The Relationship Between Self-Leadership, Job Satisfaction, and Job Stress Among Healthcare Professionals

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ABSTRACT

Objective: The aim of this study is to determine the relationship among self-leadership, job satisfaction, and job stress among healthcare professionals. This study considers the leadership models of the last century as products of hierarchical and bureaucratic paradigms that are effective for economies, whether physical production based or knowledge-oriented economies. Nowadays, the increasing workloads of leaders, introduction of alternative theories about leadership, and the increasing need for leadership revision have made the effects of leadership clear. This study adoptes a descriptive correlational design using a cross-sectional survey.

Methods: As a method, the data were analyzed using descriptive, simple, and multiple linear regression to reveal the relationship between self-leadership, job satisfaction, and job stress. Using quantitative methods, data were collected between May 1 and 31 in 2017. The data were obtained by face-to-face interview method with 357 employees working in a public hospital.

Results: This study finds out the relationships among self-leadership, job satisfaction, and job stress. The correlation between self-leadership and job satisfaction (r=0.237; P < .05), and self-leadership and job stress (r=-0.062; P < .005) is generally ranging between moderate and low. Within the scope of regression analysis, the sub-dimensions of self-leadership (behavioral-focused strategies, natural reward strategies, and constructive thinking model strategies) explain the variance of job satisfaction (R^2 =0.046; R^2 =0.035; R^2 =0.082) and job stress (R^2 =0.049; R^2 =0.013; R^2 =0.020). It is determined that there is a relationship between self-leadership, job satisfaction, and job stress.

Conclusion: The study concludes that the encouragement of self-leadership in healthcare organizations will considerably increase the job satisfaction of employees and reduce job stress.

Keywords: Self-leadership, job satisfaction, job stress, health professionals, nurses

Introduction

Leadership has often been described as the pattern of behavior of an individual when directing or managing the activities of a group for the sake of achieving a shared goal.¹ Management surveys and studies attach great importance to understanding leadership. Earlier research has primarily focused on how leaders influence their followers. However, there are alternative, currently developing, approaches that focus on people management and the ways in which they lead themselves.² Most theories of healthcare profession leadership were not developed within a healthcare context. They were often developed for the business setting and then later applied to healthcare.¹ Nowadays, both evidence-based medicine and nursing are widely recognized as important tools for establishing solid healthcare organizations with high productivity and quality of care. Management and leadership of healthcare professionals are significant for enhancing quality and integration of the care provided.³ The nurse work environment, including leadership in nurse practice, has been a major field of interest for researchers in recent decades.⁴ It is suggested that leadership is a competence that can be developed by health professionals, including nurses. Healthcare professionals and nurse managers have the ability to utilize a variety of techniques to enhance performance in the workplace. However, the often-overlooked strategy is self-leadership (SL). Being a competent nurse manager requires preparation and determination. Research has already proven that effective SL can give nurse managers extra means and tools for optimal performance.⁵

On the other side, in today's business world, the challenges that organizations face require an alternative view of leadership. Self-leadership became a new form of leadership and a way to tackle the challenges that organizations face in the 21st century.⁶

Today's businesses must adapt to ever-evolving technology and the global environment to survive.⁷ The leadership models of the last century were the products of bureaucratic paradigms from above and below. It is claimed that these leadership models are very effective for economies focused on physical production but not for knowledgeoriented economies.⁸ Recently, it appears that there has been a shift toward a strengthened workforce. For this reason, many questions have arisen. It is debatable whether traditional leadership approaches are still appropriate for today's organizations and whether it is necessary to develop them. Studies show that there is a need for a lead-ership overhaul. Factors such as the growth of organizations, the increase of leaders' duties, the performance of organizations, and the increase in profits show that the employees should be included in the leadership process. Thus, in recent years, SL has been emphasized in the leadership literature.

