

ORIGINAL RESEARCH

Building academic success in the remediation of pre-licensure nursing students: A pilot study

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ABSTRACT

Pre-licensure nursing students enrolled in remediation often experience diminished academic self-efficacy and elevated stress, increasing risk for attrition. This descriptive correlational pilot study examined the feasibility and preliminary outcomes of embedding a structured self-care and self-efficacy intervention within a 6–8-week remediation course. Guided by Bandura's Social Cognitive Theory and principles of metacognitive regulation, the intervention integrated evidence-based learning strategies, time management instruction, stress regulation techniques, and structured reflective journaling. Six students completed pre- and post-intervention assessments using the General Self-Efficacy Scale (GSES). Mean self-efficacy scores increased from 4.28 (SD = 0.31) to 4.62 (SD = 0.38), and internal consistency reliability improved ($\alpha = .78$ to $\alpha = .90$). The Wilcoxon signed-rank test was not statistically significant ($p = .156$). Qualitative analysis identified themes of active strategy adoption, improved planning behaviors, and enhanced academic confidence. Although limited by sample size, findings provide preliminary support for the feasibility of a theory-informed remediation model and suggest potential value in strengthening academic self-efficacy and adaptive learning behaviors among pre-licensure nursing students.

Key Words: Nursing education, Remediation, Self-efficacy, Self-regulated learning, Student success

1. INTRODUCTION

Pre-licensure nursing education is academically rigorous and emotionally demanding. Students must master complex theoretical content, develop clinical reasoning skills, perform successfully in simulation and clinical environments, and meet high-stakes assessment benchmarks. Within this demanding academic structure, students who do not meet course expectations and are placed in remediation represent a particularly vulnerable population. Remediation typically follows examination failure, course underperformance, or academic probation and is often accompanied by heightened stress, diminished academic confidence, and fear of program dismissal. In this study, remediation is operationalized as a structured, course-based academic support process implemented following academic underperformance among

pre-licensure nursing students. For many students, remediation is experienced not simply as an academic intervention but as a significant threat to professional identity and future career goals. However, nursing remediation courses do not consistently integrate structured self-care, metacognitive strategy instruction, and intentional self-efficacy supports, leaving academically vulnerable students without support for confidence, regulation, and persistence.

National concerns regarding nursing program attrition underscore the importance of effective remediation strategies. Academic failure remains one of the primary contributors to withdrawal from pre-licensure programs. Attrition has implications not only for students but also for institutions facing enrollment pressures, accreditation expectations, and

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workforce demands. As the nursing profession continues to experience workforce shortages, supporting academically vulnerable students becomes both an educational and workforce priority. Despite these stakes, remediation models vary widely across programs and often emphasize content repetition rather than structured skill development.

Students enrolled in remediation frequently report feelings of embarrassment, decreased self-confidence, and uncertainty regarding their ability to succeed in subsequent coursework. Academic self-efficacy—the belief in one’s capacity to organize and execute actions required to achieve academic performance—has been consistently associated with persistence, resilience, and adaptive learning behaviors in higher education and health professions programs.^[1] Learners with higher self-efficacy are more likely to engage in effective study strategies, seek help appropriately, and persist following setbacks. Conversely, diminished self-efficacy may contribute to avoidance behaviors, increased test anxiety, and disengagement from academic tasks.

Beyond cognitive strategy use, emotional regulation and personal well-being also influence academic performance. Nursing students commonly report elevated stress, sleep disruption, competing family or employment responsibilities, and emotional fatigue. These factors can impair concentration, memory consolidation, and executive functioning. Structured self-care practices—including stress management techniques, sleep hygiene, mindfulness, goal setting, and time management—support emotional regulation and cognitive functioning.^[2] The World Health Organization^[3] identifies self-care as foundational to health maintenance and resilience.

Despite growing recognition of the relationships among self-efficacy, self-care, and academic performance, remediation courses within nursing education often focus narrowly on reviewing failed content areas or increasing practice question exposure. While content review is important, such approaches may not address underlying deficits in metacognitive awareness, time management, emotional regulation, or academic confidence. Students may complete remediation requirements yet continue to rely on ineffective study strategies or experience persistent anxiety.

