Nurses' experiences on their self-leadership during a leadership development programme

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Abstract

Leadership ise regarded as an essential component of nursing practice and an integral aspect of
the nurse's role. A leadership development programme is an organised, often off-the-job
happening, that brings people with varying skills and abilities together for collective learning and
development experiences. A leadership initiative was created in July 2012 to educate and
empower 14 nurses selected from the Africa region as leaders in their countries. They were
selected to attend a leadership programme to change their thinking and to act with a broader mind
set, using nursing perspectives to influence their work of multinational health endeavours. An
important goal of this programme was to enhance self-leadership and to enable participants to
recognise and attend to their unique learning needs. Furthermore, participants learned to
collaborate with colleagues, and sought other available resources to leverage the expertise and
experiences that enhanced their own learning. In the context of nurse leaders attending a
leadership programme, it was unclear how they experienced their self-leadership during
attendance of the initiative. The objectives of this qualitative, exploratory, descriptive, and
contextual study were to explore and describe the experiences of nurse leaders with regard to
their self-leadership during a leadership development programme offered by the African
Leadership Development Academy. The fourteen attendees served as the study sample. They
were between the ages of 40 and 50 years, and served in a leadership position in nursing services
from 5 African countries. The data were collected by means of individual narratives. Open
coding of data followed. The central story line was emotional intelligence (EI) in self-leadership
developed during attendance of the programme. Five themes emerged from the data analysis;
namely humble beginnings to maturity, awareness of self-leadership, personal power base and
growth, challenges faced along the way, and a bigger picture of future visions. It was concluded
that the relationship between emotional intelligence and self-leadership effectiveness seemed to
warrant organisational consideration of the possible inclusion of emotional intelligence, among
other competencies, as a selection and promotion criterion for future leaders.

Keywords: Self-leadership, nurses, programme, experiences, development.

Introduction

Nurse leaders are uniquely positioned to successfully apply the relevant science,
intellect, and values to health issues that affect people everywhere. They are
required to be committed to improving the health of their people and aspire to

lead in their environment. Leadership development can advance the quality of nurse leaders by intentional and systematic efforts (Groves, 2007). Leadership can be regarded as an essential component of nursing practice and an integral aspect of the nurse's role (Redman, 2006). There is a growing body of evidence in nursing literature in relation to the positive impact of leadership development programmes on patient outcomes, nurse retention, organisational performance, and staff satisfaction (Sullivan, 2013; Dierckx de Casterlé, Willemse & Verschueren, 2008; Sellgren, Ekvall & Tomson, 2008).

A leadership initiative was created in July 2012 to educate and empower nurses selected from the Africa Region as leaders in their countries. They were selected to attend a leadership programme to change their thinking and to act with a broader mind set, using nursing perspectives to influence their work during multinational health endeavours. Personal changes usually involve training and building capacity, sharing skills and knowledge, empowering oneself to become a contributor to the wellbeing of other people, and being a leader of change. When personal change is enacted in a practice or collective environment, it contributes to enabling and sustaining systemic change (Hochachka, 2007) in anticipation of unforeseen challenges.

McCauley (2008) defines leader development programmes as organised, often off-the-job events that bring people with varying skills and abilities together for collective learning and development experiences. The purpose, content, pedagogical techniques, and targeted aims of these programmes usually vary considerably from one programme to another. Important goals for this type of programme should be enabling participants to recognise and attend to their unique learning needs. Furthermore, participants learn to begin seeking avenues for meeting those needs, collaborate with colleagues, and seek other available resources to leverage the expertise and experience that will enhance their own learning (Byrne & Rees, 2006). The crucial elements that contribute to a fruitful leadership development experience include changing mind sets, a global focus, personnel development, and improved business and leadership skills. Critical to the success of any leadership development process, is the ability to encourage participants to reflect on learning experiences in order to promote the transfer of knowledge and skills to work contexts (Amagoh, 2009). Thus, committing to leadership development in the present-day rapidly changing environment is crucial for success in the workplace (McBain *et al.,* 2012).

