

Nurses ' Self-Leadership and Its Relation to Their Job Performance in Health Care Authority Hospitals in Port Said Governorate

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ABSTRACT

Background: In complex health institutions, Self-leadership abilities are crucial for accomplishing organizational performance objectives, such as productivity, patient safety, and efficiency. **Aim:** The present study aimed to; investigate nurses ' self-leadership and its relation to their job performance in health care authority hospitals in port said governorate **Subjects and Methods:** A descriptive cross-sectional research design was used to conduct the study. The present study was conducted at three hospitals; namely: Al-Zohor Hospital, As-Salam Hospital, and El- Hayah Hospital, which affiliated to Health Care Authority in Port Said Governorate. The study subjects consisted of 267 nurses. Two tools were used for data collection consisted of; Revised Self leadership Questionnaire (RSLQ) and Six-dimension Nursing Performance Scale (Six-D Scale). **Results:** 98.1% of nurses had high level of self-leadership, and overall, nurses demonstrate strong performance across all dimensions. **Conclusion:** strong correlation was found between self-leadership and job performance($P<0.05$). **Recommendations:** Compare self-leadership levels among nurses in different healthcare systems or cultural contexts. And Study whether higher self-leadership in nurses correlates with improved teamwork, patient care, or reduced medical errors.

Keywords: Self-leadership, Job Performance, Nursing staff.

INTRODUCTION

The modern healthcare system represents a significant shift and functional extension of the nurse's duty. Nurses are now an essential part of the contemporary social healthcare system, having evolved from task-oriented practitioners in the conventional framework. (Liu et al 2025).

Modern healthcare system requires people who can work independently, proactive engagement, make responsible decisions and efficient task execution. Leadership competencies are no longer confined to administrative roles, but also in the nurse who provide patient care on a daily basis (Lipickytė, Kavaliauskas& Klyčmuradov 2023). Self-leadership in management has a major positive influence on national culture, long-term organizational sustainability, and individual and team performance. (Goldsby et al., 2021).

Self-leadership is conceptually defined as process of internal influence that enables people to develop the self-direction and intrinsic motivation necessary for performance. Self-leadership involves certain cognitive and behavioral techniques aimed at enhancing personal effectiveness. The theoretical foundations of self-leadership are rooted in three key frameworks: positive psychology, self-management from intrinsic motivation theory, and self-regulation under social cognitive theory. (Neck, Manz, & Houghton,2019)

Numerous theories have been formulated in the field of effective leadership (Huber, 2017) One example of this is found in leadership styles, where it is said that nursing staff can acquire effective leadership skills through self-leadership. (Sullivan & Decker, 1998). Aspects of self-leadership include self-control, self-awareness, and being the change, you want to see in the world. On the other hand, leadership is the process of motivating others and making them feel empowered. (Browning ,2018).

Conceptually, there are three categories of self-leadership strategies: behavior-focused techniques, natural reward techniques, and constructive patterns of thought techniques. The behavior-focused strategies, which include self-observation of one's

behaviors, self-rewards, self-goal setting, self-corrective feedback, and self-cueing, are designed to manage and optimize behaviors required for task accomplishment. (Neck et al .2019)

Feelings of increased competence and autonomy are generated by natural rewarding methods, which improve work performance, boost organizational citizenship behaviors, and increase a sense of purpose fulfilment. Natural incentives let people feel more in control of their behavior, which in turn motivates them to put in more effort to conquer new obstacles. Positive self-talk, mental imagery, and the recognition and replacement of unhealthy presumptions and beliefs are all components of constructive thought pattern techniques. (Neck et al. 2019).

In Egypt, Hamouda and Abd El-Aliem (2018) examined the significance of training and educating nurses about SL (Self-leadership) skills. The researchers revealed that staff nurses' performance improved greatly when they received self-leadership skills training. Job performance is defined as the measurement of a collection of employee actions that effectively contribute to the transformation of organizational inputs to the products or services produced by the organization. (Waiyaki ,2017).

