

# Reterritorialisation of the transformative power of self-care activities: Students' wellness



## Authors:

Thuli G. Mthembu<sup>1</sup>   
 Tibuyile L. Dube<sup>1</sup>   
 Tijana Milojevic<sup>1</sup>   
 Beverly P. Ndaramu<sup>1</sup>   
 Philasande Nyangaza<sup>1</sup>   
 Siyamtanda O. Qolo<sup>1</sup>   
 Candice Steenkamp<sup>1</sup> 

## Affiliations:

<sup>1</sup>Department of Occupational Therapy, Faculty of Community and Health Sciences, University of the Western Cape, Bellville, South Africa

## Corresponding author:

Thuli Mthembu,  
 tmthembu@uwc.ac.za

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Students including health sciences at universities that appear to subscribe to neoliberal logic are at risk for social injustices and inequalities, anxiety, depression, academic demands and unethical activities. There has been little discussion about students' self-care and well-being in and beyond the neoliberal universities. This article explored the transformative power of self-care activities on the wellness and learning of health sciences students at a university in the Western Cape, South Africa. A qualitative exploratory-descriptive research approach was conducted with 10 health sciences students purposively recruited from a South African university. Data were collected through semi-structured interviews audio-recorded, transcribed verbatim and analysed thematically. Three themes identified from the analysis were: students' understanding of self-care, engagement in self-care activities and the transformative power of self-care activities. The key barriers to engagement in self-care activities were academic demands and unsafe environments; however, the students had to make time and effort.

**Contribution:** This article makes several noteworthy contributions to how self-care horizontal and complicated conversations can be infused into health sciences education and work-integrated learning contexts to heal and transform the wounds of neoliberal logic at universities. Additionally, we propound the applicability of ubuntu *currere* (ubuntu curriculum) and wellness as liberating frameworks that can be used for reterritorialisation and reconceptualisation of self-care and well-being to cultivate health sciences students' professional and personal development.

**Keywords:** reterritorialisation; transformation; self-care; belonging; ubuntu; health.

## Introduction

Universities are places developed to nurture students' engagement in the domains of learning, teaching, research and community engagement where the environment is supposed to cultivate self-care, critical thinking, a sense of belongingness, optimal health, decolonial love and relational well-being (RWB) (Blignaut et al. 2021; Lemon 2024). However, it appears that many universities are affected by the interference of neoliberalism in leadership and management, which influences academics, students, non-academics and external stakeholders. According to Maisuria and Cole (2017), neoliberalism is a market-driven ideology that embraces budget cuts and eliminates public goods, privatisation, corporatisation, commodification and consumerism to support aggressive competitiveness and individualism. Consequently, the proliferation of neoliberalism led universities to adopt a business model underpinned by the neoliberal principles that informed the structure and practices of higher education (HE) in England (Maisuria & Cole 2017). It is worth noting that South African universities appear to indirectly subscribe to a neoliberal agenda that expands the market, knowledge production and innovations for commercial and monetary purposes, despite being dependent on government funds and donations (Hlatshwayo 2022). In a neoliberal university, economic inequalities are evident among students from poor families, ethnic minorities, the missing middle class and single mothers (Desierto & De Maio 2020). Notable impacts of neoliberalism on students are not only the coloniality of being and vulnerabilities but also the social injustices and economic inequalities (Hil, Lyons & Thompsett 2022; Hlatshwayo 2021, 2022; Maldonado-Torres 2007; Mapuya 2023). The neoliberal logic has resulted in an increased number of students and families facing mental health challenges (Hlatshwayo 2021; Maiese 2022). Neoliberalism is a form of structural violence that systematically, vitiates the academic and professional staff, as well as the student's well-being and self-care in and beyond the neoliberal university (Hlatshwayo 2022; Lemon 2024; Maiese 2022; Morley 2023; Stolz, Weger & Da Veiga 2017). Global universities are perceived as marketplaces that contribute to the economy, employment and income (Hlatshwayo 2022; Rossouw & Goldman 2023; Stolz et al.

2017). However, neoliberal logic perpetuates ignorance of the social and cultural dimensions, downplays humanness and treats individuals as self-contained agents (Esposito & Perze 2014). Priestley (2019) argues that an increase in depression and anxiety conditions in higher education institutions (HEIs) is 'redefined by, produced, and reproduced by neoliberalism' (p. 191). Higher education institutions are structurally and existentially trapped in a crisis stemming from the neoliberal tensions that persist in influencing not only the leadership, governance and management but also the mental health, well-being and education of the students and staff (Hlatshwayo 2022; Maiese 2022; Rossouw & Goldman 2023). The incredible challenges and life-threatening risks influence students' quality of life, financial pressures, healthcare and opportunities for decent work (Maiese 2022). These challenges emanate from the neoliberal conditions existing in HEIs that perpetuate students' everyday problems, and erosion of the sense of belongingness and community (Hlatshwayo 2022; Maiese 2022; Priestley 2019; Wulf-Andersen & Larsen 2020). The effects of neo liberalisation in HEIs permeated the tuition fees, housing and costs of the course materials as well as organisational communication and personal interactions (Rossouw & Goldman 2023; Schraedley et al. 2021). The existence of economic inequalities linked to the ruptures and failures of Rainbow Nation led marginalised and historically excluded students to still depend on the National Student Financial Aid Scheme (NSFAS) (Govender, Reddy & Bhagwan 2021; Hlatshwayo 2021). The vulnerable students are prone to experience psychiatric conditions owing to financial stressors, debts, time pressure, competition and pressure to excel and stand out among students (Govender et al. 2021; Pappas 2020; Stolz et al. 2017).

