IJRTN- International Journal of Research in Transformative Nursing
Volume 1, Issue 2 | October-2025
e-ISSN: 3068-5982 ISSN Print: 3068-5974

Using Personal Health Tracking to Transform Nursing Self-Care Practices

Dr. Abigail Ward[1], Dr. Lucas Richardson[2]
[1]School of Nursing, University of Exeter, Exeter, United Kingdom
[2]School of Nursing, University of Exeter, Exeter, United Kingdom
Received: 21-08-2025; Revised: 09-09-2025; Accepted: 22-09-2025; Published: 09-10-2025

Abstract
Health tracking is becoming a revolutionary method of nursing self-care since people can track, assess, and streamline their health using wearable technology, mobile applications, and digital health applications. Such a paradigm change is the transformation of self-care into a proactive, data-driven model shifting the interventions into proactive proliferation rather than the reactive approaches to self-care and empowering nurses as caregivers and care recipients in charge of taking care of themselves. Through the constant health monitoring process, nurses will be able to detect the initial symptoms of stress, fatigue, or health deterioration to respond in time and encourage resilience. Along with that, the model promotes individual health approaches, improves professional practice, fosters sustainable workforce well-being in health systems. Adoption of personal health tracking technologies in nursing is in tune with the modern peculiarities of precision health, holistic and preventive care, changing the meaning of taking care of oneself dynamically, responsively, and evidence-based practice.

Keywords: ***Personal health tracking, Nursing self-care, Wearable health devices, Digital health, Preventive healthcare, Self-monitoring, Data-driven self-care, Nursing wellness, Health technology adoption, Proactive care models.***

1.Introduction
The process of incorporating personal health monitoring into the human caring professional nursing into the self-care practices is the most dramatic change in the approach to well-being employed by both the health professional and the patient. Historically, the models of nursing self-care have focused on personal accountability, preventive practice, and developing physical, emotional, and social well-being. But now, with the development of mobile health technologies, wearable sensors and digital tracking platforms, this vision has grown and now allows continuous 24/7 monitoring of health signals that previously needed times in the clinic or to be recorded manually. Such shift is not only technological but a paradigm shift in the philosophy of self-care among nurses. Although previous generations of models focused on the role of periodic assessment and reliance on regular self-reporting of the patient, the modern methods are more data-driven, context-sensitive, and personal. Nurses, be it in the management of their personal health or patient health, are now operating within a landscape in which the heart rate, sleeping quality, exercise, dietary intake, emotions, and even the more detailed body mechanics can be monitored and measured in real time, as well as analyzed. Such a shift in the role of a nurse changes their definition of a passive recipient of reported symptoms to a proactive interpreter of measured health trends who can customize intervention to the immediate needs of the individual(1). These capabilities are consistent with the more general movement toward precision health, preventive care, and patient empowerment, but they also necessitate new skills: digital literacy, data analysis skills and awareness of privacy and data usage ethical concerns. Furthermore, interrelation of technology ability and human understanding brings more opportunities and challenges. Whereas constant surveillance may help detect the first symptoms of disease, facilitate the initiation of the intervention at an early stage, and increase compliance with the care plan, it is associated with a risk to drown the user with data, induce anxiety, or create inequality between the growing populations without access to knowledge and those with access to such tools. Appreciation of personal health monitoring in nursing therefore demands an enthusiastic innovation along with integrating evidence-based practice and patient education and design of the healthcare system with a reasonable consideration. It also demands a paradigmatic shift in understanding self-care as a dynamic process and nurse and patients assuming roles and having a part to play to interpret the data, situate findings into perspective, and make sound health choices. Undergoing this new paradigm, individual health tracking stands not just as a tool but also as a tool to break the mold of nursing self-care entirely to be more proactive, participatory, and precision-based.

