

## **A conceptual framework of the resemblance in self-leadership and professional core values of nurses in the South African context**

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### **Abstract**

In a country such as South Africa with its widely diverse values and belief systems, it could be a challenge to bring about a common understanding of professionalism amongst nurses in a multicultural society. When novice nurses enter the profession, they are confronted by the core values in nursing professionalism in an environment that sometimes lacks leadership by senior nurse practitioners. It was thus decided to explore the resemblance in the concept of self-leadership and the professional values of nursing. Values influence professional practice and commitment and, therefore, principal leadership qualities and functions are to influence oneself to develop a shared service commitment, to nurture and foster the confidence in one's own capacity, and the ability to make a valuable contribution to nursing practice. The purpose of this study was to explore and describe a conceptual framework on self-leadership and the resemblance with inherent core professional values in nursing. Literature about self-leadership, professionalism, and professional values, in a global context, was explored. A conceptual framework emerged, since the researchers discovered that self-leadership qualities corresponded with professional core values required by novice nurses to be able to deliver quality nursing care. For the young nurse entering the nursing profession, the professional values are often tacit which prevent nurses from recognising their self-leadership qualities in order to act and behave accordingly. This review article could contribute to a common understanding, not previously explored, amongst nurse educators and nurse practitioners of the resemblance between self-leadership and core professional values to prepare novice nurses for professional nursing practice in a multicultural society.

**Keywords:** Self-leadership, professionalism, core values, professional practice, nurses.

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### **Introduction**

Nurse practitioners have to comply with the professional values that require nurses to base their practice on relevant and current knowledge and to show respect for the well-being, dignity, and autonomy of persons who receive their care. These values promote safe, ethical, and competent nursing care. According to the Nursing Strategy for South Africa (South Africa, 2008), it is

internationally recognised and acknowledged that the fundamental purpose of regulating health professionals is to ensure professional nursing practice protect the public. The strategy focuses on quality service and could be measured against the educational nursing programmes and professional values responsive to the needs of the public needs.

For many decades, nursing professionalism has been the topic of much discussion and debate and is lately also linked to the concept of self-leadership. Although many literature sources refer to professionalism as any attribute from personal attitudes and behaviour to morality and guiding principles set out by legislation, it remains a wide and complex concept (Martimianakis, Maniate & Hodges, 2009). However, professionalism is based on core values to ensure safe nursing care that is built on a trust relationship between a patient and a nurse.

In recent years, the nursing profession – globally and in South Africa – has come under the spotlight and members have been alarmed by the current decline in nursing professionalism. Senior nurses indicate that more and more young nurses lack professionalism (Grensing-Pophal, 2013). That could be one of the many factors that could be contributing to the decline in the professional status of nursing. Novice nurses, when entering the profession, are confronted by the complexity of nursing professionalism and what it means to be professional (Martimianakis *et al.*, 2009).

Literature refers to professionalism in many ways, from personal attitudes and behaviour to morality and guiding principles set out by legislation (Martimianakis *et al.*, 2009). Hendelman (2009) defines professionalism as values inherent to professional nursing practice. A key approach to the professionalization process is to apply core professional nursing values in practice. Literature views core professional nursing values as synonymous with professionalism (McNair, 2005). Nursing values are those subjective and fundamental notions that determine the behaviour and conduct of nurses, (Hendelman, 2009). Farenwald *et al.* (2005), however, argue that professionalism may require modifying old professional values and developing new ones. Professionalism is thus strongly reflected in the behaviour demonstrated by nurses and their willingness to make a positive contribution to create a better world.

Similarly, in self-leadership, the behaviour of people influences their world and the world influences them (Bryant, 2011). Leading oneself as a nurse practitioner requires being aware of one's own values, principles, assumptions, and being able to learn from experiences (NHS Leadership Academy, 2014). From an earlier stage in the professional career of the novice professional, it is expected that nurses take responsibility and motivate themselves to be leaders who are accountable for the nursing care they provide to patients in healthcare settings.

