



Effect of Self-Leadership on Self-Reflection and Insight among Nurses at Kafr Shukr Specialized Hospital

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Received: 28 October 2024, **Accepted:** 17 November 2024, **Published:** 20 November 2024

Abstract

Background: Self-leadership is a critical concept in nursing ,referring to an individual's ability to influence and guide themselves toward achieving personal and professional goals. In the healthcare setting, self-leadership empowers nurses to take initiative, maintain motivation, and adapt to complex clinical environments. Additionally, self-leadership fosters self-reflection and insight, enabling nurses to critically evaluate their own behaviors, thoughts, and decisions. **This study aimed:** To investigate the effect of self-leadership on self- reflection and insight at Kafr Shukr specialized hospital **Subjects and methods: Research design:** A descriptive correlational design. **Setting:** The study was conducted at Kafr Shukr Specialized Hospital affiliated to Ministry of health in Qalyubia Governorate , Egypt **Sample:** Simple random sample of 217 nursing staff working in the above-mentioned setting. **Tools of data collection :** two tools were used for data collection namely; Self-Leadership Questionnaire (RSLQ) and Self-Reflection and Insight Scale. **Results:**26.5% of the studied nurses scored high on the Self-Leadership and 22.4% scored high level on self –reflection and insight among studied nurses. A significant positive correlation was found between total revised self-leadership and self-reflection and insight ($r = .712$, $p = .001^{**}$). **Conclusion:** approximately more than one quarter of the studied nurses scored high on Self-Leadership and more one fifth of the studied nurses scored high on Self-Reflection and Insight.

regression analysis further confirmed that self-leadership was a significant predictor for the self- reflection and insight.

Recommendations: Implement targeted training programs to develop self-leadership strategies, especially in areas with low scores such as self-goal setting and self-reward, where more than half of nurses showed poor performance.

Keywords: *Self-Leadership , Self-Reflection and Insight and Nurses*

Introduction

Leadership in nursing is essential for fostering a positive healthcare environment, improving patient outcomes and supporting team cohesion. Effective nurse leaders inspire and motivate their colleagues, advocate for patient care and drive improvements in clinical practice through evidence-based decision-making. Through mentorship and continuous professional development, nurse leaders help shape a resilient and adaptable nursing workforce (Hult et al., 2023). Strong leadership skills enable nurses to navigate challenges, make informed decisions and adapt to changing healthcare dynamics, ultimately improving patient outcomes and organizational efficiency (Alazmi et al., 2022). Self-leadership is the ability to guide and motivate oneself, offers numerous benefits for personal and professional growth. Firstly, self-leadership fosters autonomy and independence, enabling individuals to make their own



decisions and take ownership of their actions. This freedom empowers individuals to pursue their passions and goals, without relying on external guidance or approval (Klösel, 2022).

Additionally, self-leadership encourages self-awareness and self-reflection, as individuals must understand their strengths, weaknesses and areas of improvement to effectively lead themselves. This introspection leads to continuous personal growth and the ability to identify and seize opportunities for learning and development (Ohlsson & Sjöstrand, 2025).

Self-leadership helps individuals prioritize their time and create a healthy work-life balance. By setting boundaries, managing priorities and practicing self-care, individuals can avoid burnout and maintain their well-being. This balance allows individuals to be more present and engaged in all aspects of their life, leading to increased satisfaction and overall happiness (Okudoh, 2022).

Self-leadership in nursing also entails being proactive in identifying and addressing personal biases, strengths and weaknesses, in order to provide the best possible care to patients (Prinsloo & Jooste, 2022).

Nurses who practice self-leadership are self-aware and understand their own values, beliefs and limitations. They constantly reflect on their performance and seek feedback to improve their skills and knowledge. They set individual goals that align with their professional aspirations and take the necessary steps to achieve them (Matahela, 2023).

Self-leadership in nursing also involves being motivated and resilient in the face of challenges. Nurses must be able to adapt to changing situations, manage stress and remain focused on delivering quality care. They have a positive attitude, maintain a high level of professionalism and serve as role models for other healthcare professionals (Matahela & van Rensburg, 2023).