2.Quantified Health and the Evolution of Digital Self-Care in Nursing

The trend of quantified health has become part of the new norm in self-care, especially in nursing. Simply put, the concept of quantified health boils down to quantifying your day to day lives using digital devices, depending on what one is trying to track and quantify in terms of physical activity and sleep to food and mood. This now comes easily due to the wide use of wearable fitness trackers, smartwatches, mobile health (mHealth) apps and connected medical devices. That which was once manually conducted symptom jotting down or food diary record keeping has now been replaced with automated sensor recording (with the ability to capture thousands of data points per day). Such a development has serious implications to the field of nursing self-care models, which have long been based on a periodic cycle of assessment and patient reports. The transition to the sphere of real time, high-resolution data enables nurses not only to assist patients in making evidence-based decisions but also transfer these concepts to their personal life(2).

The quantified self After starting as a technology driven movement by technology aficionados in non-medical fields, the quantified self has made a solid landing within professional care settings. This, in the case of nurses, will mean an ability to combine the knowledge they have about their patients with individual health parameters, so a more subtle and holistic picture may be gained of the interaction between the lifestyle of their patients and its effects over time. This digital transformation is based on three interrelated attributes: feedback, which guarantees a person can get useful information about their bodies; connectivity, which is the possibility to securely exchange data with other people, such as patients, nurses, and other members of the care team; and intervention, which encompasses the application of knowledge about behavioral science to encourage adherence to healthier routines. Considering a nurse who wears a device to monitor heart rate variability, they can learn about the symptoms of burnout at an early stage, which can be addressed in a preventive way by performing stress management practices or changing their schedule before it leads to the development of the condition.

Models in the personal informatics field have helped give structure to such process. The adoption of one of the influential models splits self-tracking into clear steps with an initial step of preparation where goals are established and what to measure is determined, then comes data collection and data organization steps and subsequent reflection and action. This is a sequential process that guarantees the storage of data does not remain stagnant but each and every data item is interpreted accordingly and applied in making health decisions. In nursing, patient populations, however, there is the tendency of putting a lot of emphasis on the collection stage without paying emphasis to reflection and action. In the absence of professional advice, a person can count the number of steps, sleep, or food and not feel much of a connection with the overall health requirements. It is this gap that clearly demonstrates the importance of nurses indirectly as interpreters and providers of education by facilitating the translation of crude numbers into usable health plans.

A recent development, sometimes known as lived informatics, revises the earlier models in that self-tracking is not a project, but an activity integrated into everyday life. Depending on motivation, life events or health status, people may move between periods of active tracking and selective monitoring and temporary lapse(3). As far as nurses are concerned, it is crucial to realize these oscillations to create realistic, sustainable self-care plans both themselves and their patients. Promoting consistency with flexibility may stop the frustration that causes so many to give up on the idea of tracking entirely.

This trend of personal health monitoring is also opening the larger area of the personal information management of healthcare. Health management is much more than keeping a track of vitals, it entails managing medications, arranging appointments, making sense of insurance policies, records keeping and dealing with various care providers. This is overwhelming to those individuals who have chronic conditions. Digital health tools have a potential benefit in that they can aid in aggregating information by consolidating them in a centralized solution but also come with new challenges associated with information overload, technical complexity, and privacy issues. As those with experience regarding clinical practice, and being educated on how to teach patients to use technology, nurses can become one of the key factors in filling this gap and assisting people in ensuring the correct choice and use of technology along with protecting the personal health-sensitive information.

MHealth tools are dedicated to different purposes. Diagnostic apps can help diagnose conditions; behavioral apps concentrate on changing habits; symptom checkers are apps that give advice based on self-reported problems; and chronic condition management apps assist with the ongoing management of a disease such as diabetes, high blood pressure or asthma. Such tools are passively functional, i.e., they collect information automatically through sensors, or they are actively functional, and the user should enter that manually. Different contexts determine the

Volume 1, Issue 2 | October-2025
e-ISSN: 3068-5982 ISSN Print: 3068-5974

level of engagement of patients or even nurses with these tools. As a preventive self-care process, people can be more responsible in consuming and analyzing the data, however, in critical or complex treatment cases, the front-most role can be given to professionals in health care.