Job performance for nurses refers to the actions and clinical outcomes arising from nursing activity; it is a key sign of the importance of nurses to hospitals and society, and it represents nursing professional knowledge and skill. Nurses feel valued when their work performance is evaluated and improved. It will aid in enhancing the effectiveness of various departments, the prognosis of patients, and the standard of medical care. (Guo, Lam, Plummer, Cross, & Zhang,2020).

Nursing job performance represents a critical determinant for all healthcare organizations. The quality of nursing performance and the healthcare system are indicators of the quality of care given, patient health outcomes, and the accomplishment of institutional goals. Job performance is defined as how well a nurse performs her responsibilities in relation to how well healthcare institutions are served, both directly and indirectly. (Islam, Khatun, & Nesa ,2019).

For instance, Krijgsheld, Tummers, & Scheepers, (2022) illustrated the importance of nursing performance in being multi-dimensional which is conceptualized as task performance, adaptive performance, counterproductive work behavior, or contextual performance. Employees conduct task performance in exchange for compensation by engaging in role-specific activities that are intimately related to the technological foundation of the organization. This dimension of performance exhibits the objective in detail, improves performance, completion of the task, and increases an individual's competency. (Rosdi, Alias& Ismail ,2020). While contextual performance refers to tasks that facilitate social and psychological development, such as helping others with a task or suggesting a change to an organizational process. (Van Scotter, Motowidlo, & Cross ,2000).

Significance of the study

Self-leadership skills among employees are essential in a complex healthcare system to achieve institutional performance outcomes such as productivity, efficiency, and patient safety. Therefore, it may be argued that encouraging staff in this area and giving them the right training programs is crucial to reaching the institution's goals. (Kayral& Dülger ,2019).

Bozyigit's (2019) study involving 144 staff nurses in Turkey demonstrated the efficacy of self-leadership training interventions, with results indicating significantly higher performance metrics among trained nurses compared to the control group. Investigating the correlation between SL and job performance was studied in many countries but according to the researcher's knowledge in Egypt, there are little studies performed regarding this concept. Therefore, the current study will evaluate the relations between nurses ' self-leadership and job performance in Egypt Health Care Authority Hospitals in the Governorate of Port Said.

AIM OF THE STUDY:***This study aimed to:***

investigate nurses ' self-leadership and its relation to their job performance in health care authority hospitals in the governorate of port said.

Research Objectives of the study:

1. Assess self-leadership practices among nurses in health care authority hospitals in the governorate of port said.
2. Measure job performance level among nurses in health care authority hospitals in the governorate of port said.
3. Find out the relationship between self-leadership and job performance among nurses.

Research questions

To fulfil the aim of the study, three research questions are formulated:

1. What are the levels of self-leadership practices among nurses in health care authority hospitals in the governorate of port said?
2. What is the level of job performance among nurses in health care authority hospitals in the governorate of port said?
3. Is there a relationship between self-leadership and job performance among nurses?

SUBJECTS AND METHOD**A. Technical design:**

The technical design for this study included the study design, setting, subjects, and tools of data collection.

Research design:

A descriptive cross-sectional study design was utilized to achieve the aim of this study.

Study setting:

The present study was conducted at three hospitals; namely: Al-Zohor Hospital, As-Salam Hospital, and El- Hayah Hospital, which affiliated to Egypt Health Care Authority Hospitals in the Governorate of Port Said.

Study sample:

The study subjects included the 267 nurses who providing direct patient care in the study setting for at least one year of experience.

Sampling Technique:

Simple Random sample was used to determine the study subjects.

