

## Evaluating Nursing Staff Self-Leadership Traits

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**Abstract: Background:** Self-leadership is an important theme in a whole vital work environment, this is because it insists to prepare nurses to lead themselves strongly and develop self-leadership traits. So, for producing such things healthcare institutions have to enable them to face challenges, integrate physical experiences to enhance practice and clinical competencies. **Aim:** It is to evaluate nurses' self-assessment of their self-leadership traits. **Method:** A demographic questions and the Self-Leadership Questionnaire was distributed after conducting the training program to gather data about nursing staff's self-leadership assessment. **Results:** It was found that there was a highly significant statistical difference ( $P=0.001$ ) between staff nurses' knowledge pre and post implementing self-leadership training program related to all questions of test, and there was a significant statistical difference appeared regarding all of the self-leadership traits and nurses' responses post implementation of the training program. Administration encouragement for staff nurses to take the mistakes responsibility, express their own feelings and experiences freely through continuous supervision and meetings, Empowering staff nurses, giving the opportunities and maintaining an open, effective communication to enhance their level of self-confidence and self-management, are the core recommendations of the study.

**Key Words:** Evaluating, Self-leadership, Traits, Nursing staff.

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### I. Introduction

Nowadays, the nursing sight has been consolidated many leadership traits and skills that have forced the health institutions to create recent ways for leading and managing as well as improve nursing clinical performance, this is beginning through changing behaviors to lead oneself<sup>(1)</sup>. Self-leadership is a process that enables an individual to learn how to know and understand himself for much more self-command<sup>(2)</sup>.

Self-leadership is an important theme in a whole vital work environment, this is because it insists to prepare nurses to lead themselves powerfully and develop self-leadership traits. So, for doing such things healthcare institutions have to enable them to face challenges, integrate physical experiences to enhance practice and clinical competencies<sup>(2)</sup>. The basic principles in self-leadership are self-awareness, self-discipline, and self-manage. Self-awareness refers to knowing not only the person own strengths and weaknesses, as well as to move the inner motive and self-control<sup>(3)</sup>. This is pushing people to seek and gaining feedback, useful information from others about deficits, learning from critics and changing attitudes, behaviors for improving positive qualities<sup>(3)</sup>. As for Malmir A & Azizzadeh F (2013)<sup>(4)</sup> who mentioned that management of self is considered a dimension of self-leadership and for managing others, the individual should manage themselves correctly.

Tummers L (2014)<sup>(5)</sup> stated that self-leadership characterized by three dimensions/strategies focused on: Firstly; behavior-focused which composed of self-observation, setting a goal for themselves, rewarding themselves, punishing themselves and self-cueing. Secondly; natural rewards and Thirdly; a pattern of constructive thought which refers to conceiving successful performance, self-talk, and evaluating believes and assumptions.

*Self-observation* includes to what extent the individual be aware and heed of how well do the work and continue progress. *Self-goal setting* indicates how the leader set goals, write it down, have specific goals consciously in mind to be reflected on performance and to be achieved in the future. *Self-reward* means that the leader reward himself with something he likes in case of doing an assignment well or successfully completed a task. *Self-punishment* describe when the work is performed poorly, the individual get down to himself, feel guilt and openly express sadness with the owner. *Self-cueing* by giving written notes and reminders to facilitate focusing on doing a job<sup>(6)</sup>.

Natural rewards point out the person able to achieve the favorite and pleasant surrounding environment either people or tools to bring out the enjoyable work and to do it in a desirable way. Constructive thought pattern is the third dimension of self-leadership traits which create positive ways of thinking, it includes *conceiving successful performance* by imagining in the mind the positive achievement, effective performance, overcome challenges to proper success. *Self-talk* -in the head or in a loud manner- in difficult situations to deal with and solve current problems. Evaluating *believes and assumptions* in facing hard events or whenever disagree with other's believes<sup>(7)</sup>.



**Figure 1:** Self-Leadership Strategies<sup>(8)</sup>

Self-leaders are engaged in improving behaviors in the light of a self-influence process, self-monitoring and the need for autonomy. Self-influence and the degree of the internal spot of control explain how people control the experienced events that come from inside<sup>(9)</sup>. While the external spot of control refers less control on the selves related to external factors at the surrounding environment. High self-monitoring people are more effective in dealing with other's social behaviors and situations before managing their own behaviors through a full assessment of the current situations<sup>(10)</sup>. Moreover, People with high autonomy acting independently with a large distance of freedom, taking responsibility, choosing to be involved in the most preferable activities, also participate in making a decision<sup>(11)</sup>.

