In addition, students were requested to provide a description on what they ate on a typical day and were asked if the fat content of food influenced their dietary behaviours. When students complete their self assessment forms, lecturers facilitate the sharing of information by members of the group on the health knowledge questions. This constitutes an informal discussion whereby students' current health behaviours are explored in conjunction with recommendations from the DOHC (2005). This allows facilitators to correct any misinterpretations around recommended health practices and to check for students understanding in these areas. Students are then provided with an opportunity to discuss their own health lifestyle practices. Students are reminded of the voluntary principle here in that there is no compulsion on them to discuss their health behaviours if they do not wish to do so.

Phase 2

In Phase two of the workshop, students work in pairs recording each others baseline observations of pulse, blood pressure and respiration rate. They then engage in a 10 min group warm up exercise of light/moderate activity to music guided by the facilitators. Subsequently in order for students to carry out a self assessment of their fitness they engage in a moderate/vigorous exercise activity which lasts 5 min. Students then rest for 1 min exactly and recorded their pulse (1st pulse reading) then rest for a further 30 s and measure their pulse for the second time (2nd pulse reading).

Finally students rest for another 30 s and a 3rd pulse reading is taken. The grand pulse reading is calculated by adding all three pulse readings together and dividing this reading by 3000. This results in an estimated fitness score. This fitness test is based on a modified version of the Harvard Step Test as cited by (Mc Ardle et al., 2000). Students feed back their fitness scores to the group and this provides them with an opportunity to reflect and discuss their basic fitness level.

This provides students with an opportunity to recognise the impact of physical activity on physiological observations and Edelman and Mandle (2002) identify that an increase in heart rate during exercise has a strong linear relationship with exercise and aerobic capacity. In addition each student calculates their BMI which promotes awareness in students in terms of how their BMI compares with recommended healthy BMI levels. This aids nursing students in developing self awareness of their fitness and in identifying the possible need to make lifestyle changes which could impact on their health and wellbeing.

Phase 3

This phase provides students with a chance rather than an opportunity to explore and become aware of their own stressors and their ways of responding. Sarafino (1998) indicated that high levels of stress often lead to disruptions in physiological and psychological health and as a result students need to acknowledge stresses in their lives. A study by The Nutrition and Health Foundation (2005) assessed Irish people's current attitudes to diet, health and

lifestyle. The authors of this study noted that, individuals are feeling increasingly stressed because of work and family pressures, which in turn leaves little time for focusing on personal health issues. In this workshop students are given time to read through two stress inventory scales and to choose one that mostly represented their life experiences. These scales are the Holmes-Rahe Life Stress Inventory (Holmes and Rahe, 1967) and the Daily Hassles Index for College Students (Schafer, 1992). It is interesting to note that many mature students choose the Holmes-Rahe Life Inventory Scale while the other students choose the remaining one. Following completion of the scale the facilitators hold an open forum where all students get an opening to explore the experience of completing the stress index. This is followed by a facilitated discussion on common areas of stress and an exploration of possible coping strategies therein.

Wells-Federman (2002) recognise that stress is often created through negative thinking and life experiences therefore for individuals to manage stress one of the important concepts is to help them develop self awareness.

West et al. (2005) suggests that stress can impact on the well-being of nursing students as well as affect the quality of nursing care delivered. Thus, the present authors suggest that students need to develop competence in managing stressful situations and developing coping strategies which will in turn maximise their effectiveness as nurses in the delivery of psychological care to their clients. Jack and Smith (2007) recognise that self awareness can help individuals cope in difficult situations in the working environment.

It is anticipated that a workshop such as that outlined within this paper will go some way in helping the students to develop such coping strategies by assisting students to develop insights into the effects of stress on themselves as well as others.

Phase 4

During this phase students are guided by the facilitators through two relaxation techniques. Firstly, one of the facilitators guides the students' through a simple breathing exercise (Bruce, 2006) whereby students are made aware of the calming effects of deep breathing as a useful practical approach with minimum time commitment. One of the facilitator's then leads them through a relaxation exercise where students are encouraged to release muscular tension throughout the body commencing at the head and ending at the feet. Students lie on mats on the floor and they are encouraged to close their eyes. According to Mc Caffery and Beebe (1989) relaxation is seen as a freedom from both anxiety and skeletal muscle tension and also brings the mind of the student to a state of peace and balance. In addition soft music is played in the background to promote a relaxing environment and Mc Craty et al. (1998) recognise this as a mechanism for reducing stress and increasing emotional wellbeing. The authors recognise that managing stress in the college setting is rather different to managing stress in the clinical setting; however, the simple breathing exercise included in this workshop could be used as a first line measure in coping with stressful situations in the clinical area. Other stress relieving methods that are encouraged with nursing students in the clinical setting include reflection-on-action and reflection-in-action (Schon, 1987). Students are facilitated to reflect in the clinical setting by their preceptors. Bruce (2006) highlight that reflective techniques increase positive feelings and thereby reduce stress levels while in the clinical setting. Also, nursing students are encouraged to keep a reflective diary where students document the care they deliver to clients and explore on paper what were the positive and negative aspects of the care given and how this could be improved in future practice.