Tools for Data Collection

Two tools were used for data collection:

Tool I: Revised Self leadership Questionnaire (RSLQ)

This questionnaire was designed by Houghton and Neck (2002) to assess the self-leadership practice as reported by nurses. It was translated into Arabic by researcher. The questionnaire included three main dimensions, with eight items and thirty-five subitems as follows; Self-observation (four subitems), self-goal setting (five subitems), self-reward (three subitems), self-punishment (four subitems), and self-cueing (two subitems) comprise the behavior-focused dimension 2. Focusing on natural rewards :(five subitems). 3. Constructive thinking includes self-talk (three subitems), visualizing effective performance (five subitems), and assessing beliefs and presumptions (four

items). A five-point Likert scale, with five representing strongly agree and one representing strongly disagree, is used to rate the items.

Scoring system and interpretation:

The scoring system for revised self-leadership questionnaire is as follows, from 117 to 175 indicate a high SL level, from 59 to 116 indicate moderate SL level, and from 0 to 58 indicate a low SL level.

Tool II: The Six-dimension Scale of Nursing Performance (Six-D Scale)

This scale was designed by Schwirian (1978) to assess nurses' job performance. It was translated to Arabic by researcher. the scale contains fifty-two nurse items that are divided into six performance subscales: five items for leadership, seven items for critical care, eleven items for teaching and cooperation, seven items for planning and assessment, and twelve items for interpersonal relations and communications. "Not very well," "satisfactory," "well," and "very well" are the responses to the things. The items on each sub-scale were averaged to determine the final results.

Scoring system and interpretation:

Due to the difference of the numbers of items in each scale, the score is calculated depending on the average of the rating of all subscales, the higher score indicates better performance.

Researchers related to age, marital status, gender, working unit, level of education and years of experience.

B- Operational design:

The following phases were used to carry out study field:

Preparation phase:

It includes reviewing the relative and recent literature related to the research topic, various studies and theoretical understanding of different facets of the issues using all official websites, including PubMed, Google Scholar, Medline database, CINAHL, EBSCO Cochrane Database, and Scopus, as well as scientific books, articles, periodicals, magazines, and nursing centers, in order to help the researcher become more acquainted with the variables under study.

Tools validity:

The researcher first translated the two tools into Arabic before translating them back into English. A panel of five experts in related fields reviewed the content validity and confirmed that the content was evaluated according to the researcher's intended measurements.

Tools reliability:

The internal consistency of the instruments was assessed using the Cronbach's Alpha test, which revealed that the Revised Self-leadership questionnaire had a reliability of 0.911 and the Six-dimension Nursing Performance Scale had a reliability of 0.984. which show both questionnaires to have great reliability.

Pilot study:

Prior to starting the actual study, a pilot study was conducted on 10% of nursing students (27) to assess objectivity, applicability, and feasibility as well as determine how long it would take to complete the data collection forms. The pilot study's findings showed no conflicts or changes to the sample size. Thus, pilot study participants were incorporated into the sample.

Field work:

The researcher obtained an oral agreement from nursing before gathering data from them. The researcher met the nurses two days weekly from June to September 2024. The researcher met nursing staff through two period; the first from 10:00am to 11:00am and the second from 11:30am to 12:30pm. Meeting with nursing staff was conducted by the researcher on an individual basis to explain the objectives of the study and gain their cooperation. The data collection sheets were filled in by nursing staff after explaining the purpose of the study. The time consumed to fill out the sheet was from 15 to 20 minutes.

C- Administrative design:

The dean of the nursing faculty and the vice president for graduate studies and research addressed an official letter to the study's chosen areas. Permission to include the nurses in the current study was sought by contacting and informing the directors of each location.

Ethical considerations:

An official permit to conduct the proposed study was obtained from the Scientific Research Ethics Committee (3/9/2023) (29). Prior to data collection, each subject gave their verbal consent. Participants were not subjected to any danger or burden, and there was no compulsion or pressure. Anonymity was guaranteed and upheld. All nurses taking part in the study were assured of confidentiality, and the researcher affirmed that data would only be utilized for research.

