

Developing self-awareness as a foundation for effective leadership

Abstract

Self-awareness is widely recognised as a core component of effective nursing leadership, influencing decision-making, communication and patient care. It enables nurses to recognise how their values, emotions and behaviours affect others, particularly in complex and emotionally demanding environments. Self-awareness is shaped by cultural, educational and personal experiences, meaning individuals may develop and demonstrate it differently. This article examines the relevance of self-awareness in contemporary nursing leadership and its relationship with emotional intelligence and reflective practice.

Keywords: To be drawn from Nursing Standard conductor

Aims and intended learning outcomes

The aim of this article is to enable nurses to consider the role of self-awareness within nursing practice. After reading this article and completing the time out activities you should be able to:

- Understand self-awareness as a foundational component of emotional intelligence
- Recognise the importance of self-awareness as a key skill within nursing leadership
- Outline the relationship between self-awareness and reflective practice
- Reflect on how personal cultural and educational experiences shape self-awareness
- Explain how self-awareness contributes to positive professional relationships, communication and patient care

Introduction

Self-awareness is widely regarded as crucial for effective leadership (Hewerston, 2014; Northouse 2022; Goleman, 1995; Goleman, 2017a). It underpins emotional intelligence; an

essential skill in nursing leadership that enables individuals to perceive, understand and manage their own emotions as well as responding appropriately to the emotions of others (Goleman, 1995; Mayer and Salovey, 1997). In nursing, understanding one's own emotions and behaviour, and how these affect others is viewed as central to providing safe, ethical and compassionate care (Friedman et al., 2021). The NHS Healthcare Leadership Model (NHS Leadership Academy, 2013) recognises that personal qualities like self-confidence, self-control and self-awareness are the foundation for effective leadership. Additionally, in the UK, the regulatory Nursing and Midwifery Council (NMC) Code (2018) emphasises the importance of reflective practice, recognising strengths and limitations and accountability, which all depend on having self-awareness.

Nursing involves communicating with patients, families and carers, multidisciplinary teams, students and other professionals, often in busy, unpredictable and emotionally demanding environments. In these situations, it is hoped that having a heightened sense of self-awareness can support more effective communication and help nurses to manage difficult situations, such as conflict or having sensitive conversations like breaking bad news, potentially improving working relationships and enhancing patient care. Nursing today is becoming more complex, with ongoing pressures such as staff shortages, recruitment and retention difficulties, rising patient demand and the lasting impact of the COVID-19 pandemic (Thomas, 2024; Babapour, Mozaffari and Kazemi, 2022). These challenges can affect staff wellbeing, morale, and patient care.

Burnout; a psychological condition caused by long-term workplace stress and characterised by emotional exhaustion, reduced sense of achievement, and emotional detachment, is a common issue in nursing due to the demanding nature of the profession (Butler, 2025). The NMC leavers survey 2024-2025 (NMC, 2025) underscores the seriousness of this issue, reporting that poor physical and mental health, along with burnout, are key reasons nurses and midwives leave the profession earlier than intended. Research also shows that burnout amongst nurses is linked with poorer patient safety, including more medication errors, adverse events and weaker safety cultures (Garcia et al., 2019).

Consequently, there has been a growing shift toward more emotionally intelligent and compassionate leadership approaches aimed at better meeting the needs of the nursing workforce (West et al 2017). Evidence suggests that these approaches may support staff

wellbeing, inclusion, better patient outcomes and the promotion and psychologically safe work environments where staff feel able to speak up (Östergård et al., 2023; El-Ashry et al., 2025; Krause et al., 2023). However, without self-awareness, the development and application of emotionally intelligent and compassionate leadership and therapeutic relationships may be limited (Varcarolis, 2018).

Timeout 1

Reflect on a recent situation at work or on placement where your emotions, values or behaviour influenced your interaction with a patient, colleague or student.

- What happened and how did you respond?
- How did self-awareness, or a lack of it, influence the outcome of the situation?

Understanding Self-Awareness

What is self-awareness?

Self-awareness can be understood as the ability to “know thyself”. It involves having a deep understanding of your own emotions, behaviours, strengths, limitations and motivations as well as the ability to recognise how these affect oneself, others and overall performance (Goleman 1995; Goleman et al 2017a). A scoping review by Rasheed et al. (2019) analysed 29 studies to examine how nurses and nursing students conceptualise self-awareness, its importance and methods for its development. It found that self-awareness is widely discussed in the literature and regarded as essential for professional development, communication and therapeutic relationships, reflective practice and clinical judgement. It also suggested that self-awareness is context dependent and that there is variability in how it is understood. This poses challenges, as it means self-awareness is interpreted differently across nursing education and practice, making it difficult to compare in studies, to teach, assess and develop as a leadership competency.