In summary, the workshop commences by providing students with an opportunity to self assess their health knowledge and

Table 3
Summary of individual comments.

Student comment
"I enjoyed the workshop and it made me think about my own lifestyle"
"I now know I am not very fit, I need to do more exercise. The workshop was evaluated as a component within the main module evaluation"
"Its useful and I can put some of the skills into practice when I am on placement"
"It was a good way to break up the module, an enjoyable experience and very beneficial personally, as it has encouraged me to become fitter and raised my awareness on the advantages of exercising and keeping fit"
"It was fun and I got to practice my other observational skills"
"It would be better if we had more time for this workshop. Also it would be useful if other areas of the curriculum was delivered using a workshop based approach"

practices in four key areas. They, then have an opportunity to record each others physiological observations of pulse and blood pressure. The impact of physical activity on their pulse recordings is demonstrated by an exercise to music session and a simple fitness test. The final phase of the workshop involves the students using a stress index tool to measure their own stress levels following by a discussion on exploring possible coping strategies. The workshop concludes on a relaxing note whereby the students are guided through a whole body relaxation exercise to relieve muscular tension.

Ethical considerations

An information session about the purpose and nature of the workshop is given to all students. The facilitators explains to students that they are required to complete a health assessment form however it is not necessary to hand completed forms back to the facilitators. The writers considered it particularly important to reiterate the voluntary principle when it came to students' sharing personal information about their health practices. Students' agreement is obtained prior to the commencement of the workshop that all information discussed and fed back within the group is confidential to that particular group and should not be discussed once the workshop is completed.

The writers are aware that students may be reluctant to admit unhealthy lifestyle practices in the presence of nurse lecturers. Thus it was repeated on a number of occasions that the purpose of this workshop was not to evaluate their health behaviours or to make judgements on individual lifestyle behaviours. It was merely an opportunity for them to increase their awareness of lifestyle factors affecting their health. The fact that students appreciated this process was highlighted in the evaluation of the workshop as reflected in the following comment from a student "it is good that students are not under pressure to share information, if you don't want to say anything you don't have to and you can still learn".

Evaluation

Quinn and Hughes (2007) recognises that evaluation is one of the cornerstones of quality assurance. Following completion of the workshop students are asked by the facilitators to complete an anonymous module evaluation form which is the usual process following any module delivered in the curriculum. This evaluation process assists in obtaining students opinions of the workshop and provides them with an opportunity to comment on areas such as teaching methods, usefulness and delivery. Table 2 presents an extract from the student evaluation pertinent to the workshop. Students made other comments in relation to the workshop and recommended areas for further development. Table 3 displays a summary of individual comments by students. In addition all students agreed (100%) that the learning outcomes for the workshop were met. Many students found the stress management techniques useful and suggested that they could implement them in their day to day lives. In relation to students evaluation of the enjoyment of the

workshop a Likert Scale (0–10) was used; zero meaning students did not enjoy the module and ten meaning they enjoyed it immensely. Interestingly 75.4% rated the module between an eight and ten on the Likert scale, 15.4% rated it as 7 and 1.5% rated it as 6. Furthermore some students commented that they felt they were not expected to know everything and therefore felt comfortable within the small group setting in asking questions. A number of interesting comments were similar to findings to that of a study by Steinert (2004) exploring 15 student perceptions of effective small group teaching. In Steinert's study, students suggested that small groups should have a positive atmosphere, adherence to the small group goals were pertinent and the application of knowledge to the clinical setting was relevant. Thus, evaluations to date have been very positive and support the value of carrying out this workshop on health awareness with nursing students. The facilitators were satisfied with the outcomes of the workshop and recommend the continuation and expansion of such a workshop as part of the undergraduate nursing curriculum. In conjunction with Benson and Latter's (1998) viewpoint, the present authors fully recognise the importance and endorse the teaching of health promotion within the pre registration curriculum so that nursing students can use the concepts and skills in future practice. Furthermore the nursing student of today will be the forthcoming health care providers (Staub et al., 2006).

Conclusion

This paper presents the content of a health awareness workshop for nursing students as well as the evaluation of its usefulness to nursing students in developing self awareness of their lifestyle practices in relation to health. It is anticipated that a workshop such as this will have a two fold effect on improving the personal health of the student and enhancing their role as health promoters and professional carers. This is endorsed by Horneffer (2006) who recognises that the educational training programme is an ideal time to encourage students to become aware of the importance of self care and its relevance to being a health professional. As healthy individuals, nurses are in a stronger position to be role models for health and Borchardt (2000) suggests, we learn the values of others, not only through what they say, but also by what they do. We are strongly of the opinion that a good grounding in the concept of health is a necessary prerequisite for the future development of the health care professional who can respond to the changing and challenging health care needs. As a further extension of the workshop mentioned above, one of the present authors is currently undertaking research into the area of enhancing students' health self awareness. The author in question is undertaking a PhD which involves researching the effects of the inclusion of an entire module entitled "Health and Wellbeing" in year 1 of the undergraduate nursing curriculum.

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