Self-leadership was first described by Manz⁹ as "the motivation and orientation process for someone to achieve individual and organizational success." It is a comprehensive set of strategies that focus on the thoughts and behaviors that can be used to influence an individual.⁹ It is an alternative to traditional leadership and organizational perspectives that focus on the influence and control of the leaders identified by official and hierarchical authority. It provides for the development of team leaders and reduces dependency on heroic leadership by traditional authority figures.⁶ Self-leadership theory is forcing a fundamental change in leadership theories. It is assumed that every person can lead by themselves.

Self-leadership strategies basically come under 3 categories: (1) behavior-focused strategies, (2) natural reward strategies, and (3) constructive thought pattern strategies.¹⁰⁻¹⁷

MAIN POINTS

What is already known about this topic?

- · Self-leadership has emerged as a new alternative to leadership.
- Nurses, nurse leaders, and other healthcare professionals can apply selfleadership strategies.
- Self-leadership is an important leadership model in achieving personal and organizational success.
- What does this paper add?
- Encouraging self-leadership in healthcare organizations will increase job satisfaction and reduce job stress.
- Self-leadership levels of healthcare professionals are shown within the scope of training and research hospital staff.
- Health managers should help their employees to develop their selfleadership skills.

The implications of this paper:

- Self-leadership is important for achieving personal and organizational success. Therefore, nurse leaders and other healthcare professionals should help their employees to develop their own self-leadership skills.
- This paper predicts that encouraging self-leadership in healthcare organizations will increase the job satisfaction of employees and reduce job stress. In clinic settings, the use of self-leadership skills by nurses, leaders, and other healthcare professionals can help them achieve job satisfaction and reduce job stress.
- By using self-leadership strategies, individuals with high levels of self-leadership can lead other people to support their new ideas and solutions in healthcare organizations.

Job satisfaction is the pleasure and happiness that an employee obtains from evaluating their work or professional experiences.¹⁸ Job satisfaction is essential in all occupations. Healthcare professionals perform their jobs under difficult conditions. For this reason, healthcare professionals need to experience job satisfaction.¹⁹ Studies have shown that job satisfaction is affected by individual and organizational factors.²⁰ In the absence of job satisfaction, job dissatisfaction arises, which has negative consequences. Job dissatisfaction affects the work-life of healthcare professionals and negatively affects their private lives and health. While job dissatisfaction in health services has adverse effects on the employee, patient, and organization, it also has consequences that concern the future of the health sector. Stress is inevitable at every stage and in every area of life. Considering that employees spend most of their lives at their workplaces, it is unavoidable that stress will arise in the workplace. The stress that occurs in every occupational group, the necessity of focusing on people and making vital decisions instantaneously, emerges more in health services carried out as teamwork and can affect the productivity. life satisfaction, and job satisfaction of healthcare professionals. In addition, the stress experienced by healthcare professionals threatens the health of healthcare professionals and affects the quality of patient care and even concerns the future of healthcare services. It is important to investigate job satisfaction and stress in health services for these reasons.

The fact that studies on SL, job stress, and job satisfaction in the health sector are limited in Turkey^{21,22} makes it important to investigate this topic. When international literature is examined, it is seen that SL is emphasized. The lack of SL work in national literature leads to a lack of understanding of the issue. Therefore, the fact that academic achievements and SL practices in the fields of practice are not clearly explained is a major shortcoming.

The SL approach is getting stronger and studies about SL in the health sector are appearing. Besides, it is known that healthcare professionals face serious stress due to the unique characteristics of health services; also, there have been changes in job satisfaction. In health professionals, the relationships between SL practice and job satisfaction and job stress are yet to be revealed. For these reasons, efforts have been made to determine the impact of SL on the healthcare sector and on employees. In this context, the aims of this study are to (1) reveal the SL levels of healthcare workers working in the selected education and research hospital, (2) determine whether evaluations of employees' SL subscales have an effect on job satisfaction, and (3) determine whether the SL subscales of employees have an effect on job stress.

In addition to these objectives, examining what can be achieved through the implementation of SL in health services will provide important information to health professionals and in this way, this work will fill a gap in the literature.