Self-awareness and reflection

Reflective practice is a deliberate and purposeful process of critically thinking about clinical experiences to inform future practice by considering actions, emotions, knowledge and limitations, and identifying what went well and what could be improved (NMC, 2024). It aims to support the development of self-awareness, understanding and continuous improvement (NMC, 2024). However, both reflective practice and self-awareness are understood and applied differently across individuals and cultural contexts.

Huggins et al (2023) conducted a cross-cultural mixed-methods study comparing emotional self-awareness and emotional regulation in participants from Japan and the UK using self-report questionnaires and behavioural measures. It allowed a comparison between how participants perceived their own self-awareness and how it was expressed in their behaviour. The findings suggest that self-reported self-awareness does not always match observable behaviour. This is important for nursing because it highlights that self-awareness should not be assessed solely through reflection or self-report tools, but through more holistic approaches that include feedback from others, observation in practice and guided reflection. However, self-report data may be influenced by cultural norms such as modesty or reluctance to self-rate highly, and the controlled research setting may not fully reflect clinical practice.

Similarly, Tsai and Lau (2013) conducted a cross-cultural experimental study using structured self-reflection tasks to examine emotion regulation during reflection on negative personal experiences. The study involved 100 Asian American and 92 American university students and found cultural differences in how emotional responses are interpreted and managed. While the use of structured experimental tasks may limit transferability to healthcare settings, the findings highlight that reflective processes are shaped by culturally influenced norms of emotional expression. This raises important considerations for nursing education and assessment, particularly where reflective frameworks are applied in standardised ways that may not fully account for cultural differences in how reflection is expressed or experienced in practice.

Both studies demonstrate that self-awareness is not fixed or universal, but culturally shaped and variably expressed, highlighting the importance of recognising diversity in how self-awareness and reflection are developed and demonstrated. However, variability can also be valuable as it promotes culturally responsive and inclusive leadership that accommodates different approaches to reflection, learning and emotional expression, enabling nurses to

engage with reflective processes in ways that are meaningful to them. While structured reflective tools can support the development of self-awareness, flexibility is essential to ensure reflective practice does not privilege a single cultural or stylistic approach. Instead, reflective practice and tools should promote diverse ways of making sense of experience and support reflection that is genuine, personally meaningful and grounded in an individual's own experiences, rather than a rigid, tick-box framework focused solely on assessment, revalidation or organisational requirements.

Timeout 2

Before reading the next section, write down a list of 5 key words or phrases that describe how you understand self-awareness.

Nurse perspectives of self-awareness

Younas et al (2019) used semi-structured interviews to explore 5 registered nurses' perspectives on self-awareness across two hospitals in Pakistan and data were analysed using thematic analysis. Although this study is not UK based, the findings offer transferable insights into UK nursing practice due to shared professional expectations around reflective practice, accountability and patient centred-care. However, differences in cultural context, healthcare systems and professional education mean the findings should be interpreted cautiously when applying them to UK settings.

The five themes and subthemes (see table below) do not represent objective measures of self-awareness or leadership effectiveness. Instead, the data is qualitative, reflecting the participants' subjective perceptions, explanations and lived experiences of self-awareness. The responses suggest that self-awareness extends beyond simply recognising strengths and limitations, encompassing emotional and behavioural responses in clinical situations with potential to support ethical, culturally responsive and patient centred care. They present self-awareness as a dynamic and experience-based process that supports clinical judgement, emotional regulation and learning from practice.

BOX 1. How Nurses Described Self-Awareness: Key Themes and Subthemes (Younas et al 2019)

Theme 1: Meaning of Self-awareness: A personal, professional and conscientious attribute

- **Beyond personal strengths and limitations** - self-awareness goes beyond recognising strengths and limitations. It includes having awareness of one's own behaviours, responsibilities and responses across different clinical situations, helping to support coping strategies and the management of daily stressors.
- **Recognising one's responses to nursing situations** - self-awareness is the ability to recognise personal reactions, emotions and responses in different situations, and to understand how these may be influenced by context, professional responsibilities and challenging nurse-patient-family interactions. It involves recognising personal limitations and managing unexpected or emotionally difficult situations appropriately.
- **Discerning ethical care** - self-awareness can help when managing difficult situations and deciding what actions may benefit or harm patients. It is influenced by early moral learning as well as ongoing cultural, social, and professional experiences that shape ethical behaviour.