Leadership Behaviours are described by energy and enthusiasm openness, self-motivation, future-oriented, intelligent, open to change, inclusive, learn from mistakes, ethical, self-control. There is no allegation that developing personal competencies is a plain effort if the individual has the willingness to much improvement through hard working. There is a fable out there that you 'are who you are' at this stage in life and that such change is therefore impossible, but that mindset is the contradicting of how an effective leader should think<sup>(11)</sup>.

### The aim of the Study

The study aims to evaluate nurses' self-assessment of their self-leadership traits.

### Research Questions

What is the effect of self-leadership training program on nursing staff's knowledge regarding self-leadership concept?

What is the nursing staff self-assessment regarding their self-leadership traits?

## II. Materials And Method

### Research Design

A quasi-experimental design.

### Setting:

The study was executed in all in-patient medical and surgical care units at Main University Hospital-Alexandria.

### Subjects:

A representative random sample of nursing staff who are available at the time of data gathering was involved in the study. (N=30).

**Tool:****Self-Leadership Questionnaire(SLQ)**

SLQ was developed by Houghton and Neck (2002)<sup>(6)</sup> to assess the self-leadership level as perceived by nursing staff. It included nine main dimensions and 35 items as follows: 1. **Behavior Focused**, a. (Self-observation) (4 subitems), b. (Self-goal setting) (5 subitems), c. (Self-reward) (3 subitems), d. (Self-punishment) (4 subitems), e. (Self-cueing) (2 subitems), 2. **Focusing on natural rewards** (5 subitems), 3. **Constructive thought**, a. (Visualizing successful performance) (5 subitems), b. (self-talk) (3 subitems), and c. (evaluating beliefs and assumptions) (4 items). The score was based on a 5-point Likert scale that ranges from strongly agree (5) to strongly disagree (1). Statistical tests were performed to calculate the mean scores, standard deviations, and P-values. Regarding the scoring system of SLQ, the 35 items have a maximum score of 175 indicating the high level of self-leadership. A score ranged from 0-58 = (low self-leadership level), 59-116 = (moderate self-leadership level), and 117-175 = (high self-leadership level). In addition, a demographic characteristics questions developed by researchers related to (age, gender, marital status, working unit, level of education and years of experience).

**Data Collection**

A written approval had taken from the hospital management to proceed with the training program and gather data of the study. Also, a pilot study for the questionnaire was conducted on 10% (3 staff nurses) who were not involved in the research subjects to estimate the visibility and pertinency of the tool, identify drawbacks that may make a barrier for collecting the data. Additionally, the questionnaire reliability was examined using the test of Cronbach's alpha coefficient for measuring the tool's internal consistency. The questionnaire was proved reliable where  $\alpha = 0.93$  at  $p \leq 0.05$ . Data gathering was done by the researchers using pre and post tests about the self-leadership training program and self-administered questionnaire for the study subjects at the Main University Hospital.

Data analysis were done by the SPSS, version 20. Frequency, percentages, mean and standard deviation were used to represent demographic characteristics, measures the central tendency and dispersion, respectively. Chi-square/ Monte Carlo tests were used to compare between two different groups. Pearson correlation coefficient analysis was utilized to test the relation among study variables.

**Ethical considerations**

An agreement was acquired from the Main University Hospital Administrators. Data confidentiality and privacy were preserved and ensured by getting informed consent of the study subjects' for engagement in the research before data gathering. Staff nurses' anonymity was considered.

**III. RESULTS****Table (1): Distribution of the staff nurses according to their demographic data (n = 30)**

Demographic data	No.	%
<b>Age</b>		
21 – 24 years old	12	40.0
25 – 30 years old	10	33.3
≥30 years old	8	26.7
<b>Gender</b>		
Female	30	100.0
<b>Marital status</b>		
Single	7	23.3
Married	23	76.7
<b>Working unit</b>		
Medical	11	36.7
Surgical	19	63.3
<b>Level of education</b>		
BSC in Nursing.	12	40.0
Diploma of Secondary Nursing School	18	60.0
<b>Years of experience</b>		
5 – 10 years	12	40.0
11 – 20 years	5	16.7
≥20 years	13	43.3

**Table (2): Comparison between the level of nurses' knowledge pre and post implementation of self-leadership training program (n = 30)**

Self Leadership Training Program Content	Pre		Post		p
	No.	%	No.	%	
1. Leadership Concept	17	56.7	28	93.3	McN <sup>p</sup> =0.001*
2. Spheres of Self-Leadership	6	20.0	21	70.0	McN <sup>p</sup> <0.001*
3. Characteristics of a Great Leader	12	40.0	29	96.7	McN <sup>p</sup> <0.001*
4. Self-Management Skills	5	16.7	30	100.0	McN <sup>p</sup> <0.001*
5. Pitfalls of Self-Leadership	3	10.0	25	83.3	McN <sup>p</sup> <0.001*
Total Score					
Mean ± SD.	1.43 ± 1.70		4.43 ± 1.04		
Percent Score					
Mean ± SD.	28.67 ± 33.91		88.67 ± 20.80		