Neoliberal policies restrict students from adequately meeting their well-being needs related to food, housing, health, safety and belonging (Hammell 2017; Hlatshwayo 2022; Taff et al. 2023). In neoliberal universities, students are expected to take responsibility for their mental health challenges as part of self-management; however, they lack proper guidance and training on self-care strategies and self-transformation (Maiese 2022; Priestley 2019; Stolz et al. 2017).

In HEIs, self-care practice emerged as a priority because it has been noted that students are 'debilitated by the setbacks, poor performance, stress, and study pressure' (Martin 2002:35). In response, the World Health Organization (WHO 2023) developed a self-care competency framework that encourages health sciences students to learn, develop coping skills and adapt to challenges. Self-care interventions can offer huge potential to promote students' health, emotional well-being, academic resilience, nutrition, physical activity, interpersonal relations, spiritual growth and stress management (Ayala et al. 2018). The WHO (2023) refers to self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker. This accentuates that

individuals are active agents with self-care responsibilities to manage their health, prevent disease, limit illness and restore health by engaging in health-promoting activities (WHO 2023). However, Sterckx et al. (2023) considered self-care as a:

[D]evelopmental issue in which one can grow, supported by creating time and space for oneself, reflecting and taking care of one's basic needs, physical, mental and social health, preserving several types of balance and a certain stability in life, and activities that bring inner peace, rest and relaxation. (p. 3)

Debate continues about the self-care practice and strategies in HEIs; however, little is known about how health sciences students liberate themselves from the horrible legacy of academic and personal pressures (Butler 2023; Laposha & Smallfield 2022; Stolz et al. 2017). Therefore, there is an urgent need to gain insight into self-care practices and strategies as part of the transformative approach for the wellness of the health sciences students.

## Problem statement

What triggered this article is the ingrained health sciences education culture of academic pressures, time constraints and help-seeking stigma that tends to prevent students from advocating and caring for themselves (Ayala et al. 2018; Ayala et al. 2017; Mthembu et al. 2022; Laposha & Smallfield 2022). Self-care is a significant transformative strategy that influences students' behaviour and lifestyle promoting 'well-being and the well-being of their communities' (Hammell 2017:209). University students' vulnerability highlights the pressing issues of mental health, emotional disorders, psychological problems, stress, anxiety, depression and burnout in HE (Henrico 2022; Laposha & Smallfield 2022; Stolz et al. 2017). This indicates a need for the transformation of HE to focus on student's academic performance, academic success, learning, teaching, wellness, resilience/grit, agility and health outcomes. These outcomes might be integrated into learning and teaching practices for self-care and wellness from the human perspective. Situating the students' self-care and wellness within the humanness perspective aggrandises a sense of the importance of Le Grange's (2015) combination of the Latin term *currere* (run) with the African philosophy of ubuntu to create a new concept of ubuntu *currere*. This concept of ubuntu *currere* deals with being and becoming through 'human in intra-action with other humans and the more-than-human world – a re/generative process of mind-body-soul' (De Preez & Le Grange 2024:1). Hlatshwayo, Shawa and Nxumalo (2020) add that ubuntu *currere* is an emancipatory pedagogy because it values the bottom-up approach in reimagining and transforming the curricula with the input from the students and other stakeholders. In considering the students' input, HE can be inclusive of regenerating the decoloniality of the curriculum through an intergenerational human praxis lens that promotes co-existence in learning, doing, thinking, being, becoming, belonging and seeing (Hlatshwayo 2021; Maphalala 2017; Netshandama & Nevhudoli 2021).

There are diversities of self-care activities ranging from physical, mental and spiritual (Laposha & Smallfield 2022). Examples of self-care include physical activities such as exercising and eating healthy. Mental self-care activities include daily journaling practice, reading a book or practising mindfulness. Some examples of self-care are related to spiritual and social activities including praying or talking to a friend that should be part of academia (Burck et al. 2014; Laposha & Smallfield 2022; Lemon 2024). These self-care activities enable the development of the coping strategies and skills needed to deal with the challenges that affect students' lives (Laposha & Smallfield 2022). Irrespective of the diversities of self-care activities, literature reports that students grapple with the skill of time management (Ayala et al. 2018). Previous studies provided evidence that psychological and physical self-care activities were enablers of addressing stress, anxiety and emotional fatigue (Hricová 2019). Despite the positive benefits of self-care activities, there is a rarity of research that focussed on the influences of self-care among health sciences students at a university in the Western Cape province, South Africa.