One of the key elements of an effective leadership development programme comprises the fundamentals of self- and adult learning. By producing a dynamic work milieu that is healthy for and appealing to workers, leadership development programmes can benefit immensely from the values of self-leadership. Self-leadership no doubt instils in the leader the needed self-direction and self-motivation to actualise personal and organisational performance goals (Neck &

Manz, 2010). Highly effective leaders have a clear vision of their anticipated future achievements and the capability to communicate that vision to other people with the aim of inspiring them to share the vision and to work collaboratively to achieve the set vision (Department for Business Innovation and Skills, 2012). This also implies that this type of leader has the ability to provide the right working conditions and the needed resources for inspiring people to make the most effective use of resources (Tuckey, Bakker & Dollard, 2012). Essential skills for leaders include guiding and evaluating performance, offering constructive feedback and praise, and identifying current and future skills needs (Department for Business Innovation and Skills, 2012).

Nurse leaders have the ability to restructure the health care environment by eliminating obstacles and providing the required resources in other to create an empowering work environment for nurses (Laschinger, Finegan & Wilk, 2009). Ulrich, *et al.* (2009) further argue that improved nursing leadership can also result in decreased staff turnover and a healthy work environment. MacPhee, Skelton-Green, Bouthillette and Suryaprakash (2011) posit that effective nurse leaders are important for dealing with the complex issues that characterise the health care system. They are also of the view that through leadership development programmes, nurse leaders can be most effectively empowered to deal with the challenges in the health care system.

Emotional intelligence as part of self-leadership

Self-leadership is described as the process of influencing oneself to create the self-direction and self-motivation that are needed for effective performance (Neck & Houghton, 2006; Neck & Manz, 2010). It involves the use of specific behaviour and cognitive-focused strategies to boost individual effectiveness. Emotional intelligence (EI) has been defined as an individual's "ability to motivate oneself and persist in the face of frustrations; to control impulses and delay gratification; to regulate one's moods and keep distress from swamping the ability to think; to empathize and to hope" (Goleman, 1995). EI creates capabilities that improve work outcomes in many ways: It increases the level of awareness of leaders; enables them to identify, use, understand, and manage their emotions and the emotions of other people; and increases success at work by improving leader-member relationships (Mayer & Salovey, 1997). Improvements in emotional functioning have been linked to increases in self-awareness and interpersonal skills dimensions, as well as to development "in concert with cognitive and social skills" (Chapman & Hayslip, 2006).

EI has been identified as an important ability that does not only deal with the management of emotions but rather encompasses the engagement of a combination of emotional, personal, and interpersonal skills and competencies that are crucial to self-leadership. EI focuses on self-awareness and is primarily

concerned with the ability to self-regulate *emotions*, while self-leadership focuses on the self-regulation of *behaviours* and *thought processes*. Boss and Sims (2008) point out that EI and self-leadership are related, since both emphasise related processes of self-influence. However, some authors generally regard EI and self-leadership as distinct concepts within the self-regulation domain (Boss & Sims, 2008; D'Intino, Goldsby, Houghton & Neck, 2007). Nevertheless, because emotions are likely to have a potent effect on behaviour and cognition, the concepts of EI and self-leadership are very likely to be interrelated (D'Intino *et al.*, 2007). Houghton, Wu, Godwin, Neck and Manz, (2012) posit that self-leadership and emotional intelligence are crucial to ensuring and maintaining self-efficacy. Emotional intelligence is a competency that is linked to increased organisational performance (Goleman, 2001; Muyia & Kacirek, 2010) and more precisely to increase the comprehensive effectiveness of work teams (Koman & Wolff, 2008).

The Schulich Executive Education Centre (2013) outlines the following five stages for developing emotional intelligence and emotional competencies during leadership development:

- Stage 1: Setting the stage – understanding emotional intelligence quotient (EQ);
- Stage 2: Self-awareness and self-management competencies;
- Stage 3: Incorporating the power of EQ into coaching, collaboration, and positive influence;
- Stage 4: Strategic leadership – applying EQ to workplace challenges; and
- Stage 5: Moving forward – setting clear action plans for continuing EQ engagement.

Although there is increased attention to leadership development programmes as a result of the need to create new and effective leaders, there has not been a commensurate evaluation of the outcomes that these programmes have on participants' growth and development (Ayman, Adams, Fisher & Hartman, 2003). This study was carried out to understand nurses' experiences of self-leadership in a leadership development programme offered in South Africa by the African Leadership Development Academy.

Methodology

Participants

Early in 2012, 14 fellows were identified from 5 African countries to attend a programme over two years with 4 contact sessions of 2-3 days each. The programme was offered by two lecturers who were experts in the field of health services management and leadership, and were also employed at two higher

education institutions in South Africa. The first workshop was diagnostic in nature, which allowed participants to comment on the programme content and assisted with the assessment of their specific developmental needs. Leadership topic areas were identified to enabling nurses to develop and to become ready to undertake their leadership role. These topic areas were influenced by national priorities, policies, and research.