Self-reflection, at its simplest, means taking time to slow down and think about you and your experiences, as part of increasing your self-awareness, learning and growth. Self-reflection in leadership means devoting time to think about yourself as a leader and is critical for your leadership development. It involves contemplating your current level of skills, strengths, weaknesses, behavioral patterns and how you seek to influence others (Lucas, 2023). Self-reflection refers to the inspection and evaluation of one's thoughts, feelings, and behavior; and insight refers to the clarity of understanding one's thoughts, feelings, and behavior. Self-reflection means that one reflects on and analyzes one's actions and reasons and evaluates oneself from a critical point of view (Aydin et al., 2022).

Additionally, self-reflection can lead to personal growth and development, as it helps us learn from our experiences and make positive changes in our lives. By regularly engaging in self-reflection, individuals can become more self-aware, improve their decision-making skills and enhance their overall well-being. This practice fosters a proactive approach to personal and professional development, enabling individuals to align their actions with their core values and long-term objectives (Matahela & van Rensburg, 2023).

Reflection is formed through deep reflection on an event or a certain clinical position, and self-reflection by nurses contributes significantly to professional development. Reflective skills are developed and cultivated over a nurse's lifetime and personal and professional experiences inevitably impact the way nurses reflect on their practice. Reflective practices are important for the nursing profession, especially in terms of evaluating patients, understanding their wishes and thoughts, and treating them objectively (Chen et al., 2023).

Self-reflection contributes to the development of a strong professional identity among nurses. It encourages ethical awareness and personal accountability, guiding nurses to align their actions with professional standards and values. This introspective process is especially important in ethically complex situations, where insight helps nurses navigate dilemmas with integrity and confidence (Gonzalez & Rivera, 2022).

Self-leadership empowers nurses to identify and assess their strengths and weaknesses. Through self-reflection, nurses can recognize areas where they excel and areas where they can improve. Self-leadership then enables nurses to take action to address these areas, whether it be seeking further training or mentoring, engaging in self-study or seeking feedback from colleagues (Okudoh, 2022).



Significance of the study

Nurses are at the heart of human services that have a direct impact on healthcare consumer satisfaction. They are the most important people required to understand the patient's problems and to address and meet their needs.

Self-leadership is considered as a power that influences the individual's ego to improve the individual's ability and provide flexible nursing practice (Cho, 2020). Self-leadership plays an important role in a nurse's ability to engage in effective self-reflection. By taking Initiative, identifying strengths and weaknesses, fostering accountability and developing a growth mindset, nurses can enhance their ability to critically assess their practices and continuously improve their performance. Ultimately, this benefits both the nurses themselves and the patients under their care (Howard, 2022).

self-leadership encourages nurses to take ownership of their professional growth and development. By proactively seeking out opportunities for learning such as participating in conferences or continuing education courses, nurses can enhance their knowledge and skills. This, in turn, provides them with richer experiences to reflect upon and evaluate their practices (Matahela & van Rensburg, 2023).

Previous study was conducted with nursing students, found that self-reflection and insight had a significant positive effect on nursing competence during the first 2-months of practice in a clinical site (Aydin et al., 2023). This study aims to investigate effect of self-leadership on self-reflection and Insight. The results will provide insights to help better understand and improve the situation of nurses, who are at the heart of hospital services, and make the hospitals manage them efficiently.

Aim of the study

The current study aimed to investigate the effect of the self-leadership on self-reflection and insight among nurses at Kafr Shukr Specialized Hospital affiliated to Ministry of health in Qalyubia Governorate , Egypt .

This aim was fulfilled through the following objectives:

- To assess level of nurses' self-leadership.
- To assess level of nurses' self-reflection and insight.
- To determine the effect of self-leadership on nurses' self-reflection and insight.
- **Research Questions:**
- What is the level of nurses' self-leadership?
- What is the level of nurses' self-reflection and insight?
- What is the effect of self-leadership on nurses' self-reflection and insight?

Subject and Methods

Research design:

A descriptive correlational design was used to achieve the aim of this study.