McN<sup>p</sup>: p value for McNemar test  
 t, p: t and p values for Paired t-test  
 \*: Statistically significant at p ≤ 0.05

**Table (3): Distribution of the staff nurses according to their self-leadership training program evaluation (n = 30)**

Self-Leadership Training program Evaluation	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree			
	No.	%	No.	%	No.	%	No.	%	No.	%		
1 The training met my expectations.	0	0.0	0	0.0	0	0.0	8	26.7	22	73.3		
2 I will be able to apply the knowledge learned.	0	0.0	0	0.0	0	0.0	12	40.0	18	60.0		
3 The training objectives for each topic were identified and followed.	0	0.0	0	0.0	0	0.0	13	43.3	17	56.7		
4 The content was organized and easy to follow.	0	0.0	0	0.0	1	3.3	13	43.3	16	53.3		
5 The materials distributed were pertinent and useful.	0	0.0	0	0.0	1	3.3	11	36.7	18	60.0		
6 The trainer was knowledgeable.	0	0.0	0	0.0	0	0.0	10	33.3	20	66.7		
7 The quality of instruction was good.	0	0.0	0	0.0	0	0.0	11	36.7	19	63.3		
8 The trainer met the training objectives.	0	0.0	0	0.0	3	10.0	13	43.3	14	46.7		
9 Class participation and interaction were encouraged.	0	0.0	0	0.0	1	3.3	11	36.7	18	60.0		
10 Adequate time was provided for questions and discussion.	0	0.0	0	0.0	4	13.3	4	13.3	22	73.3		
Total Score												
Mean ± SD.	4.58 ± 0.29											
Percent Score												
Mean ± SD.	89.50 ± 7.32											
<b>Overall, how would you rate this training</b>	N				%							
Good	3				10.0							
Excellent	27				90.0							

**Table (4): Descriptive analysis of the staff nurses according to self-leadership traits (n = 30)**

Self-Leadership Traits	Total Score	Percent Score
<b>Behavior Focused (Self-observation)</b> Mean ± SD.	16.93 ± 2.33	80.83 ± 14.58
<b>Behavior Focused (Self-goal setting)</b> Mean ± SD.	21.47 ± 1.41	82.33 ± 7.04
<b>Behavior Focused (Self-reward)</b> Mean ± SD.	12.90 ± 1.24	82.50 ± 10.35
<b>Behavior Focused (Self-punishment)</b> Mean ± SD.	17.93 ± 1.53	87.08 ± 9.56
<b>Behavior Focused (Self-cueing)</b> Mean ± SD.	8.60 ± 0.89	82.50 ± 11.18
<b>Focusing on natural rewards</b> Mean ± SD.	21.83 ± 1.82	84.17 ± 9.11
<b>Constructive thought (Visualizing successful performance)</b> Mean ± SD.	22.17 ± 1.39	85.83 ± 6.96
<b>Constructive thought (self-talk)</b> Mean ± SD.	12.87 ± 1.57	82.22 ± 13.08
<b>Constructive thought (evaluating believes and assumptions)</b> Mean ± SD.	17.63 ± 1.33	85.21 ± 8.29
<b>Overall</b> Mean ± SD.	152.33 ± 7.28	83.81 ± 5.20

**Table (4): Correlation between self-leadership traits and staff nurses evaluation post program**

Self-Leadership Traits	Nurses' responses post program	
	r	p
1. Self-observation	0.609*	<0.001*
2. Self-goal setting	0.375*	0.041*
3. Self-reward	0.115	0.546
4. Self-punishment	0.452*	0.012*
5. Self-cueing	0.378*	0.039*
6. Focusing on natural rewards	0.476*	0.008*
7. Visualizing successful performance	0.473*	0.008*
8. Self-talk	0.311	0.094
9. Evaluating believes and assumptions	0.594*	0.001*
Overall	0.814*	<0.001*