## Objectives

The objectives of the present article were:

- To explore the health sciences students' perceptions of self-care
- To explore the experiences of health sciences students' engagement in self-care activities
- To explore the transformative power of self-care activities on the wellness and learning of health sciences students.

## Decolonial perspective of self-care: Ubuntu *currere* and wellness model

Reterritorialisation is a process of decolonisation that needs HEIs to pay heed to the painful legacies of neo-colonialism and the colonial matrix of power that proliferated the physical, emotional and intellectual dimensions of marginalised people (Majeed, Imtiaz & Imtiaz 2021). In healing the coloniality of being, and knowledge production, ubuntu *currere* is a decolonial approach that underpins the study and provides the students with opportunities for horizontal and complicated conversations in which they can share their lived experiences (Bangura 2005; De Preez & Le Grange 2024; Maphalala 2017; Le Grange 2012). Pillars of ubuntu *currere* comprise intrapersonal, interpersonal and environmental values, which espouse Guattari's Ecosophy of three ecologies of self, nature and society (Guattari 2001; Maphalala 2017). It has been noted that the threats from the technoscientific transformation and integrated world capital (IWC) influenced not only the economy and transactions of the world but also resulted in an erosion of the relationship between self, nature and society (Guattari 2001). The erosion is evident in youth violence, dishonesty, disrespect for traditional authority figures, cruelty to peers, hate crime, self-destructive behaviour, a loss of work ethic, and decreased personal and civic responsibility (Lewis 2001). In ubuntu *currere*, self-care needs to be incorporated so that students

'who have been exposed to many negative experiences such as abuse, moral degeneration and all sorts of social ills' can be assisted to restore their humanness (Maphalala 2017:10238). Students need to understand that 'knowing oneself better is necessary to be able to perceive and experience the needs of others' (Stolz et al. 2017:10) and be with others (Bangura 2005). However, it has been noted that students continue to suffer from massive poverty, malnutrition, anxiety and depression while at neoliberal universities (Crutchfield et al. 2020; Hlatshwayo & Mbatha 2024). The erosion of social relations by the neoliberal logic penetrated people's attitudes, sensibility and minds (Guattari 2001). Hence, there is a need for ubuntu *currere* to foster the triple agenda of deconstruction, reconstruction and regeneration to rebuild and reshape self-care practices, and a wellness lifestyle that is in harmony with nature and society in the neoliberal world, which reflects the richness and diversity of human/social life (Bangura 2005; Esposito & Perze 2014; Hil et al. 2022).

Embracing self-care as part of the humanness paradigm promotes the synergy between human activities and the eight-dimension wellness model that encourages students' personal and professional development in and beyond neoliberal conditions (Bangura 2005; Burck et al. 2014). Physical wellness involves abilities to take care of the body by engaging in physical activities, eating healthy and getting enough sleep. Social wellness deals with a sense of connection and belongingness sustained by a support system and social roles (Blignaut et al. 2021). Social connectedness is important in students' well-being and fosters a sense of belonging through enacted togetherness. This is the process of negotiating and finding meaning in one's life, a space whereby togetherness and belonging can be created to provide opportunities for change in one's life thus creating resilience (Nyman & Isaksson 2020). Emotional wellness focusses on the feelings, reactions to feelings, and coping strategies that individuals use to deal with life circumstances. Spiritual wellness involves a set of values and belief systems that guide an individual's meaning and purpose in life. Environmental reterritorialisation wellness refers to the harmonious and intimate relationship between individuals and the living and non-living organisms where they live, work, play and learn to support well-being (Majeed et al. 2021). Financial wellness refers to an individual's satisfaction concerning money spent on well-being needs; intellectual wellness involves an individual's abilities and ways of enhancing knowledge and skills for a growth mindset. Occupational wellness refers to an individual's career development that enables satisfaction and enrichment. It has been reported that any disruption in the wellness dimensions may influence students' wellness and academic performance. Therefore, adopting Ubuntu *currere* and the eight-dimension wellness model will enable leadership and management to prioritise the well-being and self-care of students in HEIs. This will increase the pace of curriculum and social transformation geared towards contemporary and future communities' needs and changing global markets (Council of Higher Education 2022).