Health application guidelines focus on the usability, the accuracy, and evidence-based practice alignment when developing and employing health applications. When applied to nursing, it implies the choice of tools that do not only help to collect data but also fit the workflow of care provision and other aspects of patient education. As an example, a heart failure patient can use an app with both weight and symptom monitoring to intervene in time in case of fluid retention, which is in line with the accepted clinical practice and will prevent readmission to the hospital(4).

Notably, even though the digital self-care tools have a huge potential, they are not accessible to all. They can be restricted by socioeconomic or technological literacy gaps, differences in internet access. In the field of nursing, this should be reflected by the twofold approach: the promotion of application of progressive technology and inclusiveness (optionality) by using alternative approaches or as additional training. Equal access to health technologies is not only a fairness issue, it is a precondition to ensuring that, in the context of digital self-care, health disparities are being reduced, and not increased.

Quantified self-care in nursing involves introducing quantified health and it is not a matter of switching to technology, it involves a cultural change of the culture of personal health management based on data. In the case of nurses, this means having an open mindset towards always learning on personal metrics, critical assessment of the validity and reliability of consumer-grade devices, and self-based care operations change based on objective and subjective experiences. It also involves maneuvering the ethical aspects of data management, data consent, and sharing, which are becoming of major concern as the personal health data goes back and forth the devices, cloud resources and medical systems.

After all, the shift towards quantified health is both a threat and an opportunity to nursing. It calls into question established paradigms of self-care founded on assessment over time and into encouraging a continuous, bi-directional process through which health is conceptualized to be an ongoing day to day management process. Simultaneously, it enhances opportunities in personalization, early intervention and patient empowerment like never before. Through adoption, refinement and promotion of responsible engagement with personal health monitoring tools, nurses can become the facilitators of this new reality in which self-care is based not only on clinical experience, but the high-dimensional context provided by detailed, up to date, real-time data modern technology enables.

3.Integrating Digital Tracking into Holistic Nursing Self-Care

Personal tracking of health objects is becoming a part of everyday life, which is heavily influencing the development of self-care when nursing. In contrast to the previous models which focus on self-care as on a rather generalized, abstract, and quite general dedication to taking care of oneself, contemporary strategies incorporate the highly specific, quantifiable health observation into the very core of practice. Digital technologies (and especially mobile health (mHealth) apps, wearable devices, and cloud-connected health monitoring devices) have enabled both patients and nurses to capture, store, and analyze health-related data in such a profound way that would have been inconceivable mere 10 years ago. This change entails more than merely incorporating technology into the existing patterns but implies reconsidering the way in which self-care should be thinking, taught, and maintained in the sphere of nursing(5).

In its simplest form, personal health tracking can be perceived as the methodical gathering of personal health measures that seek the management or the optimization of physical, emotional, and functional health. Such metrics could be heart rate, body temperature, oxygen saturation, blood pressure, daily activity pattern, nutrition patterns, sleep patterns, and even the mood changes. Decades ago, to monitor such variables, self-reporting mechanisms were used; it was done in the form of handwritten records, paper calendars, or oral reports to medical professionals. The modern solution is mostly automated with the use of the devices collecting and synchronizing the data in-time instead of what is traditionally required of the user as a manual burden. To the nurses, this shift increases the possibility of both individual wellness and patient-centered care, since fast occurrence of occasional self-reported measurements is replaced with continuous objective data streams.

Nevertheless, it is not sufficient to have technology. Digital tracking has the benefit of serving as a part of deliberate self-care routine. But effective use is about something more than accumulating numbers--it is about

interpretation, context, and action based on programs and informed judgment. In the context of nursing practice, individual health monitoring is a natural inclusion to the value of self-care monitoring, which in turn is based on the physical condition change recognition, emergence detection of certain symptoms, and the need to react accordingly. What is different in the digital age is that such observations are augmented with, and frequently bettered by, measurable, time-stamped and communicated metrics. As an example, instead of a patient informing a nurse that he/she has been feeling more tired as of late, more detailed and objective data based on a week-long study during which the patient reported decreased sleep quality and higher resting heart rate and lower physical activity can be used to provide a more holistic view(6).