D. Statistical design:

The gathered data was coded and displayed using appropriate graphs and tables. The analyzed variable was described using appropriate statistical tests, and their relationship was also examined.

IBM SPSS software package version 20.0 was used to analyze the data that was fed into the computer. (IBM Corp., Armonk, NY) Numbers and percentages were used to

describe the qualitative data. The normality of the distribution was confirmed using the Kolmogorov-Smirnov test. The mean, standard deviation, and range (minimum and maximum) were used to characterize quantitative data. At the 5% level, the results' significance was assessed. The Pearson coefficient was employed to determine the correlation between two normally distributed quantitative variables, and the student t-test was utilized to compare two groups under study.

RESULTS

Table (1) Show the distribution of the studied nurses according to their personal and job-related data. As revealed in the table, involved more than half (59.9) nurses were aged from 25 to 30 years with mean 29.51 ± 5.21 . In relation to the gender, the table represented that the most of nurses in the study were females (72.7%) having a bachelor degree (46.4%), married (66.7%), and the higher percentage of them (80.5%) had less than ten years of experience.

Table (2) Represents that, the highest dimension among self-leadership dimensions is focusing on natural rewards and the lowest one is Constructive thought. According to sub dimensions of self-leadership ,22.1% of nurses had low levels of self-punishment. 97.4% of the nurses in the study show excellent compatibility with self-observation, and 98.9% of the nurses in the study have high levels of self-goalsetting traits.

Table (3) reveals that most nurses perceive their Self-leadership to be high (98.1%), while only 1.9% is moderate.

Table (4) represent that the highest mean average score among Six-D scale is for Professional Development dimension (3.35 ± 0.38), and the lowest mean average score is for Teaching/Collaboration dimension (3.18 ± 0.38), Overall, nurses demonstrate strong performance across all dimensions, as reflected by the high overall average score (3.27 ± 0.32).

Table (5) demonstrates that, there is a positive statistically significant correlation between total score of Self-leadership and its dimensions (behavior focused, focusing on natural rewards and constructive thought) with total score of nursing performance and its dimensions (leadership, critical care, teaching\collaboration, planning\ evaluation, interpersonal relations and personal development =) whereas ($P < 0.01$), and illustrates that, there is a positive correlation between Self-leadership and nursing performance ($r = 0.717$, $P < 0.05$).

Table (1): Frequency and percentage distribution of the studied Nurses according to personal & job characteristics (N= 267).

Demographic characteristics	No.	%
Gender		
Male	73	27.3
Female	194	72.7
Age (years)		
<25	12	4.5
25-<30	160	59.93
30-<35	66	24.71
35- <40	15	5.61
≥ 40	14	5.24
Min. – Max.	22.0 – 59.0	
Mean ± SD.	29.51 ± 5.21	
Marital status		
Married	178	66.7
Single	89	33.3
Level of education		
High School Nursing Diploma	10	3.74
Health Institute/Nursing Technician	111	41.6
Bachelor of Nursing	124	46.44
Master	22	8.2
Hospital		
Assalam Hospital	103	38.6
El-Zohour General Hospital	54	20.2
El-Haya Hospital	110	41.2
Department		
CCU	10	3.7
Intermediate Care	28	10.5
ICU	64	24.0
In patient	78	29.2
PICU	25	9.4
NICU	33	12.4
Cardiac catheterization	10	3.7
Critical care	19	7.1
Years of experience in nursing		
<10	215	80.5
10-<15	32	12.0
≥ 15	20	7.5
Min. – Max.	1.0 – 40.0	
Mean ± SD.	7.27 ± 5.76	
Years of experience in department		
<10	254	95.1
10-<15	8	3.0
≥ 15	5	1.9
Min. – Max.	0.33 – 30.0	
Mean ± SD.	4.18 ± 3.64	
Working unit		
8 AM – 8 PM	267	100.0

SD: Standard deviation

Table (2): Number and percentage distribution of the studied nurses according to different levels of Revised Self leadership (RSLQ) dimensions (N =267).