Educational psychology literature demonstrates that active learning strategies, including retrieval practice, spaced repetition, and self-testing, produce stronger academic outcomes than passive strategies such as rereading or highlighting.^[4] Time management behaviors, including planning, prioritization, and task monitoring, have been identified as predictors of academic performance and persistence.^[5] Metacognitive regulation, which involves planning, monitoring, and

evaluating one’s learning processes, is central to effective self-regulated learning.^[6] However, these skills are rarely taught explicitly within remediation contexts.

Holistic educational approaches suggest that remediation may be conceptualized not merely as deficit correction but as an opportunity for academic identity reconstruction. Integrating structured self-care education, metacognitive strategy instruction, and self-efficacy enhancement within remediation may offer a more comprehensive model for supporting vulnerable learners. Empirical research examining such integration within pre-licensure nursing remediation remains limited. Therefore, this study examined the feasibility and preliminary outcomes of embedding a structured self-care and self-efficacy intervention within a remediation course for pre-licensure nursing students.

1.1 Literature review

Academic success in higher education is influenced by a combination of cognitive learning strategies, self-regulation behaviors, and psychological factors that shape persistence and performance. In nursing education, these factors are especially salient because students must learn high volumes of content while simultaneously developing clinical reasoning and demonstrating competence in applied settings. Students who enter remediation often do so after experiencing academic setbacks that can disrupt confidence and contribute to unproductive study patterns. Within nursing education, academic underperformance and course failure have been associated with decreased academic confidence, increased anxiety, and elevated risk for non-progression and attrition.^[7] These findings highlight the importance of addressing both academic skill deficits and confidence-related factors when designing remediation interventions.

Evidence from cognitive and educational psychology consistently supports the superiority of active learning strategies over passive study behaviors. Dunlosky and colleagues highlight that strategies such as retrieval practice, spacing, and self-testing improve learning outcomes and long-term retention more reliably than rereading or highlighting. Similarly, McDaniel and Einstein^[8] describe how applying principles from cognitive psychology can translate into practical academic behaviors that enhance learning efficiency. In remediation contexts, these findings are highly relevant because students who struggle academically may rely disproportionately on passive strategies that feel familiar but do not produce strong retention under testing conditions. Explicit instruction in active, evidence-based learning strategies may therefore serve as a key mechanism for improving performance among students revisiting foundational or previously unsuccessful content areas.

Time management is another well-established contributor to academic performance and persistence. Adams and Blair^[5] found that time management behaviors—particularly planning, prioritization, and managing competing academic demands—are associated with improved undergraduate academic performance. In nursing education, where students often balance clinical preparation, coursework, and personal responsibilities, time management behaviors are not simply organizational preferences but functional academic survival skills. Students in remediation may experience difficulty translating effort into outcomes, and time management deficits can amplify the mismatch between time spent studying and achievement. Structured remediation that explicitly addresses planning and prioritization may help students adopt more sustainable routines and reduce the sense of being overwhelmed.

Metacognitive awareness and self-regulated learning further clarify how students adjust learning behaviors over time. Broadbent and Poon's^[6] systematic review emphasizes that self-regulated learning strategies are linked with academic achievement, particularly when learners intentionally plan, monitor understanding, and evaluate outcomes. Metacognition enables students to recognize when a study approach is ineffective, revise strategies, and allocate effort toward areas of greatest need. This is especially important in nursing education, where students in remediation may experience decreased academic confidence and increased vulnerability to disengagement if effective self-regulated learning strategies are not established.^[6,7]