### Psychosocial challenges and students' self-care

Students are vulnerable to mental health conditions such as depression, anxiety, psychosis, addiction, drug use and other chronic mental disorders because of maladaptive coping, which influences their transition into HEIs (Aldiabat, Matani & Le Navenec 2014; Henrico 2022; Metelerkamp 2022; Nicholson et al. 2021; Tribble 2015; Wider et al. 2023). Higher education institutions appear as zones of non-being with poor access to shelter and sanitation, food, social injustices, economic inequalities and overuse of technology; consequently, students struggle to satisfy their well-being needs (Hammell 2017; Hlatshwayo & Mbatha 2024; Hook 2020; Govender et al. 2021; Mapuya 2023; Metelerkamp 2022). In the zone of non-being, students are at risk of self-harm, suicide ideation and ever-menacing symptoms of the modern era of inferiority complex and absence of hope for the future, which perpetuates the coloniality of being (Maldonado-Torres 2007; Metelerkamp 2022). It is reported that students with mental health problems do not reach out to seek help and support from others (Maiese 2022).

Self-care enhances students' health, wellness and resilience where they live, learn, play and work (Brown et al. 2019; Hook 2020; Stark et al. 2012). Therefore, HEIs should reconceptualise self-care 'activities that turn the attention towards inner processes, such as meditation, processes directed towards the body, psychological or spiritual practices' (Stolz et al. 2017:106). These activities promote a healthy mind, heart, body, spirit, social and student wellness (Butler et al. 2019; Cleofas & Mijares 2022; Hammell 2014).

Social support and connectedness achieved through engaging in self-care activities assist students in becoming better healthcare professionals (Felipe, Cleofas & Pua 2023; Metelerkamp 2022; Stark et al. 2012). However, it needs to be noted that illegal and harmful self-care activities such as alcohol and substance use interfere with students' well-being, academic performance, concentration, sleeping patterns, social relationships and ability to study which is perceived as the dark side (Wider et al., 2023; Twinley 2012). Therefore, the WHO (2023) introduced personal conduct as a fourth domain of the self-care competence framework so that all healthcare sciences may reconfigure the wellness of students, clinicians, academic staff, other professionals and communities. However, little research about how health sciences students in HEIs engage in self-care activities and domains of university life. This article contributes to HEIs so that wellness and self-care competence frameworks are used to reimagine health sciences education and liberating pedagogy to prepare graduates who demonstrate ethical conduct, decolonial love and care for others, themselves and land (Butler 2023; Ramose 2016).

### Research methods and design

A qualitative exploratory-descriptive study design was used to gain insights into multiple realities and lived experiences of students engaging in self-care activities to enhance their

wellness and education (Korstjens & Moser 2017; Teherani et al. 2015). The study population included health sciences students in the Faculty of Community and Health Sciences at a university in the Western Cape Province. Heads of the Department as gatekeepers were contacted to request permission to recruit students after the purpose of the study was explained. Subsequently, an invitation was sent to the students through their departments' communication. A purposive sampling method was used to select the participants who were registered as second- and third-year occupational therapy [OT], nursing and physiotherapy [PT] students in the 2023 academic year to share their experience about the phenomenon of self-care (Creswell et al. 2013). Face-to-face interaction and emails were used to recruit the 10 participants from three departments.

Data collected included the participants' socio-demographic information: age, race, home type, residence, degree and year level. Credibility was enhanced through the use of 10 semi-structured interviews conducted face-to-face for 40 min. An interview guide was developed from the existing literature on self-care and interviews were audio-recorded and transcribed verbatim. Confidentiality and privacy of all participants who volunteered and consented were protected by allocating numbers during interviews to ensure anonymity, as expected in the *Protection of Personal Information (POPI) Act 2013*. A six-phase thematic analysis was used to familiarise ourselves with data, generate initial codes, create themes, review themes, define and name themes, and produce this article reporting findings (Braun & Clarke 2006). An inquiry audit led the authors to ensure that data collection techniques, procedures and analysis were documented for transparency. Code redundancy was reached through the iterative process of analysis when repetitive codes were identified and grouped into categories. Meaning redundancy was achieved when all the meanings of the themes and their relationships were explicitly consistent between the theoretical frameworks, the aims and objectives of this research, and the research question.

### Trustworthiness

In enhancing the quality and truth value of the study, trustworthiness was ensured through credibility, transferability, dependability and confirmability (Ahmed 2024). Credibility was ensured through congruency of the research question, the methods and the findings, which enhanced the conclusion about self-care as a phenomenon. Transferability was enhanced by providing thick descriptions of the academic environments in which data were collected, family contexts captured through extracts and the social context in which participants provided services (Ahmed 2024). An audit trail kept track of the inquiry process, particularly from planning to analytical phases to enhance dependability (Ahmed 2024). Confirmability was enhanced through peer evaluation to check the credibility and decisions made during analysis and interpretations. The participants validated the accuracy of the findings as part of member checking.

## Ethical considerations

Ethical approval to conduct the study was sought from the University of the Western Cape BioMedical Research Ethics Committee (BMREC) and reference number: BM23/4/2. The study was approved by the research committee at the Faculty of Community and Health Sciences. All the participants were informed about the study and they gave informed consent. Participants were informed that their participation was voluntary and they could withdraw from the study without any repercussions. Anonymity was enhanced through the use of numbers to de-identify the participants, as part of the protection of personal information in line with the Protection of Personal Information (POPI) Act 2013. All data are stored in a safe place and will be discarded according to the university's data management policy.