	Low		Moderate		High	
	No	%	No	%	No	%
1. Behavior Focused	0	0.0	8	3.0	259	97.0
Self-goal setting	0	0.0	3	1.1	264	98.9
Self-reward	0	0.0	10	3.7	257	96.3
Self-punishment	59	22.1	207	77.5	1	0.4
Self-observation	0	0.0	7	2.6	260	97.4
Self-cueing	0	0.0	12	4.5	255	95.5
2. Focusing on natural rewards	0	0.0	7	2.6	260	97.4
3. Constructive thought	0	0.0	13	4.9	254	95.1
Visualizing successful performance	0	0.0	11	4.1	256	95.9
Self-talk	0	0.0	33	12.4	234	87.6
Evaluating believes and assumptions	0	0.0	11	4.1	256	95.9

Table (3): Frequency and percentage distribution of the studied Nurses according to total score for Revised Self leadership (RSLQ) (N= 267).

Revised Self leadership (RSLQ)	No.	%
Low (≤ 58)	0	0.0
Moderate (59 – 116)	5	1.9
High (117 – 175)	262	98.1
Total Score		
Min. – Max.	93.0 – 162.0	
Mean \pm SD.	137.4 \pm 10.13	
Average Score (Mean \pm SD.)	3.93 \pm 0.29	

Table (4): Distribution of the studied Nurses according to score for The Six-dimension Scale (Six-D Scale) (N= 267).

The Six-dimension Scale of Nursing Performance (Six-D Scale)	Score Range	Total score		Average Score (1 – 5)
		Min. – Max.	Mean \pm SD.	Mean \pm SD.
Leadership	(5 - 20)	12.0 – 20.0	16.27 \pm 1.83	3.25 \pm 0.37
Critical care	(7 - 28)	16.0 – 28.0	22.79 \pm 2.52	3.26 \pm 0.36
Teaching/collaboration	(11 - 44)	19.0 – 44.0	35.03 \pm 4.23	3.18 \pm 0.38
Planning/evaluation	(7 - 28)	12.0 – 28.0	22.85 \pm 2.51	3.26 \pm 0.36
Interpersonal relations/communications	(12 - 48)	27.0 – 48.0	39.57 \pm 3.99	3.30 \pm 0.33
Professional development	(10 - 40)	16.0 – 40.0	33.54 \pm 3.79	3.35 \pm 0.38
Overall	(52 - 208)	108.0 – 208.0	170.04 \pm 16.83	3.27 \pm 0.32

Table (5): Correlation between Revised Self leadership (RSLQ) and The Six-dimension Nursing Performance scale (Six-D Scale) (N= 267).

The Six-dimension Scale of Nursing Performance (Six-D Scale)	Revised Self leadership (RSLQ)							
	1. Behavior Focused		2. Focusing on natural rewards		3. Constructive thought		Overall	
	r	p	R	p	r	p	r	p
Leadership	0.593	<0.001*	0.526	<0.001*	0.561	<0.001*	0.630	<0.001*
Critical care	0.600	<0.001*	0.640	<0.001*	0.623	<0.001*	0.687	<0.001*
Teaching/collaboration	0.586	<0.001*	0.605	<0.001*	0.662	<0.001*	0.695	<0.001*
Planning/evaluation	0.577	<0.001*	0.550	<0.001*	0.583	<0.001*	0.639	<0.001*
Interpersonal relations/communications	0.576	<0.001*	0.573	<0.001*	0.552	<0.001*	0.628	<0.001*
Professional development	0.551	<0.001*	0.488	<0.001*	0.478	<0.001*	0.562	<0.001*
Overall	0.648	<0.001*	0.633	<0.001*	0.646	<0.001*	0.717	<0.001*

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

DISCUSSION

Self-leadership is a dynamic, self-directed process in which individuals actively employ cognitive and behavioral techniques to regulate their actions, thoughts, and emotions, thereby improving their professional effectiveness, task performance, and overall psychological well-being (Goldsby et al. 2021; Knotts et al. 2022). Nursing job performance constitutes the comprehensive execution of patient-centered care activities, integrating clinical expertise, professional ethical standards, and operational workflows (Cho & Kim, 2022).