Study setting:

This study was conducted at Kafr Shukr Specialized Hospital affiliated to Ministry of health in Qalyubia Governorate ,Egypt.

Study Subjects:

a. Population:

Staff nurses working at Kafr Shukr Specialized Hospital and their total number was 500 staff nurses.

inclusion criteria:

- Had at least one year of experience working in the current unit.
- Provide direct patient care.
- Agree to participate in the study.

b. Sampling design:

In this study, simple random sample was used. Simple random sample is a method used when the whole population is accessible and the investigator has a list of all subjects in this target population. The list of all subjects in this population is called the "sampling frame". From this list, researcher draw a random sample using lottery method or using a computer-generated random list (Choices & Oaks, 2012).

c. Sample size:



The estimated sample size was calculated by using Steven equation; at confidence level 95% and precision rate at 0.05 (Steven, 2012).

$$n = \frac{N \times P(1 - P)}{[N - 1 \times (d^2 \div z^2)] + P(1 - P)}$$

While; P= 0.5, N= Total population = 500, Z= Z value “1.96” ,D= Standard Error “0.05”, n= sample size

The required sample size was 217 nurses by using the previous equation.

Then the required number of staff nurses from each department was calculated with the following formula.

$$\frac{\text{Number of nurses in each department} \times \text{required sample size}}{\text{Total number of nurses in the hospital}}$$

Tools of data collection:

Two tools were used for collecting data in this study

Tool I: Revised Self-Leadership Questionnaire (RSLQ): It consists of two parts as follows:

Part one: Personal characteristics of nurses, which include the data about characteristics of the nurses such as age, gender, years of experience and educational qualifications.

Part two: Self-Leadership developed by **Houghton & Neck.(2002)** to assess nurses' self-leadership. It consists of 21 items divided under 7 factors as follow; visualizing successful performance, self-goal setting, self-talk, self-reward, evaluating beliefs and assumptions, self-learning strategies, and focusing on natural rewards. Each factor has 3 items.

Scoring system:

The responses were measured by using 5point-scale ranging from strongly disagree (1) to strongly agree (5). For each item, the scores were summed up and giving a mean score for the item these scores were converted into percent score, total Self-Leadership of the studied nurses'

Tool II: Self-Reflection and Insight Scale (SRIS): This scale was developed by **Grant et al. (2002)** to measure nurses' self-reflection and insight. The SRIS consists of 20 items with two factors as follows; Self-reflection: it has two sub dimensions, namely; self-need for-reflection (6 items) e.g. I am not really interested in analyzing my behavior (R) ,engagement in self-reflection (6 items) e.g. I don't often think about my thoughts and insight factor (8 items) e.g. I am usually aware of my thoughts.

Scoring system

The responses were measured by using 5point-scale is ranging from strongly disagree (1) to strongly agree (5). For each question, the score of the items was summed- up and the total divided by the number of items.

Content validity and reliability :

The tools of data collection were translated into Arabic and then content and face validity were established by a jury of "three" professors specialized in nursing administration from Faculty of Nursing at Zagazig University. The validity sheet involved two parts face and content validity: the first part included the opinions of the experts for each item that were recorded on a two-point scale: relevant and not relevant and the second part covered general or overall opinions about the form, which express their comments on the tools for clarity, applicability,comprehensiveness, understanding any suggestions for any additional or omissions of items and ease for implementation. According to their opinions, all recommended modifications were performed by the researcher.

Field work:

Data collection was conducted among staff nurses employed at Kafr Shukr Specialized Hospital in Qalyubia Governorate, Egypt. The study was implemented two consecutive months, from January 2024 until the end of February 2024. Prior to data collection, the researcher obtained official approval from the hospital administration as well as ethical clearance to ensure adherence to established research and ethical standards.

The study targeted staff nurses who fulfilled the inclusion criteria. Data were gathered using a structured



self-administered questionnaire designed to assess self-leadership and self-reflection and insight. To maximize response rates and ensure representativeness, questionnaires were distributed personally by the researcher across different shifts (morning, evening, and night). This ensured that all nurses, regardless of work schedule, had an equal opportunity to participate.