## Results

In total, 10 participants aged between 19 and 23 years old were registered in the programmes. The race of participants included black people, white people and mixed race people. The majority of the participants were residing at the university residences (Table 1).

Three themes as identified were: (1) students' understanding of self-care; (2) students' engagement in self-care activities and (3) transformative power of self-care activities.

### Theme 1: Students' understanding of self-care

The first theme contextualises the participants' understanding of self-care as a construct that involves a decision-making process that contributes positively to their health and wellness:

'Self-care means taking care of myself and doing something that will benefit me.' (Participant 1)

'Self-care means taking care of yourself.' (Participant 9)

Participants evinced that self-care is a 'multifaceted' construct that comprises taking care of mental, physical, emotional and spiritual health:

**TABLE 1:** Participant details and demographic information.

Participant	Age (years)	Race	Home type	Residences	Degree	Year level
1	23	Black people	Rural	University	OT	3
2	19	Black people	Rural	University	OT	2
3	22	Black people	Rural	University	OT	3
4	20	Black people	Urban	University	OT	3
5	20	Mixed race people	Community	University	Nurse	2
6	22	Black people	Urban	University	PT	3
7	20	Black people	Urban	University	PT	3
8	21	White people	Urban	Home	PT	2
9	19	Black people	Urban	University	PT	2
10	20	Mixed race people	Suburban	University	PT	2

Source: Dube, T., Milojevic, T., Ndaramu, B.P., Nyangaza, P., Qolo, S.O. & Steenkamp, C., 2023, 'An exploration of the influences of self-care activities on the occupation of learning of second-year and third-year health sciences students at a university in the Western Cape', undergraduate dissertation, University of the Western Cape, Bellville, South Africa  
OT, occupational therapy; PT, physiotherapy.

'Self-care is very multifaceted you can look at it from multiple facets, so, it's physical, it's emotional, and it's spiritual. It depends on how you choose to interpret it as a person.' (Participant 4)

'It is taking care of yourself whether it be physically, mentally, and emotionally.' (Participant 10)

A sense of agency was evident among the participants who had control over the importance of self-care for their minds and bodies. The participants took responsibility to enable themselves to be more productive:

'Taking care of my mind and the whole body makes you productive.' (Participant 9)

A narrow insight into self-care has been raised in different disciplines such as nursing (Martínez et al. 2021) and OT (Hammell 2017; Laposha & Smallfield 2022). Nonetheless, the participants' responses about self-care still reiterated the limitations relative to activities of daily living that enabled participants to experience a sense of being:

'It is activities that I engage in such as grooming and bathing.' (Participant 4)

### Theme 2: Students' engagement in self-care activities

The second theme deals with the integration of a variety of self-care activities into daily routines. Participants shared that they incorporated physical self-care activities in their routines that they are engaged in to meet their well-being needs:

'I try to incorporate some type of physical activity or exercise into my routine. This includes weekly jogs.' (Participant 10)

'I like to hop in the bath, I like to give a nice bubble bath and all those things, some Epsom salts ... then do proper skin care.' (Participant 8)

'I watch movies.' (Participant 9)

Spiritual wellness is a priority need that involves engaging in spiritual activities such as prayer, reading the Bible, painting and being artsy. Participants shared that they engaged in these activities to sustain their agility, resiliency and wellness:

'Prayer, reading my word, and sometimes I like to do artsy things, like do my makeup, painting, drawing.' (Participant 1)

Participants engaged in social self-care activities whereby they drank alcohol with friends, attended parties and smoked hookah pipes, which enabled them to experience a sense of belongingness and happiness:

'I go out with my friends, drink or come together to smoke hookah pipe sometimes just talk.' (Participant 5)

Time management is an essential skill that enabled the participants to engage in mental health walks and self-care. Participants created a work-life balance so that they managed their activities, which enabled them to experience a sense of harmony. Irrespective of fieldwork demands, participants

were able to make adaptations in their busy schedules to accommodate self-care activities on weekends:

'I try to incorporate mental health walks. I probably take more than five a day, especially during the exams.' (Participant 10)

'I'm trying just to make up time.' (Participant 4)

'With the practical, it would be on weekends.' (Participant 1)

Participants were aware that eating healthy is part of self-care activities; however, not only did their laziness inhibit them from preparing nutritious food but also money worries:

'You get very lazy to cook healthy foods so you just see yourself buying fast food. Healthy food is more expensive so you tend to choose unhealthy food because you're worried the money will get finished.' (Participant 7)

An unsafe environment with a high crime rate appeared to be a threat that led participants to not engage in self-care activities that contribute to their physical and social wellness:

'Crime kind of hinders me from going on a run safely.' (Participant 6)