Related to Revised Self leadership (RSLQ), among studied nurses, the present study noted that, most nurses perceive their Self-leadership to be high (ninety -eight percent), while only one. nine percent is moderate and nearly most of them have high level of self-leadership regarding overall self-leadership dimensions with the highest score was for Focusing on natural rewards dimension which indicate that they have positive intrinsic motivation and have ability to personalize their work strategy and the lowest one is Constructive thought. This finding highlights the importance of constructive thought patterns in nursing practice. The ability to critically evaluate one's own beliefs and assumptions allows nurses to adapt effectively to challenges, make informed decisions, and improve problem-solving skills.

This finding confirmed with Prastito, Suminar and Fitrianur,'s (2024) study of seventy-one nurses at Muhammadiyah Gresik Hospital, where (n=fifty nurse) exhibited high self-leadership competencies, while only (n= four nurses) scored low on self-leadership measures.

This result was paralleled with the study of Mohamed and Ali (2024) at Cairo University in Egypt, which examined how the work environment affected staff nurses' attitudes towards safety culture and perceptions of self-leadership, the study demonstrated that nurses had a high degree of self-leadership. Additionally, Avcı and Kaya (2021) investigated the connection between self-leadership abilities and learnt resourcefulness: In a study including nursing and midwifery students, the students'

overall score on the Revised Self-Leadership Questionnaire generally exhibited strong self-leadership traits.

These findings disagreed with Ma, (2023) who found that nurse managers had modest degrees of self-leadership; the techniques with the lowest scores were visualizing performance, self-reward behaviors, and constructive thought strategies. Also, disagreed with Liu, Chitpakdee, and Akkadechanunt, (2020) who found that staff nurses' mean self-leadership score was moderate generally.

Concerning Six-dimension Nursing Performance scale (Six-D Scale), among nurses, the current study's findings clarified that, overall, nurses demonstrate strong performance across all dimensions. This finding is consistent with Oweidat et al, (2025) who stated that nurses performed well on the job, with the mean employee performance score being two points six eight.

In contrast, the majority of the nurses in the study rated their job performance as poor, according to a study by El-Gazar & Zoromba (2021). Also, a study carried out by Islam, Khatun, & Nesa (2019) at Bangladesh mentioned that job performance level of clinical nurses in each dimension and overall was at a moderate level.

The study results demonstrated that, most of the studied nurses have high level related to all Nursing Performance dimensions (Leadership, critical care, Planning\evaluation, Teaching\collaboration, Interpersonal relations and Professional development). The highest score among Six-D scale was for Professional Development dimension which indicates that nurses are self-motivated for continuous learning and staying updated, while the lowest score was for Teaching/Collaboration dimension which may be due to time constraints, overload working.

This finding was supported by Islam, Khatun, and Nesa (2019) who studied work performance of clinical nurses and demonstrating that the Leadership sub-scale had the lowest mean score of the entire mean score, whereas Professional Development had the highest mean.

Also, this finding was supported by Al- Ajarmeh, Rayan, Eshah and Al- Hamdan (2022) who reported that leadership had the lowest mean score on the nursing performance scale, while professional development had the highest subscale score.

Contrary to this research, Hajipour et al. (2025), who investigated the connection between nursing students' clinical performance and professional self-concept and responsibility, found that personal development had the lowest score and planning and evaluation had the highest score.