This is consistent with research conducted by Costello, Brunner and Hasty (2002) cited in Norris (2008) who state that: “Rather than top-down structures, where leaders make decisions, employees must take more responsibility and take part in decision-making”. Many organisations are undergoing transformation with a focus on leadership. Healthcare organisations and service delivery are under pressure because of factors; such as the burden of disease, an aging nursing population, and globalisation. The changing conditions require leaders who are capable of assisting their followers to develop professionally by becoming self-leaders and sharing responsibility (Stewart, Manz & Sims, 1999) cited in Norris (2008)). An empowering leader is one who leads other people to influence themselves with the aim of achieving high performance and who is more likely to have an effect on follower self-leadership when they need to be empowered (Yun, Cox & Sims, 2006). Self-leadership behaviour could, therefore, be regarded as being influenced by a need for autonomy, as well as the leadership context in which an individual works. In the study by Yun *et al.* (2006), they propose that a leader's behaviour enhances follower self-leadership. They consider leadership as an important external vehicle to provide support that enables an individual to exercise self-leadership because leaders can influence the work climate within which followers perform their tasks.

#### *The context of the professional milieu in South Africa*

The socio-economic and political conditions that affect the practice of nursing, as well as what it means to be a professional and to behave professionally, should be considered as structural arguments that underpin the practice of the profession (Breier, Wildschut & Mgqolozana, 2009). In a country, such as South Africa with its different values and belief systems, it could be a challenge to bring about a common understanding of professional values amongst nurses in a multicultural society. South Africa has 11 official languages and nurses interact with South Africans from different geographic and ethnic backgrounds. When novice nurses enter the nursing profession, they are socialised and trained to adopt the context of nursing that has a specific ethos or culture of nursing which, *inter alia*, includes nursing philosophy and legislation.

Healthcare service delivery occurs within a specific regulatory and contextual framework (Muller, 2009). The Constitution of South Africa (1996) serves as a basis of the regulatory framework of health in the country and the Bill of Rights reflects the values inherent to a civilised society (Jooste, 2010). Fundamental human rights are entrenched in the Constitution and access to healthcare is one of those constitutional rights. The professional practitioners involved in healthcare service delivery are regulated in accordance with the specific professional-ethical legislation of a specific profession. Nursing professionals practise within the context of the practitioner's education, practice, and licencing

(Muller, 2009). Under the National Health Act (No 61 of 2003), statutory provision is made for a Forum of Statutory Health Professionals Councils with duties and responsibilities that include advising the Minister of Health on aspects related to professional practitioners. In the case of nursing, the aspects of the scope of practice and educational / training requirements prepare new nurses for professional nursing practice with the aim of taking the lead at healthcare institutions everywhere in South Africa. One of the strategic health priorities that guide healthcare service delivery in South Africa (Department of Health, 2006) is the contribution to human dignity by improving the quality of care (Muller, 2009). Professional nurses are informed by their ethical and legal framework of the Nursing Act (No 33 of 2005) to provide professional nursing practice to society that is informed by their personal and professional values. Excellence in professionalism and advocacy for healthcare users are stipulated in the Code of Ethics for Nursing Practitioners in South Africa (SANC, 2013).

Professional knowledge, skills, and values are developed during the theoretical and practical training of the nurse in the ambit of the legal framework and standards of practice. This process prepares a novice nurse to become a competent professional nurse practitioner. The Strategic Plan for Nursing Education, Training, and Practice (2012) states that professionalism and ethics that emphasise caring, should be core, compulsory modules at all levels of nursing and midwifery training in order to address the image of nurses and nursing. Regulation 425 (as amended) stipulates that professional practice is a subject that learner nurses must undertake to develop professionalism for nursing practice (SANC, 2004-2014). Professional socialisation is recognised as an essential process of learning skills, attitudes, and behaviour necessary that is necessary to fulfil professional roles (Price, 2008).