The authoritarian parenting style appeared as a barrier to engaging in community self-care activities. Participants felt that their parents deprived them of the opportunity to choose the self-care activities they found to be meaningful in their lives:

'My parents are very strict, I'm not allowed to go out and do certain things that my peers do because they say it's boy stuff... I'm scared of what my parents think of me.' (Participant 9)

Introvert personalities acted as barriers that restricted participants from engaging in social self-care activities that connected them with others, and they felt alienated. However, a few participants shared experiences of feelings of guilt complex that they had done something wrong by engaging in self-care activities such as resting and oversleeping:

'I struggled with social self-care because of being introverted.' (Participant 9)

'I do one of my self-care thingies, then, I feel guilty for spending time just not doing anything and "being", and not being productive.' (Participant 4)

'Smoking and sleeping... but if you're sleeping for two days then it is not self-care.' (Participant 10)

The demands of participants' fieldwork acted as barriers to participation in self-care activities, which led participants to experience imbalance. Participants reported that fieldwork activities were time-consuming and reduced their engagement in self-care activities:

'I stand there a long period. When I get back to my room, I'm more tired. My schedule is a bit disturbed because now I won't be able to wake up early and go exercise ... I won't be able to cook or get food.' (Participant 7)

'Fieldwork activities take up a lot of my time ... I cannot engage in self-care as much as I was in the first semester when I just had class.' (Participant 4)

### Theme 3: Transformative power of self-care activities

The last theme reflects the power of self-care activities that induced transformation among the participants who participated in university life and connected with the environment and people. The participants shared that self-care activities enabled them to connect with the natural world and recuperate from academic stress and exams:

'I'm a part of the [*university*] rowing team, so I think rowing always finds a way to relieve some university stress during exams and I try to incorporate a mental health walk.' (Participant 10)

Participants shared that the university provided a liberating, supportive and enabling environment for self-care activities and a growth mindset. Participants living with anxiety and depression shared that they have built connections, relationships with others and social support, and they engaged in self-care activities, which enabled them to experience a sense of belongingness:

'Things are easier for me at university because I can engage in self-care activities. There is room for growth and my ability to take care of myself.' (Participant 6)

'Here at university, people understand what you're going through and we get through it. I've learned about my self-care from the people I met at university. I was struggling with severe anxiety and depression, bottling up everything and trying to move on. But now, I think I've incorporated many more things such as jogging. When I get anxious or depressed, I speak with friends.' (Participant 10)

Goal setting is one of the self-care activities that cultivated participants' transformative process to navigate their academic journey to become motivated health professionals:

'Factors that influence my engagement in self-care are mainly having a vision, having an end goal where you see yourself in 5 or 10 years from now.' (Participant 4)

'It's important to me because it keeps me positive-minded.' (Participant 6)

It was evident from the participants' reflection that they assimilated empathetic skills and professional-patient relationships to transfer their knowledge about self-care activities into their work-integrated learning to implement walk-the-walk during the intervention process:

'I think I've become more empathetic towards these patients. It just showed me how to incorporate or enforce self-care. Some patients are where they are because of not taking care of themselves or neglecting their self-care. It's motivating me to do better not for myself but for them as well.' (Participant 10)

'I think, it's helping me in terms of being healthy when I'm in a clinical setting. I'm talking about the things that I'm aware of. When I tell patients to practice, you know the runs keep you healthy I know what I'm talking about.' (Participant 6)

Despite that fieldwork demands were identified as barriers to self-care activities, participants enunciated a need to

rapidly adapt and respond to the changes in their fieldwork duties:

'With Physio, from next year, when we go into the hospital environment ... It is when you have to adapt greatly.' (Participant 8)

The transformative power of self-care activities contributed to the participants' overall wellness and motivated them to navigate their lifestyles and learning:

'I take time to take care of myself then I'm in a better space, and more productive. In learning, the more I self-care, the better I learn.' (Participant 1)

'If I practice self-care, my energy becomes high, and I am interested in what the day has to offer.' (Participant 6)

'It makes me feel like I can sit down after and get my work done.' (Participant 8)

## Discussion and implications

This study aimed to explore the transformative power of self-care activities on the wellness and learning of health sciences students and offers valuable insight into nuances of this new work in the context of the neoliberal university. While a variety of definitions of the term self-care have been presented in this article, the findings indicate that the participants' understanding evolved conceptually and personally. There seems to be some evidence to indicate that a sense of agency existed among the participants, which enabled them to value self-care. This finding supports Balconi's (2010) concept of agency which includes:

[A]wareness of a goal, of an intention to act, and of initiation of action, as well as awareness of movements, sense of activity, sense of mental effort, sense of control, and the concept of authorship. (p. 3)

The findings about self-care definitions shared in the first theme (*Students' understanding of self-care*) indicate that the participants were knowledgeable that they had to take full responsibility for doing things to preserve their health and wellness. The evidence presented in the first theme buttressed the eight dimensions of wellness (i.e. emotional, environmental, financial, intellectual, occupational, physical, social and spiritual). A possible explanation might be that the participants were aware that self-care is not only a multifaceted construct and subjective but also relational and embodies other regarding duties. The findings about the subjective nature of self-care corroborate Truscott et al.'s (2023:1) systematic review which indicates that mental health self-care is 'an individual process of self-awareness, self-compassion, and specific strategies to work towards emotional balance'. The rationale behind the consideration of the eight-dimension wellness model and self-care practice among health sciences students is that the neoliberal turn in HE resulted in academic, mental health and psychosocial challenges that needed strategies to mitigate and promote Sustainable Development Goal (SDG) 3 (i.e. quality of health and well-being) (Blignaut et al. 2021).