According to the results of the current study, there was a positive statistically significant correlation between nursing performance and its dimensions (leadership, critical care, teaching and collaboration, planning and evaluation, interpersonal relations, and personal development) and self-leadership and its dimensions (behavior focused, focusing on natural rewards, and constructive thought). In the same line, Saed and Alhusban, (2023) stated that there was a statistically significant positive relationship between self-leadership and job performance. Also, pursio et al. (2025) concluded that Self- leadership has a positive connection to nurses' work performance and well- being and is critical to quality patient care.

Inam et al. (2023), who investigated how self-leadership improves normative commitment and job performance by engaging people at work, found a positive correlation between self-leadership and work performance, which is consistent with the findings of the current study.

Furthermore, a study by Zakir, Khan, and Siraj (2023) on the relationship between students' academic achievement and self-leadership found a significant positive association between the two factors.

CONCLUSION

Based on the results of the present study, the following can be concluded:

The study reveals that most nurses perceive their Self-leadership to be high. Overall, nurses demonstrate strong performance across all dimensions, as reflected by the high overall average score. Moreover, there is a positive statistically significant correlation between total score of Self-leadership and its dimensions with total score of nursing performance and its dimensions.

RECOMMENDATIONS

Based on the results of the present study, the following recommendations were suggested: Implement strategies to reduce nurses' workload and time restraints, like better shift scheduling or hiring additional staff, to allow more time for teaching and collaboration. Workshops should be offered to help nurses rephrase negative thoughts, manage stress, and develop positive self-talk. Monitor nurses' self-leadership skills over the time to understand how experience, mentorship, and workplace culture influence growth in different dimensions (e.g., constructive thought vs. natural rewards). Compare self-leadership levels among nurses in different healthcare systems or cultural contexts. And Study whether higher self-leadership in nurses correlates with improved teamwork, patient care, or reduced medical errors.

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القيادة الذاتية للمرضى وعلاقتها بأدائهم الوظيفي في مستشفيات هيئة الرعاية الصحية بمحافظة بورسعيد

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الخلاصة

في المؤسسات الصحية ، تعتبر قدرات الأفراد على القيادة الذاتية أمراً بالغ الأهمية لتحقيق أهداف الأداء المؤسسي بما في ذلك سلامة المرضى والكفاءة والإنتاجية. ولذلك ، تهدف هذه الدراسة إلى استكشاف العلاقة بين القيادة الذاتية وعلاقتها بالأداء الوظيفي لدى المرضى . تم استخدام أسلوب البحث الوصفي المقطعي لإجراء الدراسة. أجريت هذه الدراسة في المستشفيات الثلاثة: مستشفى الزهور، ومستشفى السلام، ومستشفى الحياة، والتي تتبع هيئة الرعاية الصحية بمحافظة بورسعيد.. وبلغ عدد الممرضات والممرضين 267 ممرضة.. واستخدمت أداتان لجمع البيانات: استبيان القيادة الذاتية المُنفَّح (RSLQ) ، ومقياس الأداء التمريضي سداسي الأبعاد (Six-D Scale) وقد أظهرت نتائج الدراسة أن ٩٨,١٪ من الممرضين لديهم مستوى عالٍ من القيادة الذاتية و بشكل عام، أظهر الممرضين أداءً قوياً في جميع الأبعاد في الأداء الوظيفي . وقد خلصت الدراسة إلى وجود علاقة ارتباطية إيجابية بين القيادة الذاتية والأداء الوظيفي لدى الممرضين. وأوصت الدراسة: ب مقارنة مستويات القيادة الذاتية بين الممرضات في أنظمة رعاية صحية أو سياقات ثقافية مختلفة. ودراسة ما إذا كان ارتفاع مستوى القيادة الذاتية لدى الممرضات يرتبط بتحسين العمل الجماعي، أو رعاية المرضى، أو تقليل الأخطاء الطبية.

الكلمات المرشدة: الأداء الوظيفي، القيادة الذاتية، الممرضين.