Digital self-care in nursing is something that can be considered in various ways given the needs and objectives of an individual. Short-term monitoring of health, narrowly focused with a target purpose, including assessing the impact of a new drug or monitoring the course of recovery after surgery, can be called selective personal health tracking. Such tracking is limited to a particular question and is mostly used to address one health issue. Personal health tracking, however, is ongoing and includes all-time tracking aiming to keep a person in good health, prevent the worsening of the health state, or track a specific chronic condition. Such a method develops a larger database which could allow the identification of small health trends which would otherwise be ignored. Choosing between selective and continuous monitoring in nursing applications is based on the character of the health condition, the means at hand and the desire of an individual to keep under a medical observation given the maintenance of such monitoring.

Any of the personal health tracking initiatives relies a lot on three underlying literacies namely eHealth literacy which is the skill to search, interpret and use digital health information, technology literacy skills to operate and fix devices and applications and data literacy to interpret and make up decisions on numerical and graphical information. These competencies are essential to make any given mHealth tool deliver meaningful results, even when it is the most elevated level of mHealth. Such literacies are not optional literacies for nurses- they are essential to not only managing self care, but also directing and assisting in self care in the patient they are assisting. This involves assessing the most suitable tools, educating the patients on effective use of such tools and that the information obtained can be instrumentally implemented in care making.

The usage of digital tracking solutions is a topic that needs to be addressed in the matters of accessibility, privacy, and ethical concerns as well in the clinical setting. Not everybody has an equal opportunity to have access to convenient internet connection, modern smartphones, or wearable devices. Monetary settlement, physical absence, or deficiency of digital friendliness may set huge obstructions. Nurse should be conscious of these differences so as not to contribute to the increasing health disparities accidentally. The issue of privacy also deserves to be mentioned equally which means that both patients and practitioners should know where the health data is stored, by whom or who can access it, and how it will be used. Having clear procedures to consent and abiding by the regulations on health data is important to foster trust in such systems.

Applied intelligently, the digital health tracking will improve all stages of the self-care process: maintenance (maintaining good practices and avoiding issues), monitoring (during which the early signs or changes are detected), and management (immediate response in the case of problems). When they issue wearable devices to their nurses to address personal health, the latter may be notified of the growing levels of stress or an unusual heart rate and decide to shift work schedules, reach out to others, and evaluate their personal life habits in time before it all becomes a serious problem. In the case of patients, corresponding alerts can result in the intervention in time to prevent emergency care or even hospitalization.

One of the best changes opened up by the use of modern tracking tools is the incorporation of health data in everyday decision-making processes. Instead of depending on the regular visitations of a healthcare professional, the user is in a position of making informed decisions concerning eating habits, physical activities, relaxation, and health care checkups using the always available metrics. As an approach to nursing, it not only gains patients power, but transforms the professional practice of nursing into a proactive health maximization instead of a reactive problem resolution. Nurses can act as coaches, interpretors of data and supporters of preventive action by backing a recommendation and reinforcing positive behaviours using objective measurements.

As much as it does hold promise, digital tracking in self-care is not without its issues. The problem of information overload is quite pervasive, especially in cases where there is excess data being offered devoid of any interpretation, thus leading to a state of confusion or anxiety. Another hazard is the dangers of misinterpretation, particularly in times where the individuals do not have the medical education to put their readings into a context. In this example, an increased heartbeat by a slight percentage may be the body reaction of the person against mild

Volume 1, Issue 2 | October-2025
e-ISSN: 3068-5982 ISSN Print: 3068-5974

dehydration, but without instructions, it may be considered as an indication of severe sickness. This confirms why it is essential to employ professional input to guide people about their health information.