Before distribution, the researcher explained the aim of the study and reassured participants about the voluntary nature of their participation, anonymity, and confidentiality of responses. On average, completing the questionnaire required 30–45 minutes. The researcher remained present during data collection to provide clarification if needed and collected the questionnaires immediately after completion to minimize data loss.

Pilot study:

The pilot study was carried out on (22) nurse who represented 10% of the sample size . The pilot study was aimed to assess the tool clarity, applicability and time needed to fill each sheet, completing the sheet consumed about 30-45 minutes. No modifications were done, so the pilot study sample was included in the total sample.

Administration ethical considerations:

This study has been ethically approved by the Research Ethics Committee (REC) at faculty of nursing, Zagazig University (the ethical approval code is **M.D.ZU.NUR201 18/10/2023**

Oral consent was obtained from nursing staff that were included in the study sample after verbal explanation with each subject of the nature and the aim of the study. They were given an opportunity to refuse or to participate; the study couldn't pursue any negative consequences for the subjects. They were reassured that any collected information will be used exclusively for research purpose only.

Statistical Design:

All data collected were organized, tabulated and analyzed using appropriate statistical test. The data were analyzed by using the Statistical Package for Social Science (SPSS) version 21, which was applied to calculate frequencies and percentages, mean and standard deviation as well as test statistical significance and associations by using Chi- square test (χ^2) and linear correlation coefficient (r), and matrix correlation to detect the relation between the variables (P value).regression analysis is used to examine the relation between dependent and independent variables. It determines how changes in IV influence the DV (Polit&Beck,2010).

Results: -

Table (1)

outlines personal and job characteristics of studied nurses, as it is evident; the largest number of the studied nurses (41.9%) age ranged from 30 to less than 40 years. The majority of them (59.0%) were female. In terms of marital status; 51.2% of them were married. Additionally, 41.5% had a nursing diploma. Regarding nursing experience (47.0%) had from 5to less than 10 years of experience. Majority 65.0% of them worked in critical units.

Table (2)

presents levels of self-leadership factors among studied nurses; 38.1% of the studied nurses scores high level in self-learning strategies factor. followed by visualizing successful performance factor (36.9%).while ,the lowest scores was related to self –reward and self-goal setting factors(57.1%, 51.2%)respectively. For focusing on natural rewards factor, 42.4% of nurses scored moderate.

Table (3)

shows that only 19% of studied nurses had high level of engagement in self-reflection, 23.8 % of them had high level of need for self-reflection and more than half (52.9%) had moderate level of insight.

Figure (1)

visually represents the distribution of total self-reflection and insight scores among studied nurses. The majority of nurses scored(44.9%) in the moderate category, followed by 32.7% in the low level and



22.4% in the high level .

Table (4)

presents the Pearson correlations between the studied variables. A significant positive correlation was found between total revised self-leadership and self-reflection and insight ($r = .712, p = .001^{**}$).

Table (5)

The regression model for self-reflection and insight was significant ($F = 23.12, p = .001$) with an R^2 of .507, indicating that approximately 50.7% of the variance in self-reflection can be explained by self-leadership

Table (1): Personal and Job characteristics of the studied nurses (n=217).

Demographic characteristics	N	%
Age		
20<30	49	22.6
30<40	91	41.9
40>50	53	24.4
≥50	24	11.1
Gender		
Male	89	41.0
Female	128	59.0
Marital status		
Single	74	34.1
Married	111	51.2
Divorced	23	10.6
Widow	9	4.1
Educational level		
Nursing diploma	90	41.5
Technical nursing diploma	76	35.0
Bachelor nursing degree	48	22.1
Post-graduate education	3	1.4
Nursing experience years		
<5 years	41	18.9
5 <10 years	102	47.0
≥ 10 years	74	34.1
Work department		
Critical units	141	65.0
Inpatient units	76	35.0



Table (2) Levels of Self-Leadership factors among studied nurses (n=217).