Research design

A qualitative, exploratory, and descriptive design was followed. The study sample comprised 14 fellows. These fellows were female nurse educators between the ages of 40 to 55 years.

Data collection procedure

Members were requested to give informed written consent and to write individual narratives at completion of the programme. The central open-ended question presented to all the participants was: "What are your experiences in the leadership development programme?"

Data analysis

Data were analysed by applying open coding. To ensure the confidentiality of the participants, the researcher removed identifiers, such as names or specific locations before these transcripts were used (Green & Thorogood, 2009). The researcher obtained a comprehensive sense of the phenomenon, selected one narrative interview and asked: *"What is this about?"* A list of all the topics was compiled, and similar topics were clustered together. The topics were abbreviated to codes, and these codes were written next to the appropriate segments of the text. A preliminary organising scheme was designed, and topics were converted to categories. A final decision was made about the abbreviation for each category and the codes were listed alphabetically. The data in each category were grouped together, and a preliminary analysis was performed. Raw data, transcribed audio recordings of the interviews, field notes, and the protocol for data analysis were provided to an independent co-coder, who was an experienced qualitative researcher. A consensus meeting was held afterwards by the researcher and the independent co-coder (Green & Thorogood, 2009).

Trustworthiness

In this study, *credibility* was facilitated by the authority of the researcher. "Reflection" refers to the assessment of the influences of the researcher's own background, perceptions, and interests in the qualitative research process (Collins, Onwuegbuzie & Jiao, 2010). The concept of *dependability* was ensured

by the co-coding procedure, during which an independent co-coder recoded the findings during the data analysis phase. In relation to *transferability,* this study ensured a complete dense description of the method of writing narratives.

Ethical considerations

Informed written consent involved a process during which the researcher provided participants with clear, detailed, and factual information about the study: its methods; its risks and its benefits; the assurance of the voluntary nature of participation; and the freedom to decline participation or to withdraw from the study without any penalties (Blanche, Durrheim & Painter, 2006). In this study, emotional harm was not foreseen, since the participants were not viewed as a vulnerable group (De Vos, Strydom, Fouché & Delport, 2005).

Results

The central story line was that emotional intelligence (EI) in self-leadership was developed during attendance of the programme. Five themes emerged from the data analysis; namely (i) Humble beginnings to maturity, (ii) Awareness of self-leadership, (iii) Personal power base and growth, (iv) Challenges faced along the way and (v) Future visions (Table 1). These themes corresponded with the 5 stages of developing emotional intelligence.

Table 1: Outline of the themes and stages of emotional intelligence

Theme	Category	Stage of emotional intelligence
Humble beginnings to maturity	Personal maturity	Setting the stage – understanding EQ
Awareness of self-leadership	Professional maturity	Self-awareness and self-management competencies
Personal power base and growth	Scholarly growth	Applying the power of EQ to coaching, collaboration, and positive influence
Challenges faced along the journey	Lack of management support leading to demotivation, frustration, and loss of focus Lack of knowledge Poor access to resources	Strategic leadership – applying EQ to workplace challenges
Future visions	Future focused personal and career planning	Moving forward – setting clear action plans for continuing EQ engagement

Theme 1: Humble beginnings to maturity

The first stage of EI is setting the stage and in this programme humble beginnings in personal maturity were experienced. One participant stated: *"I was*

personally very shy, did not show of myself, doubt [sic] *myself, uncertain of my abilities and strengths".* (P4)

Category 1: Personal maturity

Personal maturity has been described as the ability of an individual to take appropriate action and to explore and express own uniqueness in ways that maintain relational, ethical, and other commitments (Miner, Dowson & Devenish, 2012). Likewise, it deals with intrapersonal and interpersonal awareness that allows for the recognition and interpretation of intangible realities, such as the emotional states of self and others.

Intrapersonal awareness

A participant mentioned her initial uncertainty when starting with the programme: *"I was very emotional and agitated, unassertive and rarely compromising"* (P10). Another stated: *"The spark of being an academic was there but the support to carry it forward was not there"* (P9). One participant shared her progress in intrapersonal awareness: *"I am confident about what I know. I trust myself... and my strengths are my survival tool box in academics... I am able to understand myself better and this enabled me to work more efficiently and effectively. I am proud to be me."* (P1).