The status of holistic nursing self-care in the future will presumably have an even stronger level of digital tracking under artificial intelligence and predictive analytics. Such tools will allow identifying the pattern in massive datasets, predicting possible health problems and offering customized solutions even before things go south. Nevertheless, nothing can replace the human factor the technology could be used to supply the numbers, but it is the nurse who will be able to lend empathy, ethical correction, and situational awareness to that information and make it workable to serve the patients. The convergence of digital knowledge and experience can transform the sector of nursing into something more accurate, prompt and, at the same time, holistic, person-centred.

4.From Data to Action: Building Responsive Nursing Self-Care Strategies

The emergence of self nursing self-care and personal health data is not simply a matter of the numbers recorded but the shift regarding the understanding, practice and maintenance of health. The traditional models have promoted self-care significantly through experience, the recognition of the symptoms, as well as advice by a professional. Although these aspects are critical, the addition of quantified health parameters that are continually brought up to date presents a new significance in it: evidence-based reliability. Mobile health (mHealth) platforms, wearable devices, and any other connected medical devices enable nurses or their patients to capture their own health information, granting them a dynamic view of their health that can completely redefine decision-making processes. The shift enables detection of subtle changes prior to their worsening into issues, a possibility of designing care plans based on actual trends as opposed to generic guidelines, and documentation of the outcomes of the interventions efficiently.

1. Away From Intuition to Evidence-Based Self-Care

The nursing care planning has always been based on intuition, professional experience, and patient history. Nevertheless, a new level of objectivity is provided by personal health data. The nurses can make comparisons of rates within ongoing measures, e.g., blood pressure changes over the course of a day, changes in resting heart rate, or patterns in sleep quality, to decide whether a self-care intervention used is effective. As an example, a nurse who wants to alleviate the stress at the workplace may monitor the variations of heart rate variability in a pre- and post-mindfulness routine. In case of measurable improvement, the intervention can be enhanced; otherwise, interventions can be changed in time. This cycle based on evidence strengthens the outcome of self-care since it limits the use of trial-and-error methods.

2. The Collaborative Care Benefits Of The The Power of Health Data Sharing

The possibility to exchange the data with the health practitioners, caregivers, or colleagues is one of the influential features of individual health-tracking. The personal health data can be converted to the cloud with reasonable approval and safe storage mechanisms and further combined in care management plans. On the side of nurses, it enables genuinely person-centered care the providers can view a more detailed and daily view of the health of a patient and not just what is reported during clinic visits. Nurses will be able to get feedback, predict the risks in advance, and plan responses much better in exchange. Predictive care planning is also possible with data sharing since trends can be highlighted by the algorithms, which enables prevention instead of reacting to a crisis.

3. Early feedback and Early Intervention

Real-time analytics is an aspect of modern mHealth systems that can send notifications and suggestions. As an illustration, wearable gadgets may notice their abnormal heartbeats and inform the user, as well as a medical team, simultaneously. This immediacy changes the ways nurses react to changes in their self-health in self-care scenarios. Instead of waiting until the symptoms appear severe, minor initial indicators will allow incorporating slight, specific changes, which will not allow the symptoms to worsen. Such aggressive attitude coincides with the principles of preventive medicine and can drastically decrease long-run sickness burden(7).

4. There are Four Patterns of Self-Care Data-Driven Engagement

Each person does not approach personal health data in an identical manner. The engagement patterns can be discussed in four general patterns:

Cognitive-Active: The patient is informed about his/her health data, and the manner he/she adjusts their behavior dynamically.

Superficial-Active: The person gives responses and suggestions based on cues based on the lack of understanding of the data held.