Theme 2: Significance of self-awareness for nurses

- **Enhancing confidence and cultural competence**- self-awareness can help enhance confidence in managing challenging situations and enable better use of abilities to provide effective patient care. It involves recognising responses in different situations, identifying appropriate actions, evaluating the outcomes of those actions and learning from previous experiences to guide future practice. It is also important for supporting culturally sensitive, non-discriminatory care by increasing awareness of patients' different cultural, religious and personal needs, helping nurses to adapt care appropriately.
- **Preventing projecting negative emotions onto patients** - self-awareness helps prevent the transfer of negative emotions onto patients that may arise from personal or professional stress and challenging clinical situations.

Theme 3: Self-aware nurses and its impact on patient care

- **Bridging the relational space** - self-awareness can help build better relationships with patients by recognising how a nurse's own values and experiences affect interactions, reducing bias, and improving empathy, trust, and communication in care.
- **Creating caring environments** - self-awareness supports conflict management. It can improve communication and interactions, potentially building stronger relationships, contributing to more caring environments and supporting quality patient care.

Theme 4: Behaviours and actions signifying self-awareness

- **Effective communication skills** - effective communication was the best indicator of self-awareness.
- **Ability to improve-nurse-patient interactions** - self-aware nurses are those who endeavour to build therapeutic relationships with their patients.
- **Capability to manage stressful and challenging situations** - self-aware nurses are better able to manage stressful and challenging situations by drawing on previous experiences, recognising their responses and demonstrating resilience.

Theme 5: What is needed to enhance self-awareness?

- **Educational activities** - educational sessions, seminars, and professional development activities are perceived useful to support nurses to practice self-awareness.
- **Observation and reflection** - reflection and observation are perceived as important strategies for developing self-awareness as they help identify learning needs. Ongoing reflection, sharing experiences with colleagues and observing experienced practitioners can encourage self-reflection and support the development of self-awareness.
- **Openness to receive feedback and criticism** - education and self-reflection may be less effective when used alone and should be supported by constructive clinical and educational feedback to help strengthen self-awareness and professional development.

Emotional Intelligence

Foundational work on the concept of EI was undertaken by Mayer and Salovey (1990), who defined EI as “the ability to monitor one’s own and other people’s emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behaviour.” EI was later popularised by Goleman (1995). Goleman et al (2017b) identifies 4 domains of EI, comprising 12 competencies or abilities that influence how individuals recognise, understand and manage emotions in themselves and others (see figure below). Self-awareness is the cornerstone of EI, underpinning all other domains, as recognising and understanding our own emotions is essential before we can effectively manage ourselves, understand others or build relationships, making self-awareness the foundation for emotionally intelligent leadership (Goleman et al, 2002).

The 4 domains of EI and 12 competencies:

Self-Awareness

- 1) **Emotional Self-Awareness**- recognising your own emotions and their impact on others, which lies at the heart of EI.

Self-Management

- 2) **Emotional Self-Control (also known as emotional balance)**- managing your impulses or disruptive emotions and stay focused and composed under pressure.
- 3) **Adaptability**- being flexible, juggling multiple demands and adjusting to change effectively.
- 4) **Achievement Orientation**- striving to meet high standards and improve performance.
- 5) **Positive Outlook**- maintaining optimism and resilience.

Social Awareness

- 6) **Empathy**- recognising others' emotions and perspectives and take interest in their concerns.
- 7) **Organisational Awareness**- recognising power dynamics and workplace culture.

Relationship Management

- 8) **Influence**- persuading and impacting others effectively.
- 9) **Coach and Mentor**- supporting others' development and growth.
- 10) **Conflict Management**- handling disagreements constructively.
- 11) **Teamwork**- collaborating effectively within groups.
- 12) **Inspirational Leadership**- motivating and guiding others toward shared goals.



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(Received approval 17/04/26 to use infographic) Is the print too small for the article? "Focus" is included on the infographic for the purpose of their training (not one of Goleman's competencies), does this need to be acknowledged?