Psychological factors, especially academic self-efficacy, shape students' willingness to engage in productive learning behaviors and persist after academic setbacks. Rowbotham and Schmitz^[1] describe academic self-efficacy as a construct linked to motivation and persistence, with higher self-efficacy associated with more adaptive engagement and greater willingness to attempt challenging tasks. In remediation contexts, students may interpret academic difficulty as evidence they are not capable of succeeding in nursing school, which can reduce effort quality and increase avoidance or disengagement. Interventions that support confidence rebuilding and foster mastery experiences may help interrupt this cycle, enabling students to re-engage with academic demands using more effective strategies. Within nursing education, academic underperformance and course failure are closely linked to increased risk for attrition, highlighting the importance of structured academic support for student progression and persistence.^[7] Self-care also plays an important role in sustaining academic functioning, particularly in high-stress academic environments. Gancheva and Smith-Peters^[2] describe self-care and self-compassion education as an inno-

vative approach for nursing students, reflecting the growing recognition that stress management, sleep hygiene, and emotional regulation can influence learning capacity. The World Health Organization^[3] frames self-care as foundational to health maintenance and capacity building, underscoring its relevance to resilience and sustained functioning. Within remediation, integrating self-care education may enhance students' ability to regulate stress responses that interfere with attention, memory, and performance under pressure. This is particularly relevant in nursing education, where decreased academic confidence among students in remediation may contribute to disengagement and reduced persistence, particularly when effective self-regulated learning strategies are not established.^[6]

Holistic and values-informed approaches to nursing education also emphasize the importance of addressing students as whole learners rather than solely focusing on academic deficits. Willett and colleagues^[9] note that educational approaches that consider broader dimensions of student experience, including meaning-making and internal coping resources, may support engagement. In the context of remediation, structured reflection may help students process academic setbacks, reframe challenges, and adopt a growth-oriented perspective toward skill development. When paired with practical strategy instruction, reflective activities may strengthen students' sense of agency and reinforce the belief that improvement is achievable.

Collectively, the literature supports a model in which remediation is strengthened by integrating evidence-based learning strategies, time management instruction, metacognitive regulation, self-efficacy development, and structured self-care. However, these elements are not consistently embedded within remediation curricula in a deliberate and structured manner. This gap suggests a need for remediation designs that address both the academic and psychological contributors to underperformance. The present pilot study responds to this need by evaluating the feasibility and preliminary outcomes of a structured self-care and self-efficacy intervention integrated within a pre-licensure nursing remediation course.

1.2 Theoretical framework

This study was guided by Bandura's Social Cognitive Theory, which positions self-efficacy as a central determinant of motivation, persistence, and performance.^[10] Within this framework, self-efficacy refers to an individual's belief in their capability to organize and execute actions required to manage prospective situations. In academic contexts, these beliefs influence the degree of effort students expend, their persistence in the face of difficulty, and their resilience following setbacks. Students with higher academic self-efficacy

are more likely to approach challenging tasks as opportunities for growth rather than threats to be avoided. Conversely, diminished self-efficacy may lead to avoidance behaviors, reduced effort quality, and premature disengagement when confronted with academic challenges.

Bandura^[10] identified four primary sources of self-efficacy: mastery experiences, vicarious experiences, verbal persuasion, and physiological or emotional states. Mastery experiences—successfully performing a task—are the most influential source of self-efficacy. Within remediation contexts, students often enter the course following an academic setback that may have undermined their perception of mastery. Structured opportunities to practice evidence-based study strategies, receive formative feedback, and experience incremental academic improvements may help restore a sense of competence. Vicarious experiences, such as observing peers successfully applying adaptive strategies, can further reinforce beliefs in personal capability. Verbal encouragement from faculty and guided reflection may also support cognitive reframing and reinforce students' perception that improvement is achievable. Finally, attention to physiological and emotional states—such as stress and anxiety—aligns with Bandura's recognition that emotional regulation influences perceived competence. Integrating structured self-care strategies may therefore directly support the regulation of stress responses that otherwise impair confidence and performance.

In parallel, metacognitive regulation theory provides a complementary framework for understanding how students monitor and adapt their learning behaviors. Broadbent and Poon^[6] describe self-regulated learning as a cyclical process involving planning, monitoring, and evaluating academic tasks. Effective learners actively assess their understanding, identify gaps in knowledge, and modify strategies accordingly. In contrast, students who lack metacognitive awareness may persist with ineffective strategies despite limited progress. Remediation contexts present a unique opportunity to explicitly teach and model these regulatory processes.