Cognitive-Passive: The person sees what is happening to his/her data but it does not lead to changes in behavior.
Superficial-Passive: The person is not in a position to react or interpret his/her information.
As far as nurses are concerned, it is imperative to understand which pattern a patient (or they) belongs to so that effective interventions could be created. An active-cognitive nurse may need more complex tracking features and analytics whereas the superficial-active patient may be served well by simple guided prompts.

5. Interpretation of Data The requirement of professional advice:

Although consumer health devices have become more accurate, the results are sometimes hard to interpret. An increase in blood pressure could be temporary e.g. a decrease in sleep quality could be momentary. Lacking professional supervision, one can possibly misinterpret his/her data, resulting in excessive concern or the wrong measures undertaken. Nurses understand how to put such readings into context; normal variation can be determined as well as markers of a legitimate concern. In addition, they will be able to teach the patients the proper way of interpreting the data about themselves, thus, gaining confidence and dependency less often going to clinics.

6. Self-experimentation and Researching health on myself

An increasingly larger segment of users are doing what is known as self-experimentation, in which they play the role of an amateur scientist: they conjecture on how their health works, and test those conjectures by making controlled changes in behavior. An example would be that the nurse would conduct an experiment to determine whether there is greater stability in blood sugar by adjusting meal timings and keeping records of results after a number of weeks. Though the approach may generate very individualized knowledge, it also requires high levels of health literacy and critical analysis, as well as the knowledge of safe limits. Poorly designed or inappropriate experiments can also give misleading results or even cause damage to health. That is why it is desirable that self-experimentation in nursing self-care be controlled by professional norms and evidence-based models(8).

7. Controlling the Risk and Data Misuse

Data are very potent, but it may be misused or misunderstood. The misuse of self-diagnosis by overuse of devices without clinical interpretation is possible. Inaccurate equipment or misleading readings may give one a false sense of security or an unnecessary fright. In the case of digital self-care, nurses will have to view the consequences of digital self-health with a combination of trust and skepticism by ensuring the accuracy of verification of a device, interpreting the data as learned in context, and teaching others how to be aware of the shortcomings of consumer-grade monitoring devices. The issue of data security should also be approachable ethically- it is important to secure sensitive personal health data in order to trust digital systems.

8. Closing the Digital Divide Self-Care Access

Personal health data-based self-care, in spite of its potential, is not yet universal. Individuals with low-income levels or those living in rural settlements, older adults, and people with disabilities are among those who are challenged to use such technologies. To tackle these disparities, nurses as equity promoters need to ensure that their approach leaves no disparities by providing the targeted education, alternative tracking techniques, and promotion of affordable access to reliable devices. The efforts to close the digital divide make data-driven self-care available to all populations and not only those that have the technological advantage.

9. Nurse role in the continuance of engagement

Engagement should be long-term, in order to have their (personal health data) impact in realization of solid improvements. Without regular reinforcement, motivation may diminish, devices may get dumped and curiosity in data can also decrease. Nurses can offset this by incorporating self-care monitoring generally in professional development opportunities, workplace health promotion plans, or in patient follow-up appointments. Taking measures that will enable accountability-- like instituting periodic reviews of data-- will help in ensuring that people adhere to their commitment. All these benefits of positive reinforcement, visualizing progress, and goal modification are associated with long-term compliance(9).

10. A Vision On the Self-Care of Nurses in the Future

In future, it is possible that the effects of AI/Learning and prediction analytics will enable more personal health data to be reflected through and incorporated into the nursing self-care further. Such tools will allow more precise health predictions and individually designed intervention strategies so that the concept of self-care will be not only reactive but proactive. Still, technology will never substitute the human component of nursing the understanding, moral judgment, and care that could be suggested only by the trained professional. The ideal model will be the one that seamlessly integrates the technological accuracy with humanistic expertise to allow self-care to be an evidence-based and at the same time a thoroughly human process(9).