Available at: [EI Overview: The Four Domains and Twelve Competencies – Daniel Goleman Emotional Intelligence Courses](#)

Timeout 3

Watch the video by Daniel Goleman on the key dimensions of emotional intelligence and its importance in leadership. As you watch, consider how emotional intelligence influences your own practice and professional development in nursing.

<https://www.youtube.com/watch?v=cr8sLxde1m8>

The relationship between EI and nurse leadership

Although limited empirical research directly measures the impact of self-awareness in nursing, EI research is well established and frequently identifies self-awareness as an essential component, providing useful insight into its importance in practice. Mansel and Enion (2019) explored EI and nursing leadership using a qualitative, phenomenological design among band 7 sisters/charge nurses/team managers (n=5) from one Welsh health board. The study aimed to explore lived experiences and perceptions of emotionally intelligent leadership in nursing practice. Semi structured interviews generated four key themes and ten subthemes (see table below) relating to empathetic leadership, emotional awareness, teamwork and organisational pressures. Findings highlighted the importance of visible, empathetic leadership, awareness of stress and anxiety and effective teamwork and collaboration. Organisational barriers such as time pressures and poor staffing levels were also found to limit participants' ability to apply EI effectively in leadership roles.

(Mansel & Enion, 2019)

Themes	Subthemes
Sensing others: the empathetic leader	• Understanding the needs of others • Cultivating the skills and values that people require to care compassionately and effectively

	• Perception of a lack of empathy from others
Experiencing the affected sense of self	• Feeling overburdened • Awareness of feeling stressed and anxious • A state of mind (feeling)
Strategies employed to build the team	• Positive feedback • Gathering people together
Reading the flux of the organisation	• Leading from a distance • Poor staffing levels

Emotional Intelligence, resilience and career success

Sharma and Tiwari (2023) explored the relationship between EI, resilience and career success among employees working in IT organisations in India using a quantitative, cross-sectional design and self-report measures. The findings revealed that EI had significant positive influence on both resilience and career success, while interpersonal EI competencies were more strongly associated with resilience. Adaptability emerged as the strongest predictor of career success. Resilience partially mediated the relationship between EI and career success, suggesting emotionally intelligent individuals may be better equipped to manage workplace stress and challenges, although underlying factors may also contribute to career success. While the study was conducted in a non-healthcare context, its findings remain relevant to nursing leadership and practice, where resilience, communication, adaptability and relationship management are all essential skills. However, self-report measures may increase the risk of response bias, and the cross-sectional design limits the ability to establish causal relationships.

Emotional intelligence and reflection: Implications for nurse education

Dogam et al (2025) investigated the relationship between EI and reflective thinking among nursing students and found a significant positive correlation between the two variables ($r=0.612$, $p < 0.001$), indicating that higher levels of EI are linked to stronger reflective thinking

skills. EI was measured using a validated self-report scale assessing multiple domains, including well-being (psychological resilience, optimism and self-esteem), self-control (emotional regulation and stress management), emotionality (empathy and emotional awareness) and sociability (communication, assertiveness, teamwork, building and maintain effective relationships). Reflective thinking was assessed using a structured reflective thinking questionnaire measuring students' ability to engage in reflective observation, analysis and learning from experience.

Findings showed moderate to high levels of both EI and reflective thinking, with 57% reporting high EI, particularly in the well-being domain, and 59.3% demonstrating high reflective thinking, especially in making sense of and critically reflecting on clinical experiences. The strong positive correlation suggests these competencies are interlinked, supporting the idea that EI may enhance reflection, emotional regulation and self-awareness over time. The study highlights the importance of embedding EI and reflective thinking within nursing curricula to support the development of safe, self-aware and emotionally resilient practitioners, rather than treating them as implicit or optional skills.

Timeout 4

Choose one or more approaches to reflection to further develop your self-awareness over the next month, using the examples below or an approach of your own.

- Written reflection (e.g journaling or blogging)
- Verbal reflection with a mentor, colleague or supervision group.
- Audio reflection (e.g voice notes)
- Visual reflection (e.g using diagrams, timelines, drawings, mindmaps)

Cultural humility

Cultural humility is one way in which self-awareness is translated into nursing leadership and practice. Defined as a lifelong process of self-reflection and self-critique, it requires individuals to recognise how one's own values, biases and assumptions influence interactions with patients and colleagues, enabling more respectful relationships and appreciation of diverse perspectives (Foronda, 2020, Foronda, 2016, So et al, 2024). Cultural humility also involves

recognising diversity, addressing power imbalances and understanding contextual factors that shape perspectives to promote supportive interactions (Foronda, 2020).