Methods

Aim

The aim of this study is to determine the effects of the SL levels of employees on job satisfaction and job stress.

This study employed quantitative methods. The core quantitative component was a questionnaire. The questionnaire is designed for the sake of assessing the correlations among SL, job satisfaction, and job stress among healthcare professionals. And through this questionnaire, this research tried to reveal the assumed relationship among the 3 variables.

Research Model and Hypotheses

As far as the model is concerned, the research model is provided in detail in Figure 1. In terms of this model, the study posits the following hypotheses:

H1: There is a relationship between behavior-focused strategies and job satisfaction.

H2: There is relationship between natural reward strategies and job satisfaction.

H3: There is relationship between constructive thinking model strategies and job satisfaction.

H4: There is relationship between behavior-focused strategies and job stress.

H5: There is relationship between natural reward strategies and job stress.

H6: There is relationship between constructive thought model strategies and job stress.

Sample/Participants

The population of the study consisted of healthcare professionals of a training and research hospital operating in Ankara, Turkey. The survey method was used to collect data. At the hospital, there were 752 physicians, 606 nurses, 322 other health personnel (social workers, dieticians, medical secretaries, etc.), and 131 administrative staff. The proportional stratified sampling method, which is a probability sampling method, was used in the research. The size of the initial sample was 318. This sample was scaled using stratigraphy and reached 357 people, including 132 physicians, 109 nurses, 72 other health personnel, and 44 administrative personnel. The sample and return rates of the proportional stratified sampling to be reached are given in Table 1.

Data Collection

Using quantitative methods, data were collected face to face between May 1 and 31 in 2017. The survey consisted of 4 parts. There are demographic questions in the first part, SL questionnaire in the second, job satisfaction in the third, and job stress in the fourth.

Self-leadership Questionnaire: The SL Questionnaire was developed by Anderson and Prussia,¹⁴ followed by the validity of the Revised SL Questionnaire by Houghton and Neck.²³ The Turkish reliability and validity of scale made by Tabak, Sığrı, and Türköz.²⁴ The scale consists of 29 items, 3 subscales, and 8 components. It uses a 5-point Likerttype scale. In this study, the reliability coefficient was found to be 0.71. High scores from the SL Questionnaire indicate that the level of SL is increasing. Subscales and components of SL are presented in Table 2.

Job Satisfaction Scale: The short form of the Minnesota Job Satisfaction Scale developed by Weiss et al²⁵ was used to assess the job satisfaction of employees. The Turkish version of the scale was made by Baycan²⁶ and the reliability coefficient was 0.77. In this study, the reliability coefficient was found to be 0.91. It uses a 5-point Likert-type scale. In this case also the scores indicate that job satisfaction is increasing.

Job Stress Scale: The Job Stress Scale developed by Suzanne Haynes is a Likert-type scale with 5 response options.^{27,28} A reliability study was

Table 2. Dimension	ns and Components	s of SL
Behavior-focused strategies	Natural reward strategies	Constructive thinking model
Reminders Self-rewarding Self-punishment Self-monitoring	Thinking about natural rewards	Self-talk Evaluating thoughts and ideas Imagining successful performances

conducted after it was adapted to Turkish by Aktaş²⁹; the reliability score was 0.93. In this study, the reliability coefficient was found to be 0.92. At this level, the scores also indicate that job stress is increasing.

Ethical Considerations

In this study, before data collection, all those taking part in this study gave written approval and consent about their participation in the survey. The participants in this study have fully read the consent and approval form before commencing and participating in the survey. The form included the information that their contribution was voluntary and could be withdrawn at any time. It also included specific information as to how their interviews would be recorded, transcribed, and stored, and how responses could potentially be used in published articles. If the participants were willing to proceed, they were asked to read and sign the consent form. Then the researchers distributed the questionnaires to the participants who signed the consent forms. This research received the required ethical approvals from the University of Hacettepe Ethics Committee in February 2017 (Reference 35853172/433-69), and all the necessary permissions to conduct the study in the hospital were obtained in March 2017.

