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The Relationship between Self-Leadership and Emotional Intelligence among Staff Nurses

Eman Alabdulbaqi[1], Hasnah Banjar[2], Ohood Felemban[3]
[1](Master student, College of Nursing / King Abdulaziz University, Saudi Arabia)
[2](Public Health Department,College of Nursing / King AbdulazizUniversity, Saudi Arabia)
[3](Public Health Department, College of Nursing / King Abdulaziz University, Saudi Arabia)
Corresponding Author:Eman Alabdulbaqi

Abstract:*The current healthcare system requires individuals who are capable to work independently, be initiative, make decisions responsibly in order to work effectively. In this context, the concept of self-leadership and emotional intelligence has been linked to professional and personal effectiveness. Aim: to identify the relationship between self-leadership and emotional intelligence among staff nurses. Methodology: A quantitative, descriptive correlational, cross-sectional study was conducted. Convenience sampling technique was implemented to collect the needed data using self -report questionnaires to measure nurse's self-leadership and emotional intelligence level and to investigate the relationship between them. The total sample size was 158 registered nurses. Results: This study revealed a statistically significant positive relationship between self-leadership and emotional intelligence. Nurses with bachelor degree or higher tended to practice self-leadership more than others. Conclusion and recommendation: self-leadership was related to emotional intelligence by which both used self-regulation and shared several commonalities regarding different work outcomes. Saudi nurses need to be trained regarding how to demonstrate self-leadership and emotional intelligence as this might assist them in leadership development.*

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I. Introduction

In general, healthcare systems in the 21st century are facing several challenges due to globalization, rapidly changing consumer market, competition, technology, economy, and diversity (Palmer, 2012). Moreover, currently organizations are shifting away from centralized management toward participative management as well as total quality management (Sesen, Tabak, &Arli, 2017). This shifting is vital for organizational performance to face and adapt to the ongoing changes and challenges in the environment, business, and technology. Further, participative management requires employees with greater resilience as well as individual initiative (Palmer, 2012).

Previous studies revealed that leadership have a critical position to the success of any organization in facing such current challenges and changes (Brown & Fields, 2011: Ugurluoglu, Saygılı, Ozer, &Santas, 2013: Palmer, 2012). Leadership is a process whereby a person influences and directs the activities of others toward a goal. Whereas, influencing which is the core of leadership process and it is about persuasion, authority, control, power, motivation and inspiration. However, leadership is not limited for a leader with official power, it should be shared by leaders as well as followers (Ugurluoglu et al., 2013). Therefore, it is essential for employees to take more responsibilities for their own work (Sesen et al., 2017), and organizations need self-leadership employees, those with high levels of self-direction, as well as self-influence skills to respond effectively to challenges and changes (Palmer, 2012: Sesen et al., 2017).

Self-leadership (SL) is "comprehensive self-influence perspective that concern leading oneself toward performance of naturally motivating task as well as task that must be done but is not naturally motivating" (Manz,1986, p. 590). It is a systematic approach of actions and constructive strategies in which individuals demonstrate to understand and know themselves effectively. This systematic approach could be used to advance their capacities, and develop themselves and others, and this eventually result in more effective performance (Zyl, 2012). Self-leadership focus on bringing out individuals' internal resources to empower, influence and direct themselves and others effectively through the utility of certain strategies. These strategies are behavior-focused, natural reward, and constructive thought strategies (Brown & Fields, 2011).

Several studies indicated that certain variables appear to be potential outcomes of SL such as job satisfaction, commitment, innovation and creativity, psychological empowerment, self-efficacy, team potency, performance enhancement, autonomy, self-reflective skills, and the ability to deal effectively with one's

strengths and weaknesses, which will be discussed in more details in chapter II (Furtner, Rauthmann, & Sachse, 2010 :Sesen et al., 2017: Zyl, Mokuoane, & Nel, 2017).