r: Pearson coefficient\*: Statistically significant at  $p \leq 0.05$

The study findings revealed that all nurses were female and the majority of them were married (76.7%) aged from 21-30 years old, (40% and 33.3%). As regard nurses' evaluation of self-leadership training program, nurses were strongly agreed (with "the training met my expectations" and "adequate time was provided for questions and discussion" and "the instruction quality was good" (73.3 %, 73.3 % & 63.3%) respectively. Moreover, nurses strongly agreed with "I will be able to apply the knowledge learned", "the materials distributed were pertinent and useful" and "class participation and interaction were encouraged". (60%). In relation to the comparison between the level of nurses' knowledge pre and post implementing of a self-leadership traits training program, it was found that a highly significant statistical difference ( $P= 0.001$ ) related to all questions of the test. As for the pre-test, the nurses' knowledge was the least percentage regarding "Explain the self-management skills" and "Determine the common pitfalls of self-leadership" (16.7% and 10.0%) respectively. While the highest percentages were for the "Identify the characteristics of a great leader" and "Explain the self-management skills" (96.7% and 100%) respectively. In addition, the highest mean scores were for self-punishment and conceiving successful performance (87.08 & 85.83) respectively. While the lowest mean score was for self-observation (80.83). Also, a significant statistical difference appeared regarding all of the self-leadership traits and nurses' responses post implementing the training program.

#### IV. Discussion

Employee self-leadership is considered as a base of empowering organizations is <sup>(12)</sup>. The results pointed out that the self-leadership (SL) training improved staff nurses' knowledge (as measured by post-test). Also, the results disclosed that nursing staff who trained on the SL training program had significantly higher goal setting perceptions of themselves. These researches recommended the following; Firstly, the results provides support for viewing conception as a phenomenon of self-control. While the effective cognitions self-regulation (conceiving successful performance in constructive thought) can be evolved in the healthcare institutions, as a negative cognition of individuals' pattern can be modified. Recently, trends of healthcare organizations are growing on behalf of staff nurses' autonomy and empowerment, and the urgency for improving the skills of self-leadership by training. A paramount issue of this learning involves helping nursing staff to pull off their own thinking<sup>(13)</sup>. This research is agreed with Neck and Manz (2012)<sup>(14)</sup> as they support that SL will assist nursing staff in managing their thinking in a positive, beneficial manner. Indeed, the results suggests that nurses performance, affective state, and self-efficacy can be enhanced through training on self-leadership. As it is supported by Srivastava A, et al. (2010)<sup>(15)</sup> who revealed that dysfunctional cognition is the base for negative affectivity and job satisfaction.

Lee & Koh (2001)<sup>(16)</sup> defined self-leadership as being conceptually featured by psychological empowerment. Self-leadership is the process of using a collection of gratuitous behavioral and thinking strategies, whereas empowerment is a cognitive state created by a constellation of malleable cognitions. Indeed, self-leadership is often presented as an effective way for simplifying empowerment<sup>(17)</sup>. As Shipper and Manz (1992)<sup>(18)</sup> were approaching a case study and they recommended that the base of empowerment behaviors within the healthcare setting were self-management and self-leadership techniques. Likewise, Manz (1992)<sup>(19)</sup> disagreed that self-leadership skills were considered as a base for the empowerment process and successful performance in distinct conditions. Self-leadership strategies are possible to expedite empowerment by compounding perceptions of meaningfulness, purpose, self-determination, competence, and self-efficacy<sup>(16)</sup>. Natural reward strategies mostly are focused to reinforce the emotions of qualities, self-control, and purpose <sup>(20)</sup>. Likewise, the behavior-focused strategies of self-observation, self-goal setting and self-reward can create emotions of self-determination and competence. Moreover, the improvement of self-efficacy perceptions is considered the main goal of the self-leadership strategies <sup>(13, 19)</sup>. Empirical research has provided some proof in advocacy of this purported relationship. As Neck and Manz (1996)<sup>(21)</sup> found significantly higher levels of self-

efficacy among employees trained in self-leadership strategies as compared to a no-training control group. Therefore, Prussia et al., (1998)<sup>(17)</sup> demonstrated a direct significant relation between self-leadership self-efficacy perceptions, with self-efficacy completely intermediate the relation and performance. Finally, expert researchers have notable that not necessarily to experience feelings of impacting the organization, within a well structured workplace environment that a self-leading individual would have spacious chance to affect main strategic, operating outcomes<sup>(4, 16, 20)</sup>.

## V. Conclusion

The study revealed that there was a significant statistical difference in nurses' knowledge regarding self-leadership content pre and post implementing the training program. Also, the majority of nurses agreed with the usefulness of the self-leadership training program regarding evaluating its' implementation. As regard nurses' self-leadership traits assessment, it was found that the highest mean score was for conceiving successful performance in constructive thought. While the lowest mean score was for self-reward in behavior focused dimensions.

## Recommendations

The study results recommended 1. The administration should encourage nurses to take the mistakes responsibility, express their own feelings and experiences freely, through continuous supervision and meeting to increase their level of self-confidence. 2. Empower nurses to reinforce the senses of self-management and self-control by granting them the opportunities.

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