Once nurses have undergone intensive training and are socialised into the professional culture, the professional values adopted during this formal training should have been personally and professionally internalised and should enable the nurse to remain professional under stress. Murray (2008) refines this statement by stating that common and shared core values provide a reference point that enable young leaders to visibly act with integrity and to employ leadership approaches that provide order and direction for systems decision making and everyday practice, even in the face of conflicting pressures. In an article about the discussion of leadership and motivation, Kark and Van Dijk (2007) declare that values have an effect, in relation to and in conjunction with a regulatory focus, on shaping leaders' motivation. The Code of Ethics for Nursing Practitioners in South Africa (SANC, 2013) states that nursing education includes the development of professional values and value-based behaviour to make decisions within a professional ethical framework. Nurse educators should exhibit commitment to values through their behaviour, as well as by providing

opportunities to facilitate nursing students' socialisation into the profession and its values (Weis & Schank, 2000).

Although nurses practise within the legal and ethical framework of the profession, the internal (self) environment of the nurse might impact on professional nursing practice. Curtis, De Vries and Sheerin (2011) mention that nursing leadership differs from general leadership because of its emphasis on nurses who assume responsibility for influencing and improving the practice environment. In the nursing practice context, a person is a leader when he or she can provide assistance to other people, according to Curtis *et al.* (2011). Therefore, a student nurse is a leader to patients or their clients and nurse managers are leaders to all team members (Curtis *et al.*, 2011). At the same time, leaders can also lead themselves. Gill (2006) identifies leadership as both within oneself (intrinsic) and provided by another (extrinsic). The author is of opinion that people who have vision know what to do, are self-aware and self-driven, and display self-leadership. According to Bligh, Pearce and Kohles (2006), self-leadership is a process that enables people to influence themselves with the purpose of achieving the self-direction and self-motivation to perform.

#### *The core values of the self and professionalism in nursing*

Several authors outline definitions of professionalism and the core values in nursing (Table 1). The core values of professionalism are hidden in the scientific knowledge (theory) and practical skills that form the basis of the individual nurse's professional training (Searle, Human & Mogotlane, 2009; Brown, Ferrill & Lloyd, 2009).

**Table 1:** Core values

Author	Defining professionalism	Core professional values
<b>Martimianakis <i>et al.</i> (2009)</b>	Professionalism is not a stable construct that can be isolated, taught, and assessed. It can be thought of as something that is socially constructed during interaction. Professionalism is a complex term with inherent societal, institutional, historical, and contextual expectations. It cannot be reduced to individual characteristics and behaviour.	Professionalism is central to the identity of a person. It is power with dimensions of race, gender, and class. The factors that constitute professionalism are not static. It includes individual behaviour, as well as organisational and social priorities.
<b>Hafferty and Levinson (2008)</b>	Attention should be given to the sociological, political and economic dimensions of the concept at both the individual and institutional levels.	Caring Compassion Honesty Integrity
<b>LaSala and Nelson(2005)</b>	Professionalism is reflected in elements of the professional image that the nurse projects.	Self respect Respect for other people Appearance Behaviour Dress Communication skills
<b>Gordon (2003)</b>	Central qualities are needed for professionalism.	Altruism Accountability Duty Integrity Respect for other people Lifelong learning
<b>Fagermoen (1996)</b>	Professionalism is used by professionals to identify their work in the context of their social role, thus focusing the professional status of their work.	Commitment Attitudes
<b>McNair (2005); Evett's (1999)</b>	Professionalism is defined as a commitment to standards of excellence in professional practice that are designed to serve the interest of the patient and the community with a core humanistic focus.	Commitment Serving Altruism Accountability Excellence Honour Integrity Respect for other people
<b>Geyer, Mogotlane and Young (2010)</b>	The new nurse who enters the profession commits to positively adjust his or her behaviour to ensure quality and safe patient care.	Professional solidarity Accountability Proficiency Maintenance of a code of ethics
<b>Jacksonville State University Adapted from the American Association of Colleges of Nursing (2008)</b>	Responsibility and accountability to the nursing profession.	Altruism Autonomy Human dignity Integrity Social justice
<b>Shaw and Degazon (2008)</b>	A common foundation that unites students and nurses in a meaningful, collective culture.	Altruism Autonomy Human dignity Integrity Social justice