The results produced in the two themes (*Students' understanding of self-care and transformative power of self-care activities*) substantiate the importance of the Guattarian Three Ecologies (i.e. self, nature and society) theoretical framework in understanding self-care (Guattari 2001; Le Grange 2012). This indicates that understanding the complexity of self-care necessitates students, educators and others in HE to reconceptualise the healing of nature and society because these are interlocking dimensions. Adopting the ubuntu *curre* lens helps us understand that there is a possibility to influence healing, wellness and quality of life not only for self but also for nature and society (Hil et al. 2022; Le Grange 2012). Similar to Blignaut et al. (2021), the results in the third theme indicate that the participants suffered from severe anxiety and depression, which means that universities need to reimagine the notions of student support and self-care. However, the social support received from the participants' friends enabled them to cope with their mental health conditions, which is similar to previous studies (Maiese 2022; Burck et al. 2014). This result may be explained by the fact drawn from Le Grange (2012:61) who asserts that 'each individual's humanity is ideally expressed in relationship with others'. Another possible explanation is that the interconnectedness of self is inseparable from society and nature, which promotes ethics of care (Le Grange 2012). The findings also indicated that the participants were role models for their clients, as they walked the walk to promote self-care for others, which is congruent with Burck et al.'s (2014) results.

Our findings are congruent with the previous research from OT (Laposhka & Smallfield 2022) and mental health and medical disciplines (Burck et al. 2014) to heighten engagement in self-care activities to promote personal growth. For instance, it was evident in the findings that participants engaged in self-care activities that supported RWB such as being with people, singing, playing the guitar, reading, meal preparation and watching television. Other examples of self-care activities that promote mental wellness include mindfulness and physical exercises. The findings revealed that prayer is an example of a spiritual self-care activity that strengthens and enhances motivation and cultivates resilience. This may mean prayer enabled the participants to experience a sense of continuity and persistence irrespective of academic and psychosocial challenges. There is a possibility that the inclusion of prayer as part of daily routine might have helped the participants to be consistent with self-care practices. The findings are consistent with previous studies (Cleofas & Mijares 2022; Mthembu et al. 2022); however, participants were overwhelmed by their academic demands and due dates. Therefore, the findings suggest that participants should learn to create harmony among their workloads for effective coping. Nevertheless, there were findings indicating that the students tend to worry about the cost of food and that the money might be depleted quickly, which influenced them to prepare nutritious meals. Supporting these findings, previous studies highlight the impacts of neoliberalism on students' financial stressors and debts that led to an increase in psychiatric vulnerability among health sciences students (Govender et al. 2021; Maisuria & Cole 2017).

Consistent with prior studies (Tesfai 2016; Wider et al. 2023), the findings highlight a problem of unhealthy behaviours such as alcohol and substance use, smoking hookah pipes and cannabis as part of self-care among university students. It can therefore be assumed that the unhealthy behaviours were perpetuated by peer influence, mental health problems and socio-cultural norms (Wider et al. 2023). This can be perceived as the dark side of self-care activities that are harmful to self and others, or even illegal yet still provides meaning to the participants (Twiney 2012). However, Wider et al. (2023) cautioned that alcohol and substance use among students tend to influence academic performance, social relationships, mental health and physical health, and pose a serious risk to their sleeping patterns. The results need to be interpreted with caution because the patterns, predictors and consequences of alcohol and substance use were not fully investigated in this article. Consequently, self-care discussions might involve the role of health-promoting behaviours and strategies and family support systems in addressing alcohol and substance use at university.

The neoliberal turn in HE not only resulted in challenges but also created possibilities for alternative humanistic philosophies which support transforming, redesigning and reimagining self-care within the curricula using the lens of ubuntu *currere* (Hlatshwayo et al. 2020; Hlatshwayo & Shawa 2020; Le Grange 2019). Self-care is a strategy that needs to be infused into health science education to promote humanness and collective existence so that students can learn to cope with stressors and anxiety. The principal theoretical implication of this article is that horizontal and complicated discussions between students, lecturers and other stakeholders could be initiated about how self-care practices can be embedded in learning and teaching. The discussions may incorporate social virtues of survival, solidarity spirit, compassion, respect, reciprocity, dignity, humanity and mutuality to reinforce humanness. The findings in this article support ubuntu *currere* and other-regarding virtues enacted in fieldwork to re-centre the African philosophy of personhood within existing modules and look at self-care practice from the African perspective. This is important in health sciences education because it promotes epistemological diversity in curricula so that students can learn that self-care efforts are relational and embody other-regarding duties (Hlatshwayo et al. 2020; Molefe 2020).