Data Analysis

Analyses were performed using IBM Statistical Package for the Social Sciences (SPSS) 21.0 (IBM Corp., Armonk, NY, USA) software 21.0. First, the frequencies and percentages were used to establish descriptive findings about the individual characteristics of health professionals. The Pearson's correlation coefficient was used to determine whether there is a relationship between job satisfaction and job stress, SL subscales of healthcare professionals participating in the study, and the strength and direction of the relationship. In addition, simplicity and multiple linear regression analyses were used for testing the hypothesis. Since the natural reward strategy consists of 1 component, simple regression analysis was applied. The variance inflation factor was calculated using the Durbin Watson coefficient to determine whether multiple connections and autocorrelation existed in the regression models established. All the statistical tests were performed at 95% CI.

Results

Participant Characteristics

As Table 3 shows, the majority of the healthcare professionals participating in this research (67.8%) were female. From an age perspective, 55.2% were aged under 34 years and 44.8% were over 35 years. A large proportion (67.2%) were married. As for educational status, 28.9% had an undergraduate education (primary and secondary education, high

Tablo 1. The Sample and Return Rates of the	Survey				
Healthcare Professionals	Population	Percent (%)	Number of Samples to Be Reached	Reached Person Number	Return Rates by Stratigraphy
Physicians (practitioner + specialist + assistant and chief assistant)	752	41.5	132	132	100%
Nurses	606	33.5	106	109	102.83%
Other health personnel	322	17.8	57	72	126.31%
Administrative staff	131	7.2	23	44	191.30%
Total	1811	100.0	318	357	112.26%

Table 3. Participant Characteristics			
Variables		Frequency	%
Sex	Female	242	67.8
	Male	115	32.2
Age	≤34	197	55.2
	≥35	160	44.8
Marital status	Married	240	67.2
	Single	117	32.8
Educational status	Undergraduate	103	28.9
	Graduate	133	37.3
	Postgraduate	121	33.9
Position in the hospital	Physician	132	37.0
	Nurse	109	30.5
	Other health staff	72	20.2
	Administrative staff	44	12.3
Income	1000-2099 TL	110	30.8
	3000-3999 TL	112	31.4
	4000 TL and over	135	37.8
Total working time in the sector	≤10 year	207	58.0
	≥10 year	150	42.0
Taking leadership training or not	No	256	71.7
	Yes	101	28.3
Total		357	100

school, and pre-license), 37.3% graduate, and 33.9% had postgraduate degrees. A total of 37% of the healthcare professionals participating in the research were physicians; 37.8% of healthcare professionals expressed their income as over 4000 TL. When it came to working time in the health sector, 58% had a service period of 10 years or less. A significant proportion of participants (71.7%) stated that they had not received any training in leadership.

Correlation Values between SL Subscales, Job Satisfaction, and Job Stress

Table 4 gives mean, standard deviation, and correlation values for the SL subscales, job satisfaction, and job stress. It shows that the correlations between the SL subscales, job satisfaction, and job stress vary between moderate and low. Table 4 also emphasizes that there is no correlation between the following variables: job satisfaction and self-punishment, job stress and self-reward, and self-talk and evaluation of thoughts and ideas.

Hypotheses Testing 1-3

Table 5 shows the relationship between SL strategies and job satisfaction. The regression results in Table 5 show that behavioral strategies accounted for 4.6% of the total variance in job satisfaction scores (F=4.277, P < .05). The only statistically significant contribution to this variance was for "identifying reminders" (t=2.467, P < .05). Table 5 shows that natural reward strategy accounted for 3.5% of the total variance in job satisfaction scores (F=13.027, P < .05). The statistically significant contribution to this variance was for "thinking about natural rewards" (t=3.609, P < .05). Constructive thought model strategies accounted for 8.2% of the total variance in job satisfaction scores (F=10.442, P < .05). The only statistically significant contribution to this variance was for "imagining a successful performance" (t=4.708, P < .05). The results shown in Table 5 provide the grounds to accept H1, H2, and H3.