Factors \ Items	High		Moderate		Low	
	No	%	No	%	No	%
Visualizing successful performance	80	36.9	75	34.4	62	28.7
Self-goal setting	36	16.7	70	32.1	111	51.2
Self-talk	73	33.49	80	36.87	64	29.6
Self-reward	22	10.0	71	32.9	124	57.1
Evaluating beliefs and assumptions	42	19.5	92	42.2	83	38.2
Self-learning strategies	83	38.1	126	58.1	8	3.8
Focusing on Natural Rewards	68	31.2	92	42.4	57	26.4
Total	58	26.5	86	39.9	73	33.6

Table (3): Levels of self –reflection and insight dimensions among studied nurses (n=217).

Dimensions	Low		Moderate		High	
	No	%	No	%	No	%
A. Engagement in self-reflection	89	40.9	87	40.1	41	19.0
B. Need for self-reflection	75	34.5	91	41.7	52	23.8
C. Insight	49	22.6	115	52.9	53	24.5

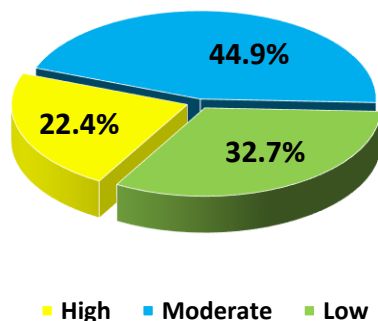


Figure (1): Total Self –reflection and Insight Scale among studied nurses (n=217).

Table (4): Pearson correlation between the studied variables

		1	3
1. Total Revised Self-Leadership	r p		.712 .001**
2. Self –reflection and Insight Scale	r p	.712 .001**	

(**) Statistically significant at $p < 0.01$. r Pearson correlation



Table (5): Regression Model: Self-Reflection and insight as Dependent Variable

	Unstandardized Coefficients		Standardized Coefficients	T-test	P-value	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower	Upper
(Constant)	2.315	0.143	—	3.487	.001	0.152	0.456
Self-Leadership	0.678	0.097	0.712	4.809	.001**	0.472	0.884

R Square = .507ANOVA Model: F = 23.12, p = .001

Discussion

The dynamic and demanding nature of healthcare environments requires nurses to possess not only clinical expertise but also strong self-management skills. Self-leadership has become an essential concept in modern nursing practice; it may play a crucial role in enhancing nurses' ability to deliver holistic care (**Prinsloo, 2024**). Moreover, self-leadership has been closely associated with the ability to engage in self-reflection and develop insight skills that are critical for professional growth and ethical decision-making (**Matahela et al., 2023**). Therefore, the aim of this study was to investigate the effect of self-leadership on self-reflection and insight.

Personal and Job characteristics of the studied nurses.

In the current study, the sample consisted of 217 staff nurses employed at Kafr Shukr Specialized Hospital. The findings revealed that the majority of nurses were female and married. This can be attributed to the higher number of female students enrolling in faculties or schools of nursing, as the profession is still predominantly practiced by women and historically perceived as a female-oriented occupation. Regarding qualifications, most of the studied nurses held a nursing diploma, which may reflect the fact that the Bachelor of Nursing degree has only recently gained wider popularity and was not commonly pursued in earlier years. Therefore, the study sample accurately represents the demographic profile of nurses currently working in the community. These results are consistent with the findings of **Alsharari and Abuadas (2021)**, who reported that studies from the Arab world (e.g., Saudi Arabia, Jordan, Egypt) consistently show that nursing is both perceived and practiced primarily by women, supporting the explanation that nursing schools continue to enroll a larger proportion of female students.

Nurses' Revised Self-Leadership:

The findings of the present study revealed that nearly two-fifths of the nurses demonstrated moderate self-leadership, while approximately one-third scored low and slightly more than one-quarter scored high. This addressed the first research question regarding the level of nurses' self-leadership. Such distribution may reflect differences in professional experience, educational background, and organizational support, which play a critical role in shaping self-leadership capacity. Moderate scores could further suggest that while many nurses are developing self-leadership behaviors, barriers such as insufficient training, limited autonomy, and workplace stressors may hinder their ability to consistently achieve high levels of self-leadership (**Pursio et al., 2025**).