Many studies evidenced that emotional intelligence have a relationship with self leadership (Zyl et al., 2017); Houghton, Wu, Godwin, Neck, &Manz, 2012). Goleman in 1998 defined emotional intelligence (EI) as "the capacity for recognizing our feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships" (p. 317). It is suggested in the literature that emotional intelligence advances self-leadership through emotion regulation and behavior patterns. For instance, the feel-good emotions and ability to control emotions lead to positive thoughts, in turn, it improves constructive thinking, increase positive talk, as well as positive imagined experiences (Zyl et al., 2017). In addition, flexible thinking that is resulted from emotional intelligence enhances the identification of relationship among divergent information, thus facilitates the use of self-leadership strategies (Zyl et al., 2017). Emotional intelligence achieved through four dimensions including perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion, which will be detailed in chapter II (Olagundoye, 2017).

II. Material and Methods

This descriptive correlational, cross-sectional study was carried out on staff nurses at King Abdulaziz university hospital (KAUH) in Jeddah city from March 2018 to May 2018. A total 158 staff nurses (both male and females) of aged ≥ 25, years were for in this study.

Study Design: Descriptive correlational, cross-sectional study
Study Location: This was a teaching hospital-based study done in six major in-patient units, at King Abdulaziz university hospital (KAUH) in Jeddah city- Saudi Arabia.

Study Duration: March 2018 to May 2018.
Sample size: 158 staff nurses.
Sample size calculation: The sample size was estimated on the basis of Roasoft. The target population from which we recruited our sample was considered 693. We assumed that the confidence interval of 10% and confidence level of 95%. The sample size actually obtained for this study was 158 staff nurses.
Subjects & selection method: The study population was drawn from convenience staff nurses at King Abdulaziz university hospital between March 2018 to May 2018.

Inclusion criteria:
All staff nurses with at least one-year experience.

Exclusion criteria:
Staff nurses in managerial positions.

Procedure methodology

After written informed consent was obtained, a well-designed self-report questionnaire was used for data collection. The questionnaire consisted of three parts including demographic data, self-leadership, and emotional intelligence.

Demographic data composed of age, gender, nationality, years of experience, educational level, working unit, if the participant is currently assigned to be a team-leader or a charge nurse role, and if the participant have attended any self-development courses during the past two years.
Self-leadership was measured by the Abbreviated Self-Leadership Questionnaire (ASLQ) which was developed by Houghton et al, in 2012. The ASLQ consisted of 9 items measuring three domains: 1) behavior awareness and volition; 2) Task motivation; and 3) Constructive cognition.

Emotional intelligence was measured by the Wong's emotional intelligence scale (WEIS) which is developed by Wong & Law, in 2002. The WEIS composed of 16 items covering four domains; self-emotion appraisal, others' emotion appraisal, use of emotion, and regulation of emotion.

Statistical analysis

Data was analyzed using SPSS version 21. Categorical variables had been presented as frequencies and percentages (%) i.e. sociodemographic data, self-leadership, and emotional intelligence; while mean and standard deviation were to describe all continuous variables i.e. self-leadership, and emotional intelligence. In univariate analysis for comparison and correlation between variables of interest versus different categorical variables, chi-square had been applied. Multivariate regression analysis was conducted as well, where Odds ratio with significance level and 95% Confidence Interval (CI) were reported. P-value of ≤ 0.05 had been accepted as significance level for all statistical tests.

III. Result

Table 1 showed that more than a half of the participants (52.5%) aged 25 – 35 years old, most of the participants (89.2%) were female, and majority of the participants (82.9%) were non-Saudi representing more than three quarters of the sample. Moreover, more than a half of the participants (51.3%) had more than 10 years of working experience, while (48.8%) had less than 10 years working experience. In terms of educational level, about half of the participants (50.6%) have diploma, while less than half of them (44.9%) have a bachelor degree. More than one third of the participants (36.7%) worked in medical unit, (23.4%) worked in surgical unit and more than one third (39.9%) worked in pediatric unit. More than a half of the participants (53.8%) have been assigned to a team leader role and (46.2%) were assigned to a charge nurse role. Only (25%) have attended self-developmental courses.