Personal values influence professional practice and commitment and, therefore, a principal *leadership* quality and function is to explore individual values and develop a shared service commitment in other people by nurturing and fostering belief in their capacity and ability to make a valuable contribution and by ensuring that each contribution is valued (Murray, 2008). Developing

professional values lead to the professional leadership identity of the nurse (Hardy & Conway, 1988).

The way that a nurse perceives his or her self-concept or identity has a profound effect on the way he or she feels, thinks, behaves, and aims at achieving goals (Van Knippenberg, Van Knippenberg, De Cremer & Hogg, 2004). Geyer, Mogotlane and Young (2010) state that a student nurse who enters the profession should commit to positively adjust his or her behaviour to ensure quality and safe patient care. This requires that a nurse accepts and adopts the values of the profession that relate to human behaviour. According to Mulaudzi, Mokoena and Troskie (2009) values are shaped by one's experiences while influencing one's behaviour and interactions with other people. Self-leadership suggests that individuals mostly regulate their own actions through these behavioural and cognitive activities (McShane & Von Glinow, 2013).

Core values are displayed in many aspects of behaviour. The constant core of one's own inner centre consists of the essential aspects of goodness as expressed by means of talents, deep motivations, drives, and how one naturally thinks about things (Linda Berens Institute, 2014). According to Jooste (2010), professional behaviour refers to standards of behaviour that those professionals are expected to adhere to when they offer their specific knowledge and skills to the person in need. Professional behaviour is manifested in acts, including elements of what we wear and how we perform (Van der Merwe, 2010). The author further states that professional behaviour forms the essential moral basis and point of departure for the contract of the health professional with society and consists of commitment to service, adherence to the ethical standards or professional values, as well as responsibility and commitment to professional advancement and lifelong learning. Values, therefore, connect you to your authentic self and reveal who you are and what you stand for (College, 2012).

McNair (2005) outlines the core values of professionalism as altruism, accountability, autonomy, excellence, duty and advocacy, honour, integrity, respect for other people, as well as ethical and moral standards. The National League for Nursing (2014) has implemented its mission that is guided by four core values; namely caring, integrity, diversity, and excellence. In South Africa, with its rich cultural diversity, the professional status of nursing is based on professional solidarity, accountability, proficiency, maintenance of a code of ethics, and the welfare of the public (Geyer, Mogotlane & Young, 2010). The Nurses Education Association (NEA) (2014) emphasises its core values of integrity, lifelong learning, visionary leadership, stewardship, and a passion for nursing.

*A conceptual framework of self-leadership and professional values*

Jooste (2014) views self-leadership as self-attributes of leadership, as well as responsibilities to other individuals in the environment. Professional attributes of self-leadership is viewed as taking responsibility for tasks and innovative thinking, while personal attributes are the willingness to learn and self-motivation. Responsibilities to other people are related to providing support, taking the lead, a dedication to team success, performance evaluation, ensuring goal attainment, and valuing team members' contributions. These qualities can be associated with Brown et al. (2009) three domains of professionalism that relate to professional capability (competence domain), interpersonal compatibility (connection domain), and personal reliability (character domain). Table 2 shows the professional core values of self-leadership and professionalism.