Interpersonal awareness

From the findings, it was understood that the attributes and skills of the participants had been developed, notably interpersonal skills. In the beginning it was an unfamiliar situation for participants from different countries to collaborate in the programme some stated: *"The mere thinking about being a fellow was exciting. However, the first contact with the other fellows was shaky because of the diversity of the group, forming relations was an issue, and also just being an emergent researcher"* (P6). The programme enhanced interpersonal awareness of belonging in a collaborative initiative: *"I am enjoying the collaborative spirit which was what I longed for"* (P10). Confidence of another participant grew during the programme in overcoming fears by indicating the management of emotions: *"I am able to wear the confidence mask, and overcame my 'fears of saying something' in the presence of others"* (P1). Emotional intelligence includes the ability to accurately perceive emotions, use of emotions in facilitating thought, understanding emotions, and managing emotions for personal growth (Mayer & Salovey, 1997).

The findings indicated how personal maturity developed and how the participation of attendees evolved. Emotional intelligence of leaders is associated with increased performance; including team communication, collaboration, and

cohesiveness. It is a very important attribute if individuals are to achieve their aspirations. Similarly, Palaima and Skaržauskiene (2010) describe that the personal maturity of leaders is associated with project performance; including team communication, collaboration, and cohesiveness. Partnership is very important if individuals are to achieve their aspirations and with leadership development being the focus of the programme; helping the fellows to become a more effective team was paramount.

Theme 2: Awareness of self-leadership

Similar to the second phase of emotional intelligence, self-awareness in self-leadership emerged. A nurse leader must take responsibility for personal and professional development in leadership (Twaddell & Johnson, 2007).

Category 2: Professional maturity

In this study, we defined the professional maturity of the nurse as the attainment of professional identity by the nurse. Leddy and Pepper (1993:75) describe professional identity of the nurse as: 'to feel certain in her role as a nurse, to feel competent in the role and to clearly articulate her own ideaolgical commitment to the profession'.

Participants demonstrated self-leadership and increased professional maturity. They expressed that participating in the leadership development programme brought to the fore their leadership roles in carrying out their roles and responsibilities, positive changes in their own leadership styles as professional nurses, and a renewed commitment to professional nursing development. A participant reflected on starting with the programme: *"I was very naïve and very much unsure of my direction and academic path"* (P3). Another mentioned her lack of demonstrating leadership in her work situation: *"I did not realise openly that I was a* [nurse] *leader in the little corner of my sphere of work"* (P1).

After completing the programme, participants indicated their self-leadership roles in taking responsibility for their own further development: *"It is my responsibility to be a leader wherever I am… now this programme has made me realise that it is my responsibility to continue developing and be a* [nurse] *leader where I am"* (P1).

While still reflecting on the impact of the leadership development programme, participants mentioned behavioural changes to their leadership: *"My colleagues also tell me that they feel very comfortable* [with my work] *and work harder when we take a project together under my leadership"* (P3) and *"I have learnt that reflection creates liberating feeling"* (P2).

Self-leadership's *behaviour-focused strategies* include self-observation, self-goal setting, self-reward, and self-correcting feedback (Neck & Manz, 2010).

Theme 3: Personal power base and growth

Professional nursing practice entails the commitment of the professional nurse to self-leadership and continual professional development through the acquisition of evidence-based knowledge and skills (personal power), ethical values, and compassion (American Association of Colleges of Nursing, 2008). Personal growth denotes a constant pledge to maintain specific skill levels and career routes, thus making sure that the skills and knowledge of the nurse remain current (Lannon, 2007). Lowe, Plummer, O'Brien, and Boyd (2012) argue that self-leadership is necessary for enabling nurses to tackle their varied nursing roles in the health care system.

Category 3: Scholarly growth

Category 3 illustrated that the participants had experienced growth in their academic endeavours and obtained the power of EQ to collaborate and positively influence their work situation. One stated *"I can sort of perform better"* (P10).