Table no 1: Frequency and percentage of Sociodemographic Characteristics of staff nurses (n=158)

Sociodemographic Characteristics	**Classes of variables**	**N=158**	
		No.	**%**
Age	<25 years old	11	(07.0%)
	25 – 35 years old	**83**	**(52.5%)**
	36 – 45 years old	41	(25.9%)
	>45 years old	23	(14.6%)
Gender	Male	17	(10.8%)
	Female	**141**	**(89.2%)**
Nationality	Saudi	27	(17.1%)
	Non-Saudi	**131**	**(82.9%)**
Years of experience	1 – 5 years	35	(22.2%)
	6 – 10 years	42	(26.6%)
	11 – 15 years	**55**	**(34.8%)**
	>15 years	26	(16.5%)
Educational level	Diploma	**80**	**(50.6%)**
	Bachelor degree	71	(44.9%)
	Others	07	(04.4%)
Working unit	Medical	58	(36.7%)
	Surgical	37	(23.4%)
	Pediatric	**63**	**(39.9%)**
Any assigned role	Team leader	**85**	**(53.8%)**
	Charge nurse	73	(46.2%)
Self-development courses	Yes	**40**	**(25.3%)**
	No	118	(74.7%)

Table2 shows that majority of the participants (81%) have high self-leadership with a mean of 32.6 and SD of ± 08.6. In addition, about three quarters of participants (74.1 %) have high emotional intelligence with a mean of 59.4 and SD of ± 13.4.

Table no2: Mean and standard deviation of the total score of Self-leadership and emotional Intelligence (n=158)

	No.	**%**	**Mean**	**Standard deviation**
Self-leadership			**32.6**	**± 08.6**
High self-leadership	128	**(81.0%)**		
Low self-leadership	30	(19.0%)		
Emotional intelligence			**59.4**	**± 13.4**
High emotional intelligence	117	**(74.1%)**		
Low emotional intelligence	41	(25.9%)		

Table 3showed that rating where combined together, 3 items were rated by about three fourth of the participants (73.4%) as (agree or strongly agree) combined. The items statement was: "I make a point to keep track of how well I'm doing at work", "I work toward specific goals I have set for myself", and "I visualize myself successfully performing a task before I do it". Moreover, more than half of the participants agreed to all self-leadership statement.

Table no3: Frequency and percentage of participants' self-leadership questionnaire staff nurses (n=158)**.**