**Table 2:** Association between the domains of self-leadership and professionalism

Domains	Professionalism model (Brown, <i>et al.</i> 2009)	Self-leadership domains (Jooste, 2014)
Competence	Professional capability	Professional self-attributes
Connection	Interpersonal compatibility	Responsibilities to others
Character	Personal reliability	Personal self-attributes

The **competence domain** in professionalism refers to competencies; such as (i) self-directed learning (autonomy), (ii) knowledge, (iii) applied skills, (iv) proactivity, and (v) wisdom (Brown *et al.*, 2009). A self-leader will provide support, and take the lead, to ensure competence in nursing practice and value other team members' contributions (Jooste, 2014). The competence domain represents basic nursing capability or standard professional expertise (Brown *et al.*, 2009).

*Self-directed learning* involves the ability to learn and the capacity and motivation to acquire this competency. Hughes and Quin (2013) point to the underlying conviction that adults are self-directed (a leader) and autonomous with regard to their own leaning. In striving towards professionalism, a nurse should demonstrate a commitment to excellence by participating in professional societies and by showing commitment to continual professional development and lifelong learning. The commitment of a nurse includes an intrinsic motivation to learn whatever is necessary to remain proficient. Self-directed learning further involves the ability to recognise what one needs to learn and the capacity and motivation to acquire that knowledge. For a professional, awareness of a lack of knowledge should create an unquenchable thirst that could only be quenched by filling the void with a self-initiated process of learning (Brown *et al.*, 2009).

*Autonomy* is one of the basic values that mean “self-governing”; it implies independence and a sense of self-control over external forces. Autonomy is the right to self-determination and self-direction, even amid challenges and obstacles



(Shaw & Degazon, 2008). Norris (2008) states that people with a desire or predisposition to take responsibility act independently and make decisions about their jobs. They have been characterised as employees with a high need for autonomy. Individuals who possess personal attributes, such as need for autonomy may be more likely to take responsibility, participate in decision making, and practice self-leadership strategies.

*Knowledge* refers to the sound foundation of knowledge on which nurses build their nursing practice (Geyer, Mogotlane & Young, 2010). Having appropriate knowledge could make or break one's ability to lead in nursing practice. Cartwright (2007) states that the more one knows oneself, the more he/she works towards gaining knowledge and skills, augmenting strengths, eliminating weaknesses, and the better leader one could become. As leaders, professional nurses must be able to share and communicate their knowledge with colleagues, patients / clients, family, and other people to continually improve care and health outcomes (RNAO, 2007). Knowledge, of course, is of little use unless a nurse leader possesses the skill to apply it effectively in providing patient-centred care (Brown *et al.*, 2009). Leaders must have a wide knowledge base in order to guide and direct their followers to become responsible leaders at their level of functioning. This depends on how willing and motivated leaders are to learn new knowledge. Willingness and motivation depend on the leader's own choice between developing personally or not. Lord and Brown (2001) assert that values, such as self-direction are internal to leaders, serve as regulatory guides. The authors state that values influence leaders' and subordinates' motivational, cognitive, and affective processes.

*Applied skills* refer to the expertise to apply what one knows. It includes affective, cognitive, as well as psychomotor processes and techniques to bridge the gap between knowledge and application (Brown, Ferrill & Lloyd, 2009). On the other hand, self-leadership means mastering some of the most important skills of personal leadership and aligning one's work and life. It requires a balance or synergy between one's thoughts and actions as a professional and what makes one feel alive in one's private capacity (Preston, 2011). Skills, on the other hand, are of no value unless the nurse leader takes action to put them to good use. In terms of improving health outcomes for a specific patient, there is no difference between a competent nurse leader who chooses not to act and one who lacks the competence to act in the first place.