This result is consistent with the findings of **Çakmak and Uğurluoğlu (2022)**, who reported that healthcare professionals in Turkey mainly demonstrated moderate self-leadership, and emphasized the importance of enhancing self-leadership to increase job satisfaction and reduce stress. Similarly, **Shin and Yeom (2021)** in South Korea identified moderate levels of self-leadership among oncology nurses, reinforcing its role in improving both work performance and nurses' well-being. In the same vein, **Ma**



(2023) also found that nurse managers in the United States reported moderate self-leadership. Conversely, other studies reported higher levels. **Kim and Kim (2024)** highlighted high self-leadership among nurses in South Korea working in public health centers, while **Taha and Shoeib (2024)** in Egypt found that more than three-quarters of nurses perceived themselves as highly self-leading within governmental hospitals. These contradictory findings may reflect contextual differences in organizational culture, leadership opportunities, and institutional emphasis on autonomy and professional growth.

Self –reflection and Insight:

Considering total self-reflection and insight scores among the studied nurses, the current study demonstrated that more than two fifths of nurses scored in the moderate category, followed by nearly one third of them scored low and less than one quarter of them scored in high categories. This may be due to the fact that nurses often receive uneven opportunities for structured reflection amid demanding clinical schedules, so most settle into a “middle ground” of self-examination rather than engaging in consistently deep or minimal reflection.

In the same context, a study performed by **Barkhordari-Sharifabad et al. (2025)** about the role of reflective capacity in clinical self-efficacy of nursing students, in Iran and found that two fifths of nurses had average reflective capacity. In the same line, a study conducted by **Aydin et al. (2023)** who found that a significant portion of nurses scored in the moderate category for self-reflection and insight, highlighting the need for targeted interventions to enhance reflective practices among healthcare professionals.

This result was congruent with a study performed by **Zarrin et al. (2023)** in Iran, about the relationship between nurses' reflection, self-efficacy and work engagement, and found that nurses' reflection scores varied, with a significant portion falling into the moderate category. This variability suggests that while some nurses engage in reflective practice, many others may not, potentially due to factors like workload, education, or institutional support.

Parallel with this result, a study in South Korea conducted by **Lee and Ahn (2023)** on self-reflection, emotional self-disclosure, and posttraumatic growth in nursing students, and found that self-reflection scores were moderate, correlating positively with post-traumatic growth. This suggests that while some students engage in reflective practice, many others may not, potentially due to factors like workload, education, or institutional support.

In the opposite line, **Mwale et al. (2024)** conducted a study in Zambia to assess the levels of clinical reasoning skills using self-Assessment of clinical reflection and reasoning in undergraduate nursing students, and found that minority of nurses scored in the moderate category for self-reflection and reasoning. The majority exhibited low to very low levels of clinical reasoning skills, suggesting that many students may not engage in reflective practice at a moderate level. Also, a study carried out by **Sawyer et al. (2023)**, explored the effects of a psychoeducational intervention on resilience, insight, self-compassion, and empowerment among nurses in the United States. The study found that while the intervention improved levels of insight, the overall engagement in self-reflection was still relatively low. Regarding self-reflection and insight domains, the present study displayed that nearly one fifth of the studied nurses had high level of engagement in self-reflection domain, more than two fifths of them had high level of need for self-reflection domain and more than half of them had high level of insights domain. this may be due to the varying degrees of personal and professional development opportunities available to nurses, which influence their ability and motivation to engage in self-reflection and gain insight.

In the same scene, a study in the United States conducted by **Sawyer et al. (2023)**, entitled “Resilience, insight, self-compassion, and empowerment (RISE): A randomized controlled trial of a psychoeducational group program for nurses”. The results showed that insight can be heightened even if active self-reflection engagement remains low, which supports the finding that insight may be higher than self-reflection engagement in some nurse populations. This result was in agreement with **Kapachika et al. (2025)** who carried out a study about Knowledge, Practices and Barriers of Reflective



Practice Among Undergraduate Nursing and Midwifery Students in Malawi, and found that while a minority demonstrated low engagement in reflective practice, a significant proportion exhibited moderate levels of insight.