Question	Strongly disagree N (%)	Disagree N (%)	Neutral N (%)	Agree N (%)	Strongly agree N (%)
I establish specific goals for my own performance	02 (01.3%)	14 (08.9%)	28 (17.7%)	80 (50.6%)	34 (21.5%)
I make a point to keep track of how well I'm doing at work	05 (03.2%)	16 (10.1%)	21 (13.3%)	**86 (54.4%)**	**30 (19.0%)**
I work toward specific goals I have set for myself	07 (04.4%)	12 (07.6%)	23 (14.6%)	**79 (50.0%)**	**37 (23.4%)**
I visualize myself successfully performing a task before I do it	06 (03.8%)	07 (04.4%)	29 (18.4%)	**75 (47.5%)**	**41 (25.9%)**
Sometimes I picture in my mind a successful performance before I actually do a task	06 (03.8%)	12 (07.6%)	27 (17.1%)	80 (50.6%)	33 (20.9%)
When I have successfully completed a task, I often reward myself with something I like	08 (05.1%)	17 (10.8%)	49 (31.0%)	**60 (38.0%)**	**24 (15.2%)**
Sometimes I talk to myself (out loud or in my head) to work through difficult situations	04 (02.5%)	16 (10.1%)	41 (25.9%)	71 (44.9%)	26 (16.5%)
I try to mentally evaluate the accuracy of my own beliefs about situations I am having problems with	02 (01.3%)	10 (06.3%)	36 (22.8%)	88 (55.7%)	22 (13.9%)
I think about my own beliefs and assumptions whenever I encounter a difficult situation	04 (02.5%)	16 (10.1%)	31 (19.6%)	87 (55.1%)	20 (12.7%)
I establish specific goals for my own performance	02 (01.3%)	14 (08.9%)	28 (17.7%)	80 (50.6%)	34 (21.5%)
I make a point to keep track of how well I'm doing at work	05 (03.2%)	16 (10.1%)	21 (13.3%)	**86 (54.4%)**	**30 (19.0%)**
I work toward specific goals I have set for myself	07 (04.4%)	12 (07.6%)	23 (14.6%)	**79 (50.0%)**	**37 (23.4%)**
I visualize myself successfully performing a task before I do it	06 (03.8%)	07 (04.4%)	29 (18.4%)	**75 (47.5%)**	**41 (25.9%)**
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I think about my own beliefs and assumptions whenever I encounter a difficult situation	04 (02.5%)	16 (10.1%)	31 (19.6%)	87 (55.1%)	20 (12.7%)

Table no4 showed that when combining the rating of agree and strongly agree, almost three four of the participants (72.2%), (70.9%), (70.9%), and (76.5%) agreed to the following statements respectively: "I have good understanding of my own emotions", "I really understand what I feel", "I always know whether or not I am happy" and "I would always encourage myself to try my best".

Table no4: Frequency and percentage of nurses' emotional intelligence questionnaire (n=158)

Question	Strongly disagree N (%)	Disagree N (%)	Neutral N (%)	Agree N (%)	Strongly agree N (%)
I have a good sense of why I have certain feelings most of the time.	11 (07.0%)	17 (10.8%)	31 (19.6%)	76 (48.1%)	23 (14.6%)
I have good understanding of my own emotions.	08 (05.1%)	15 (09.5%)	21 (13.3%)	**82 (51.9%)**	**32 (20.3%)**
I really understand what I feel.	10 (06.3%)	12 (07.6%)	24 (15.2%)	**72 (45.6%)**	**40 (25.3%)**
I always know whether or not I am happy.	04 (02.5%)	08 (05.1%)	34 (21.5%)	**68 (43.0%)**	**44 (27.8%)**
I always know my friends' emotions from their behavior.	08 (05.1%)	19 (12.0%)	28 (17.7%)	75 (47.5%)	28 (17.7%)
I am a good observer of others' emotions.	05 (03.2%)	14 (08.9%)	43 (27.2%)	71 (44.9%)	25 (15.8%)

I am sensitive to the feelings and emotions of others.	06 (03.8%)	14 (08.9%)	34 (21.5%)	68 (43.0%)	36 (22.8%)
I have good understanding of the emotions of people around me.	05 (03.2%)	15 (09.5%)	33 (20.9%)	74 (46.8%)	31 (19.6%)
Use of emotion I always set goals for myself and then try my best to achieve them.	03 (01.9%)	16 (10.1%)	38 (24.1%)	71 (44.9%)	30 (19.0%)
I always tell myself I am a competent person.	05 (03.2%)	17 (10.8%)	39 (24.7%)	69 (43.7%)	28 (17.7%)
I am a self-motivated person.	04 (02.5%)	10 (06.3%)	34 (21.5%)	72 (45.6%)	38 (24.1%)
I would always encourage myself to try my best.	06 (03.8%)	04 (02.5%)	27 (17.1%)	**68 (43.0%)**	**53 (33.5%)**
I am able to control my temper and handle difficulties rationally.	06 (03.8%)	20 (12.7%)	32 (20.3%)	71 (44.9%)	29 (18.4%)
I am quite capable of controlling my own emotions.	08 (05.1%)	13 (08.2%)	34 (21.5%)	75 (47.5%)	28 (17.7%)
I can always calm down quickly when I am very angry.	09 (05.7%)	19 (12.0%)	40 (25.3%)	63 (39.9%)	27 (17.1%)
I have good control of my own emotions.	07 (04.4%)	11 (07.0%)	37 (23.4%)	71 (44.9%)	32 (20.3%)