*Proactivity* refers to the nurse who converts knowledge and skills to action in order to translate potential outcomes into actual results. It begins with initiative and evolves into perseverance (Brown *et al.*, 2009). Self-leadership theory, that is conceptually based on control theory (Carver & Scheier, 1998) and social cognitive theory (Diefendorff & Lord, (2008) cited in Hauschildt & Konradt

(2012)), assumes a set of behavioural and cognitive strategies to positively influence one's own behaviour to obtain results. In addition, self-leadership is informed by content theories of motivation and behaviour that includes cognitive evaluation and self-determination theories (Deci, 1972). Self-leadership strategies are aimed at increasing the effectiveness of individual self-regulation. Hauschildt and Konradt's research (2012) states that self-leadership theory is related to proactivity, since it emphasises the employee's role in questioning and directing. In a study conducted by Grant and Ashford (2008) cited in Hauschildt and Konradt (2012), they describe proactive behaviour as the end result of a process with the stages of anticipation and planning. Hauschildt and Konradt (2012) state that in a planning phase, self-leadership strategies could guide behaviour by, for example, setting goals or creating notes and strategies to reach outcomes. Collectively, the authors propose that self-leadership strategies could be a valuable tool to support team members' proactive behaviour. This could especially be beneficial for patient outcomes in healthcare organisations.

*Wisdom* is the capacity to effectively apply knowledge and skills through analytical thought from the highest level of abstract reasoning to the most basic applications of common sense (Brown, Ferrill & Lloyd, 2009). At the highest level of competence, professionals must be able to make wise decisions, solve their own problems by thinking critically, carefully analysing options, and exercising their own sound judgment. Yun, Cox and Sims (2006) report about empowering leadership that intends to engage followers in self-leadership, that is, to encourage them to take initiative and to manage their own behaviour. Leaders who are empowering in the workplace delegate responsibilities related to their followers' particular jobs, duties, and tasks. This means that the leader emphasises follower self-influence, rather than providing a follower with orders and commands. These leaders believe that followers themselves are an influential source of wisdom and direction. They strive to develop followers who are effective in self-leadership. They create the context for followers to more fully utilise their capabilities as described under the professionalism domain (Brown, 2009).

The **connection domain** focuses on interpersonal compatibility of compassion and empathy, self-control, kindness, and influence (Brown, 2009). During nursing practice, the nurse should demonstrate personal self-leadership attributes, such as willingness to learn and self-motivation (Jooste, 2014).

Frost (1999), in his paper "Why compassion counts", states that compassion and empathy is not only focused on orientations and feelings, but also on competencies that, when not put to good use, result in organisational practice being imperfect. *Compassion* refers to a caring attitude. In an article published by the Nursing Times Leadership Supplement (2011), the United Kingdom

Prime Minister's Commission calls on nurses to "take centre stage" in health leadership while retaining caring skills rooted in compassion. Nurse leaders must nurture other people and be aware of how people in the team feel by emotionally tuning into staff members (Frankel, 2008). Cornwell and Goodrich (2009) describe the elements of compassion which includes going beyond essential care. The author describes compassion as a willingness to enter into a relationship in which not only knowledge but intuitions, strengths, and emotions could be fully engaged. It also includes empathy. *Empathy* refers to the nurse who holistically understands how somebody else thinks and feels at a particular point in time (Geyer, Mogotlane & Young, 2010). Effective leaders should consider the points of view of all team members before making decisions. This is an important aspect, especially for leaders in healthcare where decision making is a multi-disciplinary team effort that centres on patient / client care and showing empathy in different situations.

*Self-control* refers to a stable state of a person's emotions or affects to convey a caring attitude (Brown, Ferrill & Lloyd, 2009). In a self-managing work environment, the role of a leader is helping other people to develop self-control and to regulate their own behaviour (Elloy, 2005). Because employees learn how to perform certain behaviour, it is expected that self-leadership have an effect on performance effectiveness. Manz and Sims (1998) state that the most appropriate leader in organisations is "one who can lead others to lead themselves".

*Kindness* refers to human dignity by demonstrating courtesy, respect, and warmth. Adler (2014), states that one of the components of leadership is kindness, which often arises from empathy, or the capability to share and understand the emotions and feelings of other people. The author is convinced that kindness require having an awareness of one's own wishes, as well as how other people perceive one's actions. The notion of do unto others as you would have them do unto you, comes strongly to the fore in the kindness a person shows.