Integrating Social Cognitive Theory with metacognitive regulation theory offers a comprehensive lens for understanding remediation redesign. Self-efficacy influences whether students are willing to attempt new learning strategies, while metacognitive regulation provides the cognitive tools necessary to implement those strategies effectively. A remediation model that combines structured self-care, explicit strategy instruction, and guided reflection may simultaneously strengthen confidence and enhance learning behaviors. Through repeated mastery experiences, cognitive reframing, and structured practice, students may reconstruct academic identity and re-engage with coursework more adaptively.

Thus, the present study operationalized remediation as a theory-informed intervention designed to influence both cognitive strategy use and self-perception of academic capability. By grounding the intervention in established theoretical principles, this pilot study sought to examine whether embedding structured self-efficacy and metacognitive supports within remediation could contribute to measurable changes in academic self-efficacy among pre-licensure nursing students.

1.3 Purpose and research question

Despite growing recognition of the importance of self-efficacy, self-regulated learning, and structured self-care in higher education, limited empirical research has examined the deliberate integration of these elements within pre-licensure nursing remediation courses. Remediation programming in nursing education has historically emphasized content repetition and examination practice; however, less attention has been directed toward addressing the cognitive, behavioral, and psychological contributors to academic underperformance. As such, remediation may represent an underutilized opportunity for structured academic identity reconstruction and strategic skill development.

The present pilot study sought to examine the feasibility and preliminary outcomes of embedding a structured self-care and self-efficacy intervention within an existing remediation course for pre-licensure nursing students. Specifically, the study aimed to evaluate whether integrating theory-informed modules addressing evidence-based study strategies, time management, stress regulation, reflective journaling, and guided metacognitive practice would be associated with measurable changes in academic self-efficacy over a 6–8-week period.

This study was designed as an exploratory pilot to assess both implementation feasibility and potential directional changes in self-efficacy prior to larger-scale investigation. Given the small sample and preliminary nature of the intervention, the intent was not to establish definitive causal relationships but rather to examine trends that may inform future research and remediation redesign.

The primary research question guiding this study was:

Among pre-licensure nursing students enrolled in remediation, does participation in a structured self-care and self-efficacy intervention improve academic self-efficacy over a 6–8-week period?

A secondary aim was to qualitatively explore students' perceptions of changes in study behaviors, planning strategies, and academic confidence through structured reflective journaling.

By articulating both quantitative and qualitative aims, this

study contributes to emerging efforts to conceptualize remediation as a holistic, theory-informed intervention rather than solely a content remediation mechanism.

2. METHODS

2.1 Study design

A descriptive correlational pilot design was employed to examine pre- and post-intervention changes in academic self-efficacy among pre-licensure nursing students enrolled in a remediation course. A pilot approach was selected to evaluate feasibility, assess implementation within an existing course structure, and examine preliminary directional trends prior to larger-scale investigation. Given the exploratory nature of the intervention and the small sample size, the study was not powered to detect statistically significant effects but rather to inform future research and remediation redesign efforts.

2.2 Setting and participants

The study was conducted within a pre-licensure Bachelor of Science in Nursing (BSN) program at a southeastern public university during the Spring 2025 semester. The remediation course was implemented within a structured, didactic academic setting and was designed for pre-licensure nursing students who had not met established academic benchmarks and required targeted academic support prior to progression.

A convenience sampling approach was used. All students enrolled in the remediation course during the study period were invited to participate. Inclusion criteria included: (a) enrollment in the remediation course, (b) age 18 years or older, and (c) willingness to complete both pre- and post-intervention self-efficacy surveys. Graduate-level or post-licensure students were excluded. Six students met eligibility criteria and completed both measurement points.

Although the small sample size limited statistical power and generalizability, the sample was consistent with exploratory pilot designs in nursing education research. A priori power analysis was not conducted due to the feasibility focus and fixed course enrollment.

2.3 Ethical considerations

Institutional Review Board (IRB) approval was obtained prior to initiation of the study. Participation was voluntary and independent of course grading. Students were informed that declining participation would not affect academic standing. Survey data were de-identified prior to analysis to protect confidentiality. Reflective journal data were analyzed in aggregate and anonymized to prevent identification of individual participants.