Table 5indicated that the level of self-leadership was statistically associated with emotional intelligence with a (p- value 0.016). in other words, there is a statistically significant relationship between the level of self-leadership and the level of emotional intelligence.

Table no 5: relationship between level of self-leadership vs emotional intelligence of participants' using chi-square test (n=158)

	Emotional intelligence		**p-value**
Self-leadership	**High EI (n=117)**	**Low EI (n=41)**	
High SL(n=128)	100 (85.5%)	28 (68.3%)	**0.016 ***
Low SL(n=30)	17 (14.5%)	13 (31.7%)	

Table no 6revealed that only the level of education showed significant difference in the level of self-leadership (P-value of 0.055**). Given acceptable p-value of ≤0.05 as significant level.

Table no 6: Multivariate analysis predicting level of self-leadership from participants' socio demographic characteristics (n=158)

Character	**Odds Ratio**	**95% CI**	**P-value**
Age group in years • **≤35 years old vs >35 years old**	0.849	0.288_2.503	0.767
Gender • **Male vs Female**	0.595	0.105_3.372	0.557
Nationality • **Saudi vs Non-Saudi**	1.121	0.249_5.039	0.882
Years of working experience • **≤10 years vs >10 years**	0.466	0.151_1.439	0.184
Educational level • **Diploma vs Bachelor degree or higher**	2.267	0.984_5.223	**0.055***
Current leadership role • **Team leader vs Charge nurse**	0.789	0.301_2.064	0.629
Attended self-development courses • **Yes, vs No**	1.148	0.417_3.158	0.789

*P-value is statistically significant at the level ≤ 0.05; **P-value is statistically highly significant at the level ≤ 0.01

Table no 7revealed that only the nationality showed significant difference in the level of self-leadership (P-value of 0.004**). Given acceptable p-value of ≤0.01 as significant level.

Table no 7: Multivariate analysis predicting level of emotional intelligence from participants' socio demographic characteristics (n=158)

Character	Odds Ratio	95% CI	P-value
Age group in years • **≤35 years old vs >35 years old**	1.158	0.415_9.235	0.779
Gender • **Male vs Female**	1.614	0.457_5.703	0.457
Nationality • **Saudi vs Non-Saudi**	5.027	1.659_15.233	**0.004****
Years of working experience • **≤10 years vs >10 years**	0.602	0.218_1.664	0.328
Educational level • **Diploma vs Bachelor degree or higher**	2.259	0.937_5.447	0.069
Current leadership role • **Team leader vs Charge nurse**	0.603	0.256_1.423	0.248
Attended self-development courses • **Yes, vs No**	1.587	0.655_3.846	0.306

*P-value is statistically significant at the level ≤ 0.05; **P-value is statistically highly significant at the level ≤ 0.01

IV. Discussion

In terms of demographic data of the study sample, the majority of the studied nurses were non-Saudi, this might indicate that the Saudization process is low in KAUH compared with MOH hospitals. As indicated in the MOH Annual report 2017, that nursing Saudization reached up to 60.1% (Ministry of Health, 2017). In order to achieve the target of 2030 vision about Saudization program all over Saudi Arabia, especially in health care systems. More efforts are needed by Saudi hospitals in recruiting more Saudi nurses. Also, the result of this study showed that almost half of the nurses had diploma in nursing, this could be explained by the above findings that the majority of nurses in this study were non-Saudi and most likely they had diploma; however, nursing with bachelor degree is still in demand. Moreover, as results revealed that almost half of the participants had an assigned role to lead the team, this might show that some nurses have potential of leadership skills, which may suggest to enroll them into some leadership tasks.

