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EDITORIAL

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Self-Care in Nursing Care

Self-care, as both a concept and a practice, has gained increasing relevance in contemporary discussions on the quality of healthcare work and professional sustainability. Nursing, historically defined by its devotion to others, faces structural challenges that make theoretical and practical reflection on self-care imperative. The growing clinical complexity, organizational pressures, shift work, and constant exposure to suffering pose significant risks to nurses' physical and mental health and, consequently, to the quality of care delivered⁽¹⁾. Self-care should not be reduced to a set of individual recommendations; rather, it represents a construct that integrates personal, intersubjective, and institutional dimensions and must be understood as an essential component of professional nursing com $petence^{(2)}$.

The theoretical foundation of self-care finds its most influential expression in Dorothea Orem's Self-Care Deficit Nursing Theory, which conceptualizes self-care as the deliberate actions individuals undertake to maintain health, life, and well-being. Nursing, in this framework, is defined as the discipline that identifies and compensates for self-care deficits that individuals cannot fulfill independently. This perspective establishes a systematic link between promoting patient autonomy and the nurse's professional responsibility for creating conditions that enable effective self-care. However, beyond its application to patients, Orem's model also provides a reflective framework for the nursing profession itself: nurses, as caring subjects, equally require institutional and pedagogical strategies that make self-care feasible in their daily practice⁽³⁾.

The determinants of self-care are multidimensional. At the individual level, they include biological variables such as adequate sleep, nutrition, and physical activity, as well as psychological variables such as emotional regulation, self-esteem, and prioritization skills. At the social and institutional levels, they encompass support networks, organizational culture, health literacy, and working conditions. Research on health literacy demonstrates that knowledge alone does not ensure healthy practices: literacy involves critical and participatory competencies that enable informed decision-making. This same logic applies to

nurses' ability to translate technical knowledge into everyday self-care⁽⁴⁾. Furthermore, systematic reviews on well-being and organizational factors show that work characteristics—such as low autonomy, long shifts, weak leadership, and inadequate staffing—are major barriers to professional self-care⁽⁵⁾.

The self-care of nursing professionals deserves particular attention because it is directly correlated with organizational outcomes and patient safety. A growing body of evidence demonstrates that burnout among nurses is not merely an individual issue but is associated with adverse quality and safety indicators, including increased rates of hospital-acquired infections, falls, medication errors, and reduced patient satisfaction⁽⁶⁾. These associations, quantified in recent meta-analyses, indicate that interventions aimed at reducing emotional exhaustion and improving work-life balance yield measurable improvements in patient safety and care quality. Consequently, nurses' self-care must be understood as an investment in clinical performance rather than as a form of personal indulgence.

In practical terms, nurses' self-care combines individual actions (maintaining sleep routines, balanced nutrition, physical activity, relaxation, and selfcompassion practices) with collective and organizational strategies (regulated breaks, fair shift rotation, emotional regulation training, clinical supervision, and peer support). Evidence shows that mindfulnessbased and contemplative interventions reduce stress and burnout components among nurses. Systematic reviews support implementing structured mindfulness programs—especially when integrated into daily work routines and sustained over time—although methodological quality varies across studies and further medium- and long-term evaluation is needed^(7,8). Such interventions, when combined with organizational reforms (improved working conditions, effective leadership, and team support), offer the greatest potential for sustained impact on professional well-being.

Nurses are not only responsible for their own selfcare but also play a central role in promoting patients' self-care. Educational nursing practice involves assessing patients' self-care capacity, identifying social and cultural barriers, and implementing individualized interventions that foster autonomy. This assessment must consider patients' health literacy, social support, and health-related beliefs. The effectiveness of educational interventions depends on cultural adaptation and co-construction of care plans that respect individual autonomy. Studies of nurse-led interventions show that strengthening self-care in chronic conditions, such as diabetes and hypertension, leads to improved treatment adherence, reduced readmissions, and better quality of life—underscoring nursing's pedagogical role in patient empowerment⁽⁷⁾.

The ethical and humanistic dimensions of self-care are equally significant. Caring for oneself is not an act of selfishness but a professional responsibility: recognizing one's limitations and seeking support are ethical acts that preserve both the caregiver's and the patient's dignity. Contemporary perspectives on the ethics of care emphasize reciprocity—caring involves mutual responsibility, and sustainable healthcare services require emotionally preserved professionals. Organizational cultures that valorize self-sacrifice over self-preservation perpetuate distress and diminish relational quality, whereas those that legitimize rest, reflection, and stress-prevention practices foster empathy and safety⁽⁵⁾.

Finally, self-care is inseparable from the sustainability of health systems. Maintaining a healthy workforce reduces absenteeism, decreases turnover, and improves measurable clinical outcomes, generating positive economic and social effects. Institutional policies that integrate self-care education into professional training, promote active health literacy among health-care workers and patients, and combine individual interventions with structural organizational changes are essential to ensure the continuity and quality of nursing care. In summary, self-care represents an individual competency, an ethical responsibility, and an organizational priority—its reinforcement is fundamental to both the humanization and effectiveness of healthcare⁽⁹⁾.

This issue brings together a collection of articles that explore, from diverse perspectives, the theme of self-care and its significance for nursing practice and education. The papers presented range from studies on mindfulness-based interventions and occupational health promotion strategies to analyses of health lite-

racy, care ethics, and the sustainability of healthcare organizations. Collectively, these contributions provide a comprehensive and updated understanding of how self-care—conceived as a professional competence, ethical value, and organizational strategy—can strengthen not only nurses' well-being but also the quality and humanization of care delivery. We therefore invite readers to engage with the following articles through a reflective and critical lens, acknowledging that caring for oneself is an essential condition for caring for others with excellence and humanity.

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