Foronda et al (2016) identify self-awareness and self-reflection and critique as prerequisites of cultural humility in their concept analysis, with their other defining attributes including openness, egolessness and supportive interactions. Schuessler, Wilder and Byrd (2012) conducted a qualitative study that analysed 200 reflective journal entries from 50 nursing students over four semesters of community clinical placements. It found that sustained reflection on clinical experiences promoted the development of cultural humility by increasing students' awareness of cultural differences, assumptions and personal biases.

For nurse leaders, cultural humility extends beyond improving patient care. Within increasingly diverse nursing teams, it is hoped that leaders who demonstrate cultural humility may be better positioned to recognise and value different approaches to reflection, learning and professional development, supporting the development of self-awareness in team members, strengthening interpersonal relationships and promoting inclusive workplace cultures. Nurse leaders should avoid a "one size fits all" approach, and instead adopt flexible and adaptive strategies to support staff in developing self-awareness and reflective practice.

The Johari Window: a tool to support the development of self-awareness

The Johari Window is a widely recognised, practical tool created by psychologists Luft and Ingham (1955) that supports the development of self-awareness through reflection, feedback and self-disclosure (figure 1). The tool comprises of four quadrants:

- **The Open Area-** comprises emotions, behaviours, attitudes and characteristics known to both the individual and others, promoting shared awareness and understanding which are essential for effective communication and relationship-building.
- **The Blind Area-** contains aspects of a person's behaviour or character that others can see, but that the individual may not recognise. Feedback from colleagues, peers or mentors can help increase awareness of these behaviours.

- **The Hidden Area-** Consists of thoughts, feelings and experiences known to the individual but not disclosed to others, highlighting the importance of trust and psychological safety in enabling appropriate self-disclosure.
- **The Unknown Area-** represents aspects of a person that are not yet recognised by either themselves or others, such as hidden strengths and abilities or undeveloped potential, which may emerge through reflection, feedback and new experiences.

**(infographic required to show the quadrants, like that within [Enhancing professional practice and nurse leadership by cultivating self-awareness](#))*

How it works:

The purpose of the tool is to enhance self-awareness by expanding the 'Open Area' (aspects of the self-known to both the individual and others) through honest communication and constructive feedback.

- **Self-Disclosure:** You reduce the size of your 'Hidden Area' by sharing personal information and feelings with others.
- **Feedback:** You reduce the size of your 'Blind Spot' by asking for and receiving feedback from trusted individuals about your behaviours and qualities.
- **Increased Openness:** As the Hidden and Blind areas shrink, the 'Open Area' grows, leading to better understanding and stronger relationships.

Timeout 5: Complete your Johari Window using feedback from colleagues and reflect on how this activity influenced your self-awareness and professional practice.

Important considerations

Though the Johari Window can be a useful tool, it assumes that people can receive feedback openly, but sometimes feedback may trigger defensiveness, discomfort or rejection (Nesbit, 2012). Therefore, it is important to recognise that openness and self-disclosure may only be achieved in psychologically safe environments where individuals feel able to take interpersonal risks without fear of judgement or negative consequences (Edmondson, 1999) and may only positively impact those with already heightened levels of self-regulation; a key component of emotional intelligence and so effectiveness of feedback depends on self-regulation and emotional processing.

Additionally, feedback is inherently subjective and may be shaped by interpersonal relationships, bias, and power dynamics (Nesbit, 2012). Cultural differences may further influence willingness to disclose personal information and to provide direct feedback, meaning the model may not be universally applicable across diverse healthcare teams. Therefore, leaders are responsible for fostering supportive environments that enhance trust for nurses to be able to fully engage with this tool.

Conclusion

Self-awareness is a fundamental capability in nursing leadership, underpinning emotional intelligence, reflective practice and positive interpersonal relationships. This article has explored how self-awareness is influenced by personal, cultural and professional experiences and may be developed through reflection, feedback and structures approaches such as the Johari Window. It has also highlighted the importance of cultural humility in recognising diversity in how self-awareness is expressed and developed across individuals and teams.

Ultimately, developing self-awareness requires both individual commitment and supportive, inclusive leadership that enable reflection, learning and continuous development in practice. It also highlights the need for self-awareness development to be embedded early and consistently within nursing education to support the preparation of safe and emotionally intelligence practitioners.

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