This result was inconsistent with a study in Washington carried out by **Costello et al. (2022)** about exploration of grit, self-reflection and insight, and anxiety: A multisite study of doctor of physical therapy students, observed generally low levels of self-reflection and insight among the studied participants, attributing this to heavy workloads and lack of institutional support, which contradicts the present study's relatively high insight findings. On the other hand, a study conducted by **Zarrin et al. (2023)** which reported high level of engagement in self-reflection domain among the largest proportion of nurses. The study also found a positive and significant relationship between nurses' reflection scores and their work engagement and self-efficacy levels.

Pearson correlation between the studied variables:

The current study demonstrated that, a significant positive correlation was found between total self-leadership and self-reflection and insight. All correlations were positive statistically significant. this may be due to nurses who engage in self-leadership behaviors, such as self-observation, goal-setting, and constructive thought strategies, actively directing their own learning and professional development, which enhances their holistic nursing competence and fosters deeper habits of self-reflection and insight (**Pursio et al., 2025**).

These findings aligned with previous study performed by **Seo and Ko (2024)**, who stated that nurses with strong self-leadership skills tend to also have higher self-reflective abilities, fostering better clinical outcomes. Correspondingly, a study results reported by **Kim and Kim (2024)**, found significant positive correlations between self-leadership and nursing professionalism, suggesting that nurses who lead themselves effectively also cultivate the professional knowledge and attitudes that underpin high competence.

Multiple Linear regression model for the studied nurses' total Self –reflection and Insight Scale:

The present study highlighted that the studied nurses' age and gender were significant predictors of self-reflection and insight scores. This may be due to the fact that age and gender influence cognitive and emotional development, shaping an individual's ability to engage in self-reflection and gain deeper insight. Older nurses may have accumulated more experiences, allowing them to reflect on their practice and personal growth more effectively. Additionally, higher educational attainment often promotes critical thinking, analytical skills, and exposure to diverse perspectives, all of which contribute to enhanced self-reflection and insight. These factors play a crucial role in developing a nurse's ability to assess their actions, adapt to challenges, and continuously improve their professional competence (**Costello et al., 2022**).

In this context, a study conducted by **Atan et al. (2024)** to assess the level of reflective practice and critical thinking disposition among nurses in Malaysia, and found that age and gender, significantly impacted self-reflection and critical thinking. This result contradicted with a study carried out by **Kapachika et al. (2025)**, indicated no statistically significant correlations between demographic variables such as age and educational reflective practices among nurses. Also, this result was incongruent with the finding of study conducted by **Barkhordari-Sharifabad et al. (2025)** who found a positive correlation between reflective practice and clinical self-efficacy, it did not identify age and gender as significant predictors. This suggests that other factors beyond demographics may influence self-reflection.

Conclusion:

The study revealed that approximately one-third of nurses demonstrated a low level of self-leadership. Regarding self-reflection and insight, nearly one-third of nurses were classified in the low category, whereas around one-fifth achieved high scores. A significant positive correlation was identified between self-leadership and self-reflection and insight. Regression analysis further confirmed that self-leadership was a significant predictor of self-reflection and insight, highlighting its crucial role in enhancing professional competence and reflective practice among nurses.



Recommendations: -

Based on the study finding, the current study recommended the following:

- **Implement targeted training programs** to develop self-leadership strategies, especially in areas with low scores such as self-goal setting and self-reward.
- **Implement structured training programs** focused on enhancing self-reflection skills, guiding nurses to critically analyze their actions, feelings, and decision-making processes.

Incorporate reflection techniques into professional development workshops, where nurses can regularly engage in reflective practice, helping them become more aware of their strengths and areas for improvement

Acknowledgment

The author wants to thank the directors of hospital for everything they do. We want to express our gratitude to every one of our nurses who took the time to respond to our inquiries.

Author's contribution

A..E.A and S G. A; conceived of .the presented idea. S.G.A; collected the data. F.H and A..E.A verified the analytical methods, encouraged to investigate the relationship between nursing staff awareness about hospital accreditation, organizational development and supervised the findings of this work.

Declaration Of Conflicting Interests

The author **declared** no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

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