The current study demonstrated that most of the studied nurses scored high in SL, especially in self-goal setting strategy and visualizing successful performance. This finding that nurses tend to use SL strategies is in congruent with a study done by Gomes et al. (2015) who reported that their participants nurses highly used self-goal setting, self-talk and natural reward strategies. According to Gomes et al. (2015) the notion that nurses were high in self-goal setting might because it was under the hospital regulation and within nurse'sevaluation, which in line with Houghton et al. (2012) &Furtner et al. (2013) that SL strategies can be learned and influenced through external means. A possible explanation that studied nurses had high level of SL, could be because nursing is a highly competitive profession that allow nurses with an opportunity to shine out and plan for personal, academic and career development. Another explanation, it may be due to the global challenges as nursing shortage, technology advancement, interdisciplinary teamwork and so on, which push nurses toward developing more leadership skills to meet these challenges (Palmer, 2012). In addition, since most of nurses in this study were assigned to leadership roles of team leader or charge nurse, this might encourage them to develop leadership skills. Moreover, in a university hospital as KAUH, whereby teaching and leading was more practiced by nurses' preceptors toward student nurses, this might help nurses to develop more leadership skills.

The current study findings showed that age and gender had no significance difference in terms of the use of self-leadership strategies by nurses. But nurses with bachelor degree were in higher level of self-leadership, this might be because bachelor degree curriculum emphasize on leadership education and practice. In terms of age, the results of the current study were in agreement with Van Ze et al. (2017), who reported that his study participants' level of self-leadership was the same irrespectively to age. However, Ugurluoglu et al. (2015) reported that young people as well as females tend to demonstrate self-leadership more than older people and male gender. Ugurluoglu et al. (2015) explanation was that young people, who are still trying to create their identity in their careers as well as in their personal lives, are more goal-focused than older people, who have already achieved most of their career and personal goals. Likewise, Norris (2008) suggested that females are more likely to demonstrate SL behavior-focused, natural reward, and constructive thought strategies.

The results of this study showed that studied nurses scored high in emotional intelligence, especially in their self-awareness of their own feelings. This finding is asserted by Ohlson' study (2011), and Nagel et al' study (2016) who explained the result that nurses were high in EI might be because of the nature of nursing occupation in which it is emotionally demanding. The total high EI level of nurses in the present study is

reasonable finding which might be due to the environment of university hospital, in which nurses are required to be a better communicator and emotionally adapter as they meet with interdisciplinary students and interns with different personalities. Another explanation is that nurses are the core communicators between patients, families and the interdisciplinary team, in which they are required to be emotionally intelligent. Further, it might be that nursing profession is challenged globally by shortage, overload and stress that simply might be under motive that nurses tend to advance their EI (Van Zyl et al., 2017).

In the current study total El score did not correlate significantly with age, work experience, gender, and educational level. But non-Saudi nurses were higher in EI than Saudi, this may be because that the sample of Saudi nurses were only less than a quarter of the participants. In contrary to the present study findings, Stami et al. (2018) reported that being young, female, and having higher levels of employment and higher levels of education were all predictors of EI. As explained by Stami et al. (2018) in their study that respiratory therapist exposed to a lot of traumatic and distressing situations which could have contributed to the development of EI in a young age. Also, the assumption that being female is a predictor of high EI could be related to the fact that females have learnt behaviors, resultant from nurturing, which make them naturally more adaptive with their own feelings and more capable to sustain relationships. Additionally, Stami et al (2018) explained that confidence, experience, skills of sociability are assumed to be gained as a consequence of higher levels of employment and education. Also, in contrast to current study findings, Shipley et al. (2010) found that EI increase as work experience increase. In regard to age and years of experience, this study findings found that there was no statistically significant relationship between age, years of experience and EI could be explained due to the fact that the majority of the nurses studied were experienced and more than 25 yeas age.