Hypotheses Testing 4-6

Table 6 shows the results of the regression analysis to determine the relationship between SL strategies and job stress. The regression results in Table 6 show that behavioral strategies accounted for 4.9% of the total variance in job stress scores (F=4.581, P < .05). The statistically significant relationships were self-punishment and self-observation.

While those who used self-punishment (t=2.380, P < .05) increased their job stress, those who used self-monitoring (t=2.748, P < .05) reduced it. Table 4 shows that natural reward strategy accounted for 1.3% of the total variance in job stress scores (F=4.856, P < .05). The statistically significant contribution to this variance was for "thinking about natural rewards" (t=2.204, P < .05). Statistical predictions of the regression model indicated that the model conducted on constructive thinking model strategies was not significant (F=2.356, P > .05). These results meant that H4 and H5 could be partially confirmed and H6 rejected.

Discussion

This study aimed to determine the SL levels of healthcare professionals and whether these levels affect job satisfaction and job stress. The results of this study will help to convey the importance of this topic and increase its applicability in practice.

We found that identifying reminders, focusing on thinking about natural rewards, and imagining successful performances increased job satisfaction. In this context, healthcare professionals should use these strategies effectively. In this study, while a self-punishment strategy increased job stress, self-monitoring, focusing on natural rewards, and imagining successful performances decreased job stress. Excessive use of a self-punishment strategy increased job stress and reduced job satisfaction. There are similar studies in the literature that can be seen in Table 7. Similar to these studies, in this study, SL strategies explained changes in job satisfaction and job stress.

Here are some examples of how healthcare professionals can use these SL strategies: to identify reminders, healthcare professionals can use sticky notes, lists, etc. Within the scope of the strategy of focusing on natural rewards, it is necessary to move away from the unpleasant side of the job and focus on the points of interest; they should find the aspects of the work that they enjoy (e.g., playing soft music, hanging pictures on the walls, etc.). Imagining a successful performance (e.g., a surgeon must think that the patient will be healthy by imagining a successful operation) is very important. In addition, health managers can encourage health professionals to use these strategies and can create a good business environment for them. Using these strategies will

Table 4. Correlation Values between	SL Subscales	, Job Satisfa	action, and Job	Stress									
	Mean	SD	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)
(1) Self-reward	3.29	1.00	-										
(2) Self-punishment	3.10	0.81	0.110*	-									
(3) Self-monitoring	3.89	0.65	0.242*	0.067	-								
(4) Identifying reminders	3.29	1.02	0.229*	0.042	0.329*	. 							
(5) Focusing on thinking about natural rewards	3.80	0.77	0.313*	0.022	0.512*	0.314*	-						
(6) Self-talk	3.24	0.93	0.291*	0.229*	0.247*	0.297*	0.245*	-					
(7) Evaluation of thoughts and ideas	3.89	0.56	0.294*	0.149*	0.619*	0.241*	0.526*	0.310*	-				
(8) Imagining a successful performance	3.65	0.71	0.381*	0.163*	0.565*	0.421*	0.539*	0.443*	0.521*	-			
(9) Self-leadership	3.54	0.49	0.578*	0.394	0.689^{*}	0.533*	0.631*	0.621*	0.695*	0.849*	~		
(10) Job satisfaction	3.22	0.69	0.106*	-0.004	0.156^{*}	0.182*	0.188*	00.110^{*}	0.137*	0.285*	0.237*	1	
(11) Job stress	2.70	0.80	0.050	0.121*	-0.148^{*}	-0.098	-0.116^{*}	0.019	-0.068	-0.115*	-0.062	-0.416^{*}	1
* <i>P</i> < .05													
SD, standard deviation.													