2.4 Intervention

The intervention was embedded within the existing 6–8-week remediation course and integrated structured self-care education, academic strategy instruction, and guided reflective practice. Rather than functioning as an additional requirement outside the course, the intervention was intentionally incorporated into scheduled course activities to enhance feasibility and sustainability. Weekly modules addressed evidence-based study strategies (retrieval practice, spaced learning, self-testing), time management and academic planning, sleep hygiene and stress management, goal setting and incremental mastery experiences, meditation and emotional regulation techniques, teach-back communication to reinforce understanding, and guided reflective journaling.

Each module included focused instruction, applied practice exercises, and structured reflection prompts designed to promote metacognitive awareness. Students were encouraged to apply newly introduced strategies during the week and document their experiences, perceived challenges, and behavioral adjustments in weekly journals. Faculty provided formative feedback to reinforce adaptive behaviors and support cognitive reframing.

The intervention was guided by principles derived from Social Cognitive Theory, emphasizing mastery experiences, verbal encouragement, and emotional regulation. Incremental goal setting was used to facilitate achievable progress, thereby supporting the development of academic self-efficacy.

2.5 Measures and analysis

Academic self-efficacy was measured using the 10-item General Self-Efficacy Scale (GSES), a validated instrument with demonstrated applicability across academic and health education settings.^[1] Items are rated on a Likert-type scale, with higher scores indicating greater perceived self-efficacy. The instrument has demonstrated strong internal consistency reliability in prior research (Cronbach's α ranging from .76 to .90). In the present study, internal consistency reliability was evaluated using Cronbach's alpha at both pre- and post-intervention time points.

The GSES was administered electronically at the beginning and conclusion of the intervention period. Qualitative data were collected through weekly reflective journal entries focused on strategy use, time management adjustments, stress management experiences, and perceptions of academic confidence.

Due to the small sample size and non-normal distribution assumptions, nonparametric statistical procedures were used. The Wilcoxon signed-rank test was conducted to examine

differences between pre- and post-intervention self-efficacy scores. Descriptive statistics, including means and standard deviations, were calculated for both time points. Qualitative journal data were analyzed using descriptive content analysis, a systematic approach for identifying patterns and themes within textual data.^[11,12]

3. RESULTS

Pre- and post-intervention assessments were completed by six students. Mean self-efficacy scores increased from 4.28 (SD = 0.31) pre-intervention to 4.62 (SD = 0.38) post-intervention. Internal consistency reliability improved from $\alpha = .78$ to $\alpha = .90$. The Wilcoxon signed-rank test did not demonstrate statistical significance ($p = .156$) at the .05 significance level. These findings are presented as descriptive trends consistent with the exploratory nature of this pilot study.

Qualitative analysis of reflective journal entries revealed three primary themes: (1) reframing study habits through adoption of active learning strategies, (2) improved planning and time awareness, and (3) increased academic confidence in managing coursework and assessments. For example, one student noted, "I realized I needed to change how I study and be more consistent," while another shared, "Using the new strategies helped me feel more prepared and confident going into exams." Participants described transitioning from passive study behaviors with structured retrieval and self-testing techniques, implementing weekly planning routines, and reporting greater perceived organization and confidence related to academic tasks. Reflections frequently referenced intentional strategy adjustments and increased confidence when approaching examinations and coursework demands.

4. DISCUSSION

This pilot study examined the feasibility and preliminary outcomes of integrating a structured self-care and self-efficacy intervention within a remediation course for pre-licensure nursing students. Although statistical significance was not achieved, upward trends in mean self-efficacy scores, improved internal reliability across measurement points, and consistent qualitative reflections suggest a positive directional trend in academic self-efficacy. These trends should be interpreted cautiously given the pilot design and small sample size.

The nonsignificant result likely reflects limited statistical power in this pilot sample. Directional increases in self-efficacy scores, alongside qualitative reports of improved planning and adoption of active learning strategies, suggest the intervention may have supported shifts in both study behaviors and academic self-perception.

From a theoretical perspective, findings align with Bandura's Social Cognitive Theory. Students reported engaging in structured practice of evidence-based strategies and experiencing incremental mastery, which are central mechanisms for strengthening self-efficacy.^[10] Guided reflection and faculty feedback may have functioned as verbal persuasion, reinforcing perceptions of competence. Additionally, the integration of stress management and self-care practices likely contributed to improved emotional regulation, which Bandura identifies as a factor influencing self-efficacy beliefs.