In supporting self-care and SDG 4 (Quality Education) in *esitibeni semfundvo laphakeme* [HEIs], health sciences need to embrace a critical pan-epistemic education, which supports a more horizontal curriculum where students and academics as human beings must understand education as an ethical undertaking (Ramose 2016). This provides a rationale for HEIs to adopt courage, epistemic love, sensitivity, intelligence and good health as qualities of a critical pan-epistemic education. This article has raised important questions about the nature of self-care in challenging academics and students to search for truth and meaning throughout their lives to promote ways of being and doing in holistic education.

This article's findings did not highlight the importance of connections with the elders, the land and communities as human praxis to resist the neoliberal conditions that influence students' wellness and learning. Therefore, HE needs to integrate decolonial love, care and land pedagogy so that students acquire knowledge and skills that are required outside and beyond the neoliberal universities (Butler 2023; Hlatshwayo 2022). It is envisaged that adopting decolonial love, care and land pedagogy will assist academics and students to engage in dialogue and productive conversations relative to self-care practice and one's culture, parenting styles, heritage and epistemologies in education (Butler 2023; Hil et al. 2022).

The findings of the present article indicated that social wellness was not ranked as a well-being need such as previous studies that show neoliberal logic downplays and disrupts the social realm and social activities, and erodes people's relationships and sense of belongingness (Esposito & Perze 2014; Hil et al. 2022; Maiese 2022). This highlights a need to adopt the ubuntu *currere* philosophy and principles so that pedagogical approaches could reconsider 'learners as significant others who bring unique backgrounds, experiences, and prior knowledge for teachers to build on towards the development of new knowledge' (Ngubane & Makua 2021:6). Theme three (*Transformative power of self-care activities*) validates that health sciences education needs to adopt ubuntu pedagogy as a transformative teaching approach to cultivate RWB of self and others among learners (Ngubane & Makua 2021). The transformative approach is significant because students, and educators, can learn how to collaborate with patients and others to build positive relationships; encourage cooperation and respect among learners; inspire teachers to teach from a position of love and care; and promote inclusion and social justice (Ngubane & Makua 2021). Infusing self-care through ubuntu *currere*, Three Ecologies, discipline-specific conceptual models and other African philosophies push us to reimagine and reconfigure the importance of marginalised socio-cultural frameworks. This reinforces the process of reterritorialisation that aims to recover ethics of care and new ways of living and learning in fieldwork practice, and the classroom in and beyond neoliberal university (Majeed et al. 2021). Educational activities and materials can be recreated through the process of co-construction to encourage self-care habits among students by enabling engagement in creative activities such as painting, art, filming and drawing, which facilitate them to interact with children, adolescents, adults and elders about different cultural objects (Felipe et al. 2023). These activities may be reconstructed to buttress Guattari's Ecosophy of interlocking dimensions of self, nature and society. This can enable students of marginalised communities to address the erosion that unleashed personal and professional challenges.

## Conclusion

Returning to the objectives of this article, it is now possible to state that we explored the transformative power of self-care activities on the wellness and learning of health science



students. The social construction of students as fee-paying clients who have bought and paid for the university's curriculum goods highlighted a recognised need for transformation in HE to support students' well-being and self-care in and beyond neoliberal universities. Hearing the voices of the health sciences students provided an insight into the mental health, academic and psychosocial challenges that affect their well-being and self-care. The results of this study indicate that the students had a better understanding of self-care, as a construct that involves goals, action, self-knowledge and relationship with others. The current findings support the relevance of engagement in self-care activities as part of self-transformation in HE. Strategies for infusing self-care in health sciences education might involve pedagogical approaches relative to ubuntu *currere*, decolonial love, care and land. These approaches could foster transformation and understanding of students' mental wellness and self-care as pressing issues in HE.

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## Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

## Authors' contributions

T.G.M. supervised and reviewed the intellectual content of the project, contributed to the conceptualisation of the research, conducted literature control, developed the research methodology, analysed the findings, organised the structure, prepared the content and wrote the manuscript for publication. T.G.M., T.L.D., T.M., B.P.N., P.N., S.O.Q. and C.S. contributed to the various aspects of the research including conceptualisation, literature review, research methodology, findings and structuring.

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## Data availability

The data that support the findings of this study are available from the corresponding author, T.G.M., upon reasonable request.

## Disclaimer

The views and opinions expressed in this article are those of the authors and are the product of professional research. It does not necessarily reflect the official policy or position of any affiliated institution, funder, agency or that of the

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