Çakmak and Uğurluoğlu. Self-Leadership, Job Satisfaction, and Job Stress

increase healthcare professionals' and health managers' performance and job satisfaction

Healthcare professionals are working in a stressful environment and they punish themselves for their mistakes, which reduces job satisfaction. In this context, it is recommended that healthcare professionals should not punish themselves excessively. However, they should often use selfmonitoring, think about natural rewards, and imagine successful performances. In this context, healthcare professionals should observe their actions, give feedback, and correct their negative actions. They also need to set goals (such as becoming a nurse manager, becoming a clinical chief, occupying a top managerial position, etc.) for themselves. In addition, healthcare professionals should focus on the pleasurable sides of the work and downplay the negative aspects.

It was revealed that self-punishment and self-monitoring strategies explained very little of the variance in job stress. However, it can be said that there would be an important finding for managers.

Using SL strategies can reduce job stress and increase job satisfaction. The use of these strategies will strengthen SL skills. Frequent use of a self-punishment strategy is not recommended for healthcare professionals because it will reduce their job satisfaction and increase their job stress. To implement SL strategies in health facilities, structural changes should be made and appropriate conditions and environments should be established. If this is done, the performance of both healthcare professionals and organizations would increase. The lack of studies on the impact of SL on job stress strengthened the comparison of these findings with the literature; however, this study can be referenced in future studies.

Study Limitations

Since this study was conducted in a single hospital, the results of the study cannot be generalized to all healthcare professionals. The findings of this study explain a small part of job satisfaction and job stress. This may be due to cultural differences and healthcare professionals having other priorities. Further, the limited effect can be attributed to the unique dynamics of the health sector. For example, wider environmental and organizational factors can have more impact than SL in promoting job satisfaction and stress. So a physician may not be able to use SL strategies when considering their daily operations.

Conclusion

Considering the impact of SL on job stress, the following conclusions can be reached. The effect of self-punishment and self-monitoring strategies on job stress is statistically significant. Behavior-focused strategies, natural reward strategies, and constructive thinking model strategies explain changes in job stress. Self-leadership can help leaders to manage job stress.²⁷ On the other side, SL skills increase job satisfaction of healthcare professionals. Due to this, in stressful clinical and operational settings, SL strategies can be useful for healthcare professionals to increase job satisfaction in their business life.

The self-leadership capabilities of nurses and healthcare professionals are critical for initiating innovative actions. The innovative procedure entails the leading of other workers by sharing ideas, as well as establishing internal and external legitimacy and backing for any healthcare organization. In other words, individuals with high levels of self-leadership can be potential leaders for other people and supporters of their new ideas and solutions.³¹ Accordingly, healthcare professionals, especially nurse managers, can invest a wealth of techniques to promote workplace performances. An often-overlooked strategy is SL of thought processes. And this conclusion accords with the research that has shown that effective SL can give nurse managers the extra tools required for optimal performance.⁵

Table 5. Regression Analyses Result	ults for Hypotheses Testing 1-3						
	Predictive Variable	В	Standard Deviation	β	t	Р	VIF
Behavioral-focused strategies	Constant	2.439	0.258		9.441	.000	
	Identifying reminders	0.093	0.038	0.138	2.467*	.001*	1.152
	Self-punishment	-0.019	0.044	-0.022	-0.422	.673	1.014
	Self-reward	0.037	0.038	0.053	0.972	.332	1.101
	Self-monitoring	0.105	0.059	0.100	1.777	.076	1.161
	$R = 0.215, R^2 = 0.046, F = 4.277, P =$	= .002, Durbin	Watson = 1.882				
Natural reward strategies	Constant	2.575	0.182		14.170	.000	
	Focusing on thinking about natural rewards	0.169	0.047	0.188	3.609*	.001*	1.00
	$R = 0.188, R^2 = 0.035, F = 13.027, P =$	=.001, Durbin	Watson = 1.898				
Constructive thinking model	Constant	2.260	0.255		8.855	0.000	
strategies	Imagining a successful performance	0.292	0.062	0.300	4.708*	.001*	1.560
	Self-talk	-0.014	0.043	-0.019	-0.331	.741	1.258
	Evaluation of thoughts and ideas	-0.016	0.073	-0.013	-0.220	.826	1.387
	$R = 0.286, R^2 = 0.082, F = 10.442, P =$	=.000, Durbin	Watson = 1.854				
* <i>P</i> < .05.							