The findings indicated that participants grew into new roles after completion of the programme. At the beginning, a participant was inhibited in taking the lead: *"I made it up in my mind that I am only a leader in church and with all other areas I will be a follower"* (P3). However, after the programme new insights were shown: *"The knowledge that I have gained has opened my closed doors and windows in that I can see myself becoming someone... a researcher"* (P8). One participant was acknowledged by being requested to take the lead during collaboration projects: *"I used to be very surprised that my supervisors use to allocate me to head projects but I use to wonder why and what it is that they are seeing in me"* (P3). Participants accomplished the delivery of positively influenced research outputs: *"I have really grown so much... that now I can publish my research work"* (P3), *"Information gained assisted me because for the first time I have sent an abstract for a local conference"* (P6), and *"It will be my first time to do an oral presentation in front of scholars"* (P9).

The programme thus provided for scholarly growth and developed emotional intelligence through collaboration and positive influence in the work environment.

Theme 4: Challenges faced along the journey

The findings indicated the challenges that the participants faced during the journey of the leadership development programme. Four categories emerged;

namely (i) lack of management support leading to demotivation, frustration, and loss of focus; (ii) lack of knowledge; (iii) poor access to resources; and (iv) lack of time management skills.

Category 4: Lack of management support leading to demotivation, frustration, and loss of focus

Insufficient support from management is reported as one of the factors that adversely affect the working environment of nurses (Milisen, Abraham, Siebens, Darras & Dierckx de Casterlé, 2006). A participant stated: *"When I entered the programme I was in a project, and my progress, contributions and skills were never acknowledged by the programme manager"* (P7).

Participants reported that they were faced with numerous challenges during the course of the leadership development programme. It was confirmed by a participant who stated: *"When I entered the programme I was in a project, and my progress, contributions and skills were never acknowledged by the programme manager"* (P7). Another commented: *"Due to the frustration, I slowly lost my focus becoming negative, bitter and unhappy at work. I carried all this frustration to my family; it was eating me up like cancer"* (P11). Nevertheless, the knowledge and skills gained during the programme made her confident and determined to seek another job and make a significant impact on self-development as she continued*: "I took it upon myself to start looking for another post. As a leader, I decided I must focus on the bigger picture which was who do I want to be and who do I really think I am. I got a new post that came about due to my initiative to make myself the best that I want to be"* (P7).

Category 5: Lack of knowledge

Additionally, the participants specified that they had experienced lack knowledge about self, research, and leadership. One participant stated that at the beginning of the programme, it was a little difficult coping with the vast amount of information they received: *"On inception, it was very difficult to keep pace with the enormous information"* (P6). Another participant mentioned: *"I am aware research and publishing is the way to go, I still have problems with methodologies because of a lack of experience in research"* (P12). Two participants experienced gaining insight during the programme to use the knowledge obtained to give a presentation at a local conference: *"Information gained assisted me because for the first time I have sent an abstract for a local conference"* (P6) and *"It will be my first time to do an oral presentation in front of scholars"* (P9).

Category 6: Access to resources and time

Participants mentioned that they had experienced challenges with obtaining resources; such as financial support, research databases, and time. Accordingly, the participants commented: *"You may need to develop the others but resources are a challenge especially finances"* (P5), and *"I am aware research and publishing is the way to go, I still have problems with methodologies because of a lack of experience in research"* (P13). It was also stated by the participants that they experienced challenges in allocating time to personal academic development: *"The challenge is to force the time... for my own academic career. Even the study day we are usually offered... sometimes it is not easy to take"* (P9).

Theme 5: Future vision

Theme five highlighted the future aspirations of the participants. One category emerged that is focused personal and career planning.

Category 7: Focused personal and career planning

It could be concluded that the programme enhanced the personal attitude, aspirations, and determination of the leaders; and increased their leadership capacities, as well as promoted focused personal and career planning with participants highlighting that they would still very much want to develop professionally. One participant stated: *"I still have to grow"* (P1).

A study by Dierckx de Casterlé, Willemse and Verschueren (2008) about the impact of clinical leadership development on nurse leaders reported that on completion of the programme, the head nurses became more effective in their communication skills, self-awareness, performance, and vision. One participant confirmed: *"At the end I would like to be a leader understanding and able to meet the needs of my subordinates"* (P14).

It became evident that the programme enhanced leadership capacities and a focused personal and career planning with participants highlighting that they would still very much want to develop professionally. For example, one participant responded: *"I would like to be the best leader, amongst the top leaders in my profession"* (P5).