*Influence* is the highest level of the connection domain and involves the ability and motivation to inspire other people through leadership (Brown, Ferrill & Lloyd, 2009). To be an effective leader, it is necessary to influence other people to support and implement decisions in an organisation (Hall & Barret, 2006). To influence means that the leader uses strategies or tactics and actual behaviour designed to change another person's attitudes, principles, values, and actions. Self-leadership, according to Prussia, Andersen and Manz (1998), involves the influence people exert over themselves to achieve self-motivation and self-direction. Results from a study conducted by Andressen, Konradt and Neck (2011) indicate that self-leadership is a process factor that mediates the relationship between transformational leadership and employee motivation. This

suggests that self-leadership has a strong influence on the motivation of the individual. Mahembe, Engelbrecht and De Kock (2013) define self-leadership as a self-influence process that enables people to achieve self-direction and self-motivation to perform.

The **character domain** refers to the personal reliability through (i) humility and human dignity (ii) integrity, (iii) service (altruism), (iv) accountability (self-determination, autonomy, and responsibility), and (v) moral courage (including social justice) (Brown, 2009). The personal attributes of a willingness to be personally reliable and to be self-motivation are essential for building the character domain (Jooste, 2014).

*Human dignity* refers to having respect for the inherent worth and uniqueness of individuals, families, and communities. It characterises all interactions a nurse should have with them. In the academic setting, human dignity refers to the individual's needs, strengths, deficits, and goals (Shaw & Degazon, 2008). With reference to the multi-cultural South African context with its multiple socio-economic challenges, Ubuntu is an African word for a universal concept that means in part to strive to help people in the spirit of service, to show respect to other people, and to be honest and trustworthy. It refers to being fair to all, being compassionate, and having collective respect for human dignity. Chaplin (2014) suggests that dialogue in South African communities and places of work is the first step towards achieving a caring nation with recognised democratic values and a social justice system that is based on equality and human dignity.

*Integrity* refers to the nurses acting in accordance with an appropriate code of ethics and accepted standards of practice. Geyer, Mogotlane and Young (2010) state that professionalization of a nurse is the result of assimilating a variety of influences and experiences through which the culture and value system of the profession becomes part of each practitioner's identity. This is referred to as wholeness and part of a nurse's integrity. It is a process that takes place within the practitioner through the contact with and influence (leadership) of other practitioners in the health sector with whom they work throughout their careers. Integrity, in this sense, refers to the consistent awareness for the highest standards of practice and professional conduct, including the basic principles of good governance, duty of care and skills, and acting within authorised powers (Muller, 2009).

*Altruism* (service) refers to the concern for the welfare and wellbeing of other people. It is the expression of selfless concern for other people when there is no obvious reward to be gained for oneself, except for the conviction that someone else would benefit (Shaw & Degazon, 2008). According to Endo and Paules (2011), altruism is a value that is found throughout the world in every culture.

They state that it is a powerful force that shapes societies and advances leadership. Good leaders have a moral and ethical obligation to act in the best interest of other people, whilst applying self-sacrificing behaviour that is embraced by motivated followers who follow the example of their leaders (Endo & Paules, 2011).

Having a sense of *responsibility and autonomy* provides the motivation to perform tasks with a commitment of excellence. Nurses demonstrate this by protecting patients' rights to be part of the decision making process about their own care. Nurses develop partnerships with patients and their families to facilitate sharing of information and to honour the rights of patients and their proxies to consent or to refuse. Professional practice reflects autonomy when the nurse respects the patient's rights to make decisions about healthcare (AACN, 2008). Amble (2013) uses self-leadership in care work to emphasise the distinction between nursing and patient / client-involved care. Amble's research points to a need for the development of the concept *control as autonomy* to embrace working with human beings. Autonomy on the individual level includes variation and the opportunity to learn at work and take decisions about how the work should be carried out (Amble, 2013). It is assumed that modern service provision has the space to develop into active work that offers autonomy in the form of control as self-leadership (Amble, 2013). However, the responsibility depends on the individual.