VIF, variance inflation factor.

Table 6. Regression Analysis Resu	Ilts for Hypotheses Testing 4-6						
	Predictive Variable	В	Standard Deviation	β	t	Р	VIF
Behavioral-focused strategies	Constant	3.006	0.298		10.101	.000	
	Identifying reminders	-0.057	0.044	-0.073	-1.313	.190	1.152
	Self-punishment	0.122	0.051	0.125	2.380*	.018*	1.014
	Self-reward	0.072	0.043	0.090	1.660	.098	1.101
	Self-monitoring	-0.188	0.068	-0.154	-2.748*	.006*	1.161
	$R = 0.222, R^2 = 0.049, F = 4.581, P = 4.581$.001, Durbin V	Vatson = 1.754				
Natural reward strategies	Constant	3.160	0.212		14.907	.000	
	Focus on thinking about natural rewards	-0.121	0.055	-0.116	-2.204*	.028*	1.00
	$R = 0.166, R^2 = 0.013, F = 4.856, P = 0.013$	0.028, Durbin	Watson = 1.813				
Constructive thinking model strategies	Constant	3.158	0.304		10.379	.000	
	Imagining a successful performance	-0.161	0.074	-0.144	-2.180*	.030*	1.560
	Self-talk	0.077	0.051	0.089	1.512	.131	1.258
	Evaluation of thoughts and ideas	-0.030	0.088	-0.021	-0.339	.735	1.387
	$R = 0.140, R^2 = 0.020, F = 2.356, P = 2.356$.072, Durbin V	Vatson = 1.798				
* <i>P</i> < .05.							-

VIF, variance inflation factor.

Table 7. Similar Studies and Find	ings on SL
Author/s	Main Finding(s) of the study
Kayral, 2015 ²²	The effect of behavior-oriented strategies and natural reward strategies on job satisfaction was statistically significant, whereas constructive thinking model strategies were not statistically significant. Self-leadership strategies explain changes in job satisfaction.
Houghton & Jinkerson, 2007 ³²	The effects of SL on increasing the job satisfaction of employees and that there was a relationship between constructive thinking models and job satisfaction were determined.
Dolbier, Soderstrom, & Steinhart, 2001 ³⁷	Self-leadership positively affects job satisfaction, strengthens communication, quality management, and effective business relationships, increases well-being, and reduces job stress.
Politis, 2005 ³⁶	A positive and significant relationship was found between behavior-focused strategies of SL and job satisfaction.
Uğurluoğlu, 2010 ²¹	Behavior-focused strategies, natural reward strategies, and constructive thinking model strategies all explained the variance in job satisfaction. Ugurluoglu found that behavior-focused strategies and natural reward strategies were positively correlated with job satisfaction, while constructive thinking model strategies showed a negative relationship.
Hong & Kim, 2007 ³³	In a study conducted in Korea, a negative correlation was found between SL and job stress and a positive correlation between SL and job satisfaction. In addition, there was a negative correlation between job stress and job satisfaction.
Choi et al., 2014 ³⁴	There was a positive and significant relationship between SL, empowerment, and job satisfaction.
Nam Young & Sun Young, 2001 ³⁵	There was a significant and positive relationship between SL, job satisfaction, and job stress.
SL, self-leadership.	

This research suggests a need for future studies that focus on SL in different cultures. Studies on this subject will be useful in supporting the knowledge in this field. At the same time, more such studies will make it easier to make comparisons between similar studies and different countries. This study also recommends that future studies be carried out in public and university hospitals and that they compare the results with private hospitals. It is worth mentioning in this context that further studies based on the relationship of different variables, such as creativity, business autonomy, psychological factors, innovation, performance with SL, would be significantly beneficial to the health sector.

Ethics Committee Approval: Ethical committee approval was received from the Ethics Committee of Hacettepe University, (Date: February 2017, Approval No: 35853172/433-69).

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