Discussion

Confirmation of the positive impact of the leadership development programme among the participants includes reports of the development of emotional intelligence with respect to their increased personal maturity and excitement

about the concept. According to Dierckx de Casterlé, Willemse and Verschueren (2008), a leader's personal maturity is important because it enables the leader to identify both his strengths and weaknesses, and ultimately to become self-confident and effective in leadership. Personal maturity has been described as the ability of an individual to take appropriate action and to explore and express own uniqueness in ways that maintain relational, ethical, and other commitments (Miner, Dowson & Devenish, 2012). Likewise, it deals with intrapersonal and interpersonal awareness that allows for the recognition and interpretation of intangible realities, such as the emotional states of self and other people.

Participants gained self-awareness in self-leadership and confidence by attending the programme. Similar reports of increased self-confidence with respect to carrying out roles and responsibilities are reported by MacPhee, Skelton-Green, Bouthillette and Suryaprakash (2011) in their leadership development programme among nurse leaders. In another study by Sutherland and Dodd (2008), findings showed a change in persons' attitude, behaviour, and performance following the completion of a leadership programme in Scotland.

The commitment to scholarly growth and professional development has emerged from the findings and is confirmed by literature as essential for enabling a nurse to deliver safe and effective health care (Gould, Drey & Berridge, 2007). Professional development further requires a personal pledge to lifelong learning (Lannon, 2007).

The findings support the literature which states that insufficient support from management is reported as one of the factors that adversely affect the working environment of nurses (Milisen, Abraham, Siebens, Darras & Dierckx de Casterlé, 2006). Building a supportive organisational work environment is necessary for developing leaders and improving leadership. Patrick and Laschinger (2006) posit that health care organisations that offer professional development opportunities for staff members and reward their efforts and contributions with positive feedback will contribute to a supportive and empowering work environment. It is, therefore, imperative for organisations to provide support for their members of staff.

Factors reported to adversely affect the working environment of nurses include insufficient support from management, inadequate information flow from nursing management to nursing staff, lack of teamwork among nurses and physicians, scarce support services, and lack of autonomy (Milisen, Abraham, Siebens, Darras & Dierckx de Casterlé, 2006).

Nurse leaders have the ability to restructure the health care environment for nurses by eliminating the obstacles and providing the needed resources to create an empowering work environment (Laschinger, Finegan, & Wilk, 2009). To

benefit maximally, leaders must be able to see the big picture, develop long term strategies, maximise opportunities, add value, and support sustainable growth. They must equally have a clear understanding of themselves (intrapersonal awareness), how they relate to other people (interpersonal awareness), and the ability to continuously discover ways to improve and grow (Miner, Dowson & Devenish, 2012).

Conclusion

This leadership development programme led to an increase in self-confidence of the participants as evidenced by the reports of participants. This increase in confidence was converted into action; such as taking on new leadership roles, job satisfaction and providing clarity about career direction. These actions suggest that participants' self-efficacy also improved. The findings from this study raise interesting implications for leadership development of professional nurse leaders. Thus, creating a warm, safe, and supportive organisational culture and work climate is an important strategy that can be used to develop nurse leaders and improve leadership capabilities.

The commitment to professional development is essential for a nurse to be able to deliver safe and effective health care (Gould, Drey & Berridge, 2007). Professional development requires a personal pledge to lifelong learning (Lannon, 2007). Each nurse must take responsibility for personal and professional development (Twaddell & Johnson, 2007). Nurse leaders have the ability of restructuring the health care environment for nurses by eliminating the obstacles and providing the needed resources to create an empowering work environment (Laschinger, Finegan & Wilk, 2009).

It is necessary to generate and emphasise a philosophy that will encourage nurses to mature professionally in all health care settings because this has been demonstrated to increase nurse satisfaction, retention, and quality of care provided to patients (Cooper, 2009). Commitment to professional development is non-negotiable for the professional nurse.

The relationship between emotional intelligence and self-leadership effectiveness seems to warrant organisational consideration of the possible inclusion of emotional intelligence, among other competencies, as a selection and promotion criterion for future leaders.

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References

Amagoh, F. (2009). Leadership development and leadership effectiveness. *Management Decision,* 47 (6), 989-999.

American Association of Colleges of Nursing (2008). *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Retrieved August 7, 2013, from http://www.aacn. nche.edu/education-resources/baccessentials08.pdf.

Ayman, R., Adams, S., Fisher, B. & Hartman, E. (2003). Leadership development in higher education institutions: a present and future perspective. In S. E. Murphy & R. E. Riggio (Eds.), *The Future of Leadership Development* (pp. 201-222). Mahwah, NJ: Lawrence Erlbaum Associates Inc.