The qualitative findings provide further insight into how students experienced the intervention. Participants described reframing study habits, adopting more intentional planning strategies, and developing increased confidence in managing academic demands. These findings are consistent with metacognitive regulation theory, which emphasizes the role of planning, monitoring, and evaluating learning behaviors.^[6] By embedding structured reflection within remediation, the intervention may have facilitated greater metacognitive awareness and adaptive adjustment of study strategies.

Importantly, this study contributes to an emerging reconceptualization of remediation within nursing education. Rather than positioning remediation solely as a corrective response to content deficits, the present findings suggest that remediation may serve as an intentional site for rebuilding academic identity. Addressing both psychological and strategic contributors to academic underperformance may enhance the likelihood that students re-enter subsequent coursework with greater confidence and improved learning behaviors.

4.1 Implications for nursing education

These findings carry several implications for nursing education practice. First, remediation courses may benefit from structured integration of evidence-based study strategy instruction rather than reliance solely on additional content review. Explicit instruction in retrieval practice, spaced learning, and metacognitive planning provides students with actionable tools to enhance learning efficiency, retention, and academic confidence.

Second, incorporating guided self-care education within remediation may support emotional regulation and reduce stress-related cognitive interference. Nursing students often face high academic and clinical demands; structured attention to sleep hygiene, stress management, and goal setting may enhance students' capacity to sustain cognitive performance.

Third, remediation programming may serve as an opportunity for faculty to engage in developmental academic coaching. Faculty training in metacognitive instruction, reflective

facilitation, and self-efficacy—supportive feedback may enhance the quality of remediation experiences. Embedding such practices within existing course structures can be cost-effective and sustainable, particularly when integrated into established remediation curricula rather than added as separate programming.

Finally, reconceptualizing remediation as an opportunity for academic identity reconstruction may reduce stigma associated with remediation enrollment. By framing remediation as a structured skill-building experience grounded in theory and evidence-based strategies, institutions may promote a growth-oriented culture that supports persistence and resilience.

4.2 Limitations

Several limitations must be acknowledged. The small sample size limited statistical power and generalizability. The single-site design may restrict applicability to other institutional contexts. Reliance on self-report measures introduces potential response bias.

The short duration of the intervention (6–8 weeks) precluded assessment of long-term academic outcomes, including course progression, subsequent examination performance, or licensure success. Additionally, while qualitative reflections provided contextual insight, a more robust qualitative design with structured interviews may have yielded deeper understanding of student experiences.

Because this study utilized a pilot design without a control group, causal inferences cannot be drawn. Observed improvements may reflect maturation effects or concurrent academic support. Future research employing larger samples and comparative designs are needed to more rigorously evaluate intervention effectiveness.

5. CONCLUSION

This pilot study provides initial support for the feasibility and potential value of embedding structured self-care and self-efficacy strategies within a pre-licensure nursing remediation course. Although statistical significance was not achieved, upward trends in self-efficacy scores and consistent qualitative themes suggest that integrated, theory-informed remediation approaches may support academic confidence and adaptive learning behaviors among vulnerable students.

Future research should examine these interventions in larger, multi-site samples to assess generalizability and statistical significance. Comparative designs evaluating structured remediation models against traditional content-focused remediation approaches may further clarify the impact of integrating self-efficacy and metacognitive instruction. Longitudinal

studies examining retention, progression, and licensure outcomes would provide valuable evidence regarding sustained impact.

As nursing programs continue to prioritize retention and workforce sustainability, theory-informed remediation models that address both academic strategy and psychological resilience may offer a scalable and sustainable pathway to supporting academically vulnerable learners within pre-licensure nursing education settings.

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AUTHORS CONTRIBUTIONS

Dr. Lisa Prince-Clark was responsible for the study design, data collection, data analysis, and manuscript preparation. All authors were notified of the submission and provided the opportunity to review the manuscript.

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INFORMED CONSENT

Obtained.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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