The findings of this study indicated a positive statistical relationship between SL and EI among staff nurses, this could mean that staff nurses who are high in emotional intelligence are likely to lead themselves effectively and vice versa. An explanation of this result is that SL and EI share several commonalities which might be the reason of their positive relationship. One commonality is that they are derived into the same self-regulation pod, however, they work on different aspects as EI focus on emotions and SL is about behavior and cognition. In which individuals who are high in SL and EI regulate their ineffective behaviors, thoughts, and emotions into an effective one. Also, both of them use self-awareness, self-motivation and self-control as a regulatory tool to accomplish certain goals. Individuals who demonstrate EI as well as SL skills, try to get the best version of themselves to perform effectively. Self-leaders as well as emotionally intelligent individuals have a strategic vision through which they set, direct, lead, and intrinsically motivate themselves toward a goal. Emotionally intelligent self-leaders regulate their own thinking, feeling and action into a desired one and employ them toward a goal. Regarding self-awareness and self-control, nurses in current study kept good observation of their own thoughts, behavior, and emotional reactions in which they advance their self-control. In spite of self-motivation, studied nurses used their emotion, the environment, their thinking, and the pleasing aspects of their job to motivate themselves. Motivation is considered a share point between SL and EI in which other concepts can be related to them. Several researches proposed a relationship between SL and EI with transformational leadership for example; Furtner et al., (2013), Andressen et al., (2012), Scott &Crossen, (2015), Wang & et al., (2018), Echevarria et al., (2017), and Crowne et al., (2017). In spite of that, Heckemann et al., (2015) concluded that emotionally intelligent leaders are viewed as responsive care and strategic visionary which might be related in some way to that self-leaders are visionary in the determination of appropriate standards and goals. Amundsen & Martinsen (2015) explained the nature of the relationship between SL and transformational leadership, they suggested that SL influence transformational leadership in two ways; the first, SL act as an input stimulus of transformational leadership. The second is that SL is the process in which transformative leaders motivate their followers. In addition, Furtner et al. (2013) reported that SL is related to active leadership styles as transformational leadership, which add some truth to the notion that the critical point in effectively leading others is to lead yourself first. Moreover, Echevarria et al. (2017) indicated that EI is a predictor of transformational leadership emphasizing the need for continuing EI education to improve leadership development.

In agreement with current study findings, Houghton et al. (2012), and Wang (2016) found a positive relationship between emotional intelligence and self-leadership. Houghton et al (2012) presented a comprehensive framework of the relationships between emotional intelligence, self-leadership, and stress coping among students, suggesting that emotion regulation and self-leadership strategies influence stress coping through the mediating effect of positive affect and self-efficacy. Suggesting the need for future studies to empirically examine the various linkages in that model. Similarly, Wang (2016) reported that EI and SL affect active coping both directly and indirectly through positive affect and self-efficacy. In addition, Wang (2016) reported a strong positive connection between SL and EI, and he explained that connection to the similar aspect of self-influence. According to Wang (2016) individuals high in EI usually employ SL strategies more than others and; SL strategies facilitate emotion recognition. However, contrary to the current study results, Zyl et al. (2017) found a negative correlation between SL and EI. Zyl et al. (2017) concluded that individuals who use SL

strategies tend to have low emotional intelligence and vice versa. Indicating that since SL work on the cognitive-behavioral domain which not necessarily mean it had influence and affect over emotion. Further, Zyl et al. (2017) suggest that nurses perceived that expressing emotions at work is a lack of professionalism in which the used to ignore their emotions and exercise more self-leadership.

V. Conclusion

Self-leadership is positively related to emotional intelligence, which mean that the highest self-leadership level will lead to the highest the emotional intelligence and vice versa.

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