Bamberger , P. A. & Bacharach, S. B. (2006). Abusive supervision and subordinate problem drinking: Taking resistance, stress and subordinate personality into account. *Human Relations*, 59, 723-752.

Blanche, M. T., Durrheim, K. & Painter, D. (2006). *Research in Practice: Applied Methods for the Social Science* (2nd ed.). Cape Town: University of Cape Town.

Boss, A. D. & Sims, H. P. Jr. (2008). Everyone fails! Using emotion regulation and self-leadership for recovery. *Journal of Managerial Psychology, 23*,135-150.

Byrne, J. C. & Rees, R. T. (2006). *The Successful Leadership Development Program: How to Build it and How to Keep it Going.* San Francisco: Pfeiffer.

Cacioppe, R. (1998). An integrated model and approach for the design of effective leadership development programs. *Leadership & Organization Development Journal, 19*(1), 44-53.

Chapman, B. & Hayslip, B. (2006). Emotional intelligence in young and middle adulthood: Cross sectional analysis of latent structure and means. *Psychology and Aging*, *21*(2), 411–418.

Collins, K. M., Onweugbuzie, A. J. & Jiao, Q. G. (2010).*Toward a Broader Understanding of Stress and Coping: Mixed Methods Approaches.* USA: Library of Congress Cataloguing-in-Publication Data.

Cooper, E. (2009). Creating a culture of professional development: A milestone pathway tool for registered nurses. *The Journal of Continuing Education in Nursing, 40* (11), 507.

Department for Business Innovation and Skills (2012). *Leadership and management in the UK: the key to sustainable growth.* Retrieved from https://www.gov.uk/government/ *uploads/ system/ uploads/attachment_ data/file/32327/12-923-leadership-management-key-to-sustainable-growth-evidence.pdf*.

De Vos, A. S., Strydom, H., Fouché, C. B. & Delport, C. S. L. (2005). *Research at Grassroots.* Pretoria: Van Schaik.

Dierckx de Casterlé, B., Willemse, A. & Verschueren, M. (2008). Impact of clinical leadership development on the clinical leader, nursing team and care-giving process: a case study. *Journal of Nursing Management, 16*(6), 753-763.

D'Intino, R. S., Goldsby, M. G., Houghton, J. D. & Neck, C. P. (2007). Self-leadership: A process for entrepreneurial success. *Journal of Leadership & Organizational Studies,* 13, 105-120.

Goleman, D. (1995). *Emotional Intelligence.* New York: Bantam Books.

Goleman, D. (2001). Emotional intelligence: issues in paradigm building, In C. Cherniss & D. Goleman (Eds.), *The Emotionally Intelligent Workplace* (pp. 182-206). San Francisco, CA: Jossey Bass.

Gould, D., Drey, N. & Berridge, E. (2007). Nurses' experience of continuing professional development. *Nurse Education Today, 27*, 602-609.

Green, J. & Thorogood, N. (2009). *Qualitative Methods for Health Research* (2nd ed.). London: Sage.

Groves, K. (2007). Integrating leadership development and succession planning best practices, *Journal of Management Psychology,* 26 (3), 239-60.

Hochachka, G. (2007). An introduction to integral international development. *Journal of Integral Theory and Practice,* 2 (1), 102-152.

Houghton, J. D., Wu, J., Godwin, J. L., Neck, C. P. & Manz, C. C. (2012). Effective stress management: A model of emotional intelligence, self-leadership and student stress coping. *Journal of Management Education*, 36(2) 220–238.

Koman, E. S. & Wolff, S. B. (2008). Emotional intelligence competencies in the team and team leader. *Journal of Management Development,* 27 (1), 55-75.

Lannon, S. (2007). Leadership skills beyond the bedside: Professional development classes for the staff nurse. *The Journal of Continuing Education in Nursing, 38*(1), 17-23.

Laschinger , H., Finegan, J. & Wilk, P. (2009). Context matters: The impact of unit leadership and empowerment on nurses' organizational commitment. *Journal of Nursing Administration, 39*(5), 228-235.

Leddy, S. & Pepper, J. M. (1993). *Conceptual Bases of Professional Nursing* (3rd ed.). Philadelphia: Lippincott.

Lowe, G., Plummer, V., O'Brien, A. P. & Boyd, L. (2012). Time to clarify – the value of advanced practice nursing roles in health care. *Journal of Advanced Nursing*, 68(3), 677–685.