5.Conclusion

Incorporation of personal health tracking into nursing self-care is much beyond a technological advance compared to the current situation but a pivotal outlining of the way health maintenance, monitoring, and management are conceptualized within the sphere. Self-care becomes more accurate, agile, and proactive as combined to the knowledge base of nursing and continuous, quantified health data. The digitized model goes beyond periodic check-ins to a framework in which everyday living is itself a source of actionable insight, such that nurses and patients can identify the presence of minor health changes, intervene before issues become problematic, and encourage healthy behaviors through data and not supposition.

This transformation however, is not entirely straightforward. Although technology brings previously unheard of possibilities in terms of individualization and intervention at an early stage, it also creates equity, accessibility, and privacy concerns as well as issues concerning data literacy. Everyone is not the same in their ability to access the devices, the internet, or in the technosavvy necessary to take full advantage of digital self-care. Unless there are thought-out mechanisms to overcome this divide, the opportunity of personal health tracking threatens to exacerbate rather than close pre-existing gap. Nurses, being the focal point of both the practitioner and advocate, have a unique ability to help in breaking these barriers- guaranteeing that technology improvements are given equally on education, maintenance, and accessibility.

It is also important to understand that better health outcomes cannot be generated only through technology. Information is just data that is not put in context, interpreted, and acted with knowledge. The nurse falls into the point of view of interpreter, guide, and collaborator in this digital self-care ecosystem wherein they can help their individuals make their health metrics make sense, know what it means in their everyday lives, and acquired safe and effective measures toward betterment. The combination of the use of human judgment with digital accuracy will guarantee that self-care will be a science and grounded on compassion.

Moving forward, the convergence of these digital health and nursing self-care solutions will probably continue to grow dynamically as artificial intelligence, predictive analytics, and the Internet of Medical Things (IoMT) grow. The concepts will help make health risks more predictable, deliver interventions on an individualized basis, and align personal information with a larger care system. However, the fast rates of change require that nursing models should be quite flexible, and frequent refinements should be made in nursing models to integrate new tools and technology, new knowledge, and new patient demands. It will be as crucial to be able to adapt as to adopt.

In conclusion, there is no doubt that the real appreciation of personal health monitoring in the nursing industry is not in how new the technology is or even in the amount of data acquired, but in the way it empowered the individuals. With full participation, both nurses and patients can have more ownership of their well-being, better informed decision-making, and nurture habits that maintain long-term health by being actively involved in their own health information. It is an inclusive vision of self-care, which is data-driven, but also immensely human resting on the conviction that technology should be complementary, not substitutive to the personal agency and professional acumen that constitute the core of nursing.

Acknowledgement: Nil

Conflicts of interest

The authors have no conflicts of interest to declare

References

1. Hassan M, Li X. Personal health monitoring technologies as catalysts for nurse self-care. Journal of Nursing Management. 2022;30(6):1520–1528.
2. Singh N, Alvarez G. Wearable devices in nursing: advancing self-care and wellbeing. Journal of Clinical Nursing. 2021;30(23–24):3578–3586.
3. Chen L, Adeyemi T. Integrating personal health monitoring into nursing practice for wellness. BMC Nursing. 2023;22(1):115–124.
4. Morimoto Y, Dubois CA. Self-tracking technologies and their impact on nurse health behaviors. Nursing Outlook. 2022;70(5):706–714.

5. Kowalski D, Mburu J. Digital self-care strategies for nurses using wearable sensors. Nurse Education in Practice. 2021;54(1):103121.
6. Fernandes R, Kim YH. Enhancing nurse resilience through personal health monitoring systems. Journal of Advanced Nursing. 2023;79(4):1398–1408.
7. Osei E, Garcia M. Mobile health apps for promoting physical and mental health in nurses. JMIR Nursing. 2022;5(1):e35897.
8. Tanaka K, Carter L. Using biosensor data to inform self-care interventions for nurses. International Journal of Nursing Studies. 2021;117(1):103864.
9. Park J, Singh P. Wearable-based fatigue monitoring and self-management in nursing. Journal of Occupational Health. 2022;64(1):e12302.