*Social justice* (moral courage) is another value that refers to upholding moral, legal, and humanistic principles. It serves as the underpinning of how decisions are made in terms of the equitable distribution and allocation of healthcare services and resources, such as education and having a safe workplace (Shaw & Degazon, 2008). Modern organisations have been characterised as morally complex environments that impose significant ethical demands and challenges on organisational role players (Hannah, Avolio & Walumbwa, 2011). Health care organisations, as seen in South Africa with its diversity and multi-cultural society, can be regarded as a complex environment where the different health needs of individuals might become an ethical and moral challenge to health care professionals, especially the nurse who provides nursing care. Sekerka, Bagozzi and Charnigo (2009) define moral courage as the ability to use inner principles to do what is good for other people, regardless of threat to self, as a matter of practice.

Kidder (2005) defines moral courage as a commitment to moral principles, an awareness of the danger involved in supporting those principles, and a willing endurance of that danger. This definition implies that the nurse should overcome danger or risk while willingly upholding personal moral principles. Hannah, Avolio and Walumbwa (2011) demonstrate that organisational leaders can

promote moral courage and action amongst their followers. They further theorise that leaders do so through role modelling and the positive contexts that they establish to promote moral courage of followers. Follower moral courage positively relates to follower ethical and pro-social behaviour. Training programmes should be specifically designed to boost moral courage. This could guide courageous action that is beneficial to organisations (Jonas, Boos & Brandstätter, 2007). For leaders and their followers to take moral action, they need to know what the right judgment entails and they need to have the strength to stand up in the face of adversarial conditions, which requires a sufficient level of moral courage (Sekerta, Bagozzi & Charnigo, 2009).

Drawing on the field of values that are inherent in both professionalism and self-leadership, a self-regulatory focus emerges that is applied as a framework for professional nurses in healthcare settings of a multicultural society, such as South Africa.

Professionalism	Attributes	Self-leadership
Competence	Self-directed learning (autonomy) Knowledge Applied skills Pro-activity Wisdom	Professional-attributes
Connection	Interpersonal compatibility of compassion Empathy Self-control Kindness Influence	Responsibility towards other people
Character	Humility and human dignity Integrity Service (altruism) Accountability (self-determination) Autonomy and responsibility Moral courage (including social justice)	Personal self-attributes

**Figure 1:** Conceptual framework

Findings from previous research, indicates the link between professionalism and self-leadership. These findings clearly make explicit the inherent professional values, suggesting a common understanding amongst nurses who are leaders in the healthcare settings and who also have the responsibility to assist subordinates with developing into self-leaders.

The main contribution in this article is the description of a conceptual framework that indicates the association between self-leadership and professional values in nursing. The framework provides an understanding of self-leadership and the intrinsic values needed to be applied in the daily work environment of all nurses.

Nurse leaders are seen as educators in the formation of novice nurses who need to be tutored to develop professionalism and self-leadership competencies in order to act appropriately in a changing professional environment.

## **Conclusion**

Globally, nursing professionalism is still a complex topic. In this article, the authors describe the link that professionalism has with self-leadership for nursing practice in the South African context. Professionalism, however, as seen from various perspectives in the literature, is value-laden. Existing literature mainly focuses on the character of professionals and how they ought to behave. In South Africa with its diverse society, professionalism is practised mainly under the legislation that governs the profession and which guides the professional nurse to adhere to the professional values. The current healthcare environment, according to Martin, Yarbrough and Alfred (2003), requires that nurses have the ability to manage complex professional issues. Awareness of the need for strong professional values is, therefore, important in the preparation of nurses capable of managing patient care in a professional manner, which includes applying professional values and self-leadership competencies. Nurse leaders in a healthcare setting, become responsible for guiding and motivating followers to become autonomous in leading themselves.

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