MacPhee, M., Skelton-Green, J., Bouthillette, F. & Suryaprakash, N. (2011). An empowerment framework for nursing leadership development: Supporting evidence. *Journal of Advanced Nursing, 68*(1), 159-169.

Mayer, J. D. & Salovey, P. (1997). What is emotional intelligence? In R. Gopinath, Employees' workplace emotions in organizations,   *International Journal of Research in Commence, Economics and Management,* 1(1), 133-139).

McBain, R., Ghobadian, A., Switzer, J., Wilton, P., Woodman, P. & Pearson, G. (2012). *The Business Benefits of Managemment and Leadership Development.* London: Chartered Management Institute. Available from http://www.managers.org.uk/research-analysis/ research/ current-research/business-benefits-management-and-leadership-development-, accessed 18 May 2014.

McCauley, C. D. (2008). *Leader Development: A Review of Research*. Retrieved August 1, 2013. Available from http://www.breakoutofthebox.com/ LeaderDevelopment ReviewOfResearch .pdfhttp://www.breakoutofthebox.com/LeaderDevelopmentReviewOfResearch.pdf*,* accessed 1 September 2013.

McCauley, C. & Douglas, C. (2004). *Developmental Relationships: Handbook of Leadership Development.* C. McCauley & E. Van Velsor (Eds.). San Francisco: Jossey Bass.

Milisen, K., Abraham, I., Siebens, K., Darras,E. & Dierckx de Casterlé, B. (2006). Work environment and workforce problems: a cross-sectional questionnaire survey of hospital nurses in Belgium. *International J ournal of Nursing Studies*, 43(6), 745-54.

Miner, M. H., Dowson, M. & Devenish, S. (Eds.) (2012). *Beyond Wellbeing: Spirituality and Human Flourishing.* United States of America: Information Age Publishing Inc.

Muyia, H. M. & Kacirek, K. (2010). An empirical study of a leadership development training program and its impact on emotional intelligence quotient (EQ) scores. *Advances in Developing Human Resources*, 11 (6), 703-718.

Neck, C. P. & Manz, C. C. (2010). Mastering self-leadership: Empowering yourself for personal excellence (5th ed.). Upper Saddle River, New Jersey: Prentice Hall.

Neck, C. P. & Houghton, J. D. (2006). Two decades of self-leadership theory and research: Past developments, present trends, and future possibilities. *Journal of Managerial Psychology*, 21, 270-295.

Palaima, T. & Skaržauskiene, A. (2010). Systems thinking as a platform for leadership performance in a complex world. *Baltic Journal of Management, 5*(3), 330-355.

Patrick, A. & Laschinger, H. K. (2006). The effect of structural empowerment and perceived organizational support on middle-level nurse managers' role satisfaction. *Journal of Nursing Management,* 14(1), 13-22.

Redman, R. W. (2006). Leadership succession planning: An evidence-based approach for managing the future. *Journal of Nursing Administration*, 36(6), 292-297.

Schulich Executive Education Centre (2013). Leading with emotional intelligence (EQ). Schulich School of Business, York University. Available from http://www.seec.schulich. yorku.ca/short_program.aspx?id=8944f5ba-d00c-4e6a-ba8e-01a7427b70d7, accessed 16 October 2013.

Sullivan, E. J. (2013). *Effective Leadership and Management in Nursing: International Edition* (8th ed.). Boston: Pearson Education Limited.

Sutherland, A. M. & Dodd, F. (2008). NHS Lanarkshire's leadership development programme's impact on clinical practice. *International Journal of Health Care Quality Assurance,* 21(6), 569–584.

Sellgren, S.F., Ekvall, G. & Tomson, G. (2008). Leadership behaviour of nurse managers in relation to job satisfaction and work climate. *Journal of Nursing Management, 16*(5), 578-587.

Tuckey, M. R., Bakker, A. B. & Dollard, M. F. (2012). Empowering leaders to optimize working conditions fo engagement: A multilevel study. *Journal of Occupational Health Psychology, 17*(1), 15-27.

Twaddell, J. & Johnson, J. (2007). A time for nursing portfolios: A tool for career development. *Advances in Neonatal Care, 7*(3), 146-150.

Ulrich, B. T., Lavandero , R., Hart, K. A., Woods, D., Leggett, J. & Friedman, D. (2009). Critical care nurses' work environments 2008: A follow-up report. *Critical Care Nurse, 29*(2), 93-102.