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Original Article

Providing Healthy Work Environments through Facilitation of Nurse Educators' Self-Leadership in Academic Settings: A Qualitative Explorative Study

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Abstract: Background: The dynamic nature of today's organizations, inclusive of educational institutions require employees to have self-leadership attributes. Several factors in an academic environment can affect the self-leadership necessary for the optimal performance of nurse educators. This study aims to explore nurse educators' understanding of self-leadership and their perspectives on how this phenomenon can be promoted to create a healthy work environment in an educational setting. **Methods:** An exploratory, descriptive qualitative design was adopted. Data were collected through focus group interviews with nurse educators at four educational institutions in South Africa, then subjected to Tesch's qualitative content analysis. **Results:** Two themes emerged, namely, *Self-leadership means nurse educators being supported to take own initiatives*, with its four sub-themes, and *A supportive healthy academic work environment*, with its four sub-themes. **Conclusions:** Academic institutions who work collaboratively with nurse educators and support them in self-leadership practices contribute to the creation of healthy work environments.

Keywords: educational institution; healthy work environments; nurse educators; self-leadership; taking own initiative

1. Introduction

South African educational institutions are implementing higher education reforms, including the transitioning of all nursing qualifications to align with the higher education band and international standards to improve the quality of healthcare services [1,2]. As educational institutions implement these reforms, nurse educators are once more called upon to provide leadership and guidance in a plethora of tasks. Nurse educators are renowned for their vital role modeling attributes, which are essential for nurturing the leadership development of nursing students [3,4]. Thus, there is an expectation that educators as leaders and role models would be resourceful in the replication of the institutional vision and values when engaging in their diverse and plethora of tasks [5].

This responsibility becomes even more critical as nurse educators face the dual challenges of maintaining educational quality and adapting to ongoing reforms in higher education. For nurse educators to perform optimally in this ever evolving and competitive academic environment, they need to be supported with contemporary teaching and learning resources, work in a collaborative climate that embraces change, and have supportive leaders [6]. In addition, nurse educators need to adapt to change with ease and commit to being lifelong learners with a desire to learn and acquire new skills so that they keep abreast with industry trends [7].

Teaching nurses is naturally interesting, however, environmental (organizational) factors may lead to a waning of nurse educators' enthusiasm to teach [8]. These factors are mainly related to the

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widely reported reduction of government budget towards nurse training in the country [9]. The factors include inadequate teaching and learning infrastructure, unavailability of mentors, lack of investment in nurse educators' professional development, and lack of collaboration [10]. This has led to some nurse educators describing their working environment as unappreciative and characterized by unsupportive leaders, lack of meaningful recognition, lack of teamwork, resistance to change, and shortage of equipment [11].

Nurse educators' diminishing enthusiasm in teaching has also been perpetuated by "negative influences on 'the self' of the educators" [11, p.64]. Studies by Christensen et al. [12] as well as Clark and Ritter [13] report a worrying trend of uncivil behaviors perpetrated by nursing students towards nurse educators. Amongst these disheartening and motivation sapping behaviors are the use of discourteous language; belittling remarks; and disregard towards nurse educators, which persist and continue due to sharing of these matters on social media networks [12]. Compounding this situation is the increasing prevalence of workplace bullying that nurse educators inflict on other nurse educators, forcing them to leave academia [14,15]. Oftentimes, educational institutions fail to act against the perpetrators of discourteous acts, further exacerbating perceptions of betrayal by the institution [13].

Challenging encounters during teaching and learning require 21st-century approaches: they need self-leading educators that are innovative and resilient. Self-leading individuals are internally motivated and have the determination and self-confidence to succeed and persist through adversities until goal achievement [7,16]. However, the self-leadership practices are amenable to work environments that promote innovation and creativity amongst workers [7]. Such a supportive work environment would be appropriate in the nursing education context so that nurse educators can provide a reciprocal supportive teaching and learning environment for students [17]. Nurse educator self-leadership was even more significant in the COVID-19 pandemic era when educational institutions were implementing remote and flexible working conditions [18]. Consequently, even post-pandemic, nurse educator work behaviors are becoming more self-directed, and nurse educators are expected to take more responsibility for their teaching tasks, instead of the designated leader.

The conventional view on leadership has always maintained that designated leaders are the ones that encourage employees to accomplish tasks through the provision of direction and motivation [19,20]. However, self-leadership is a comparatively different view of leadership that proposes that employees have the capacity to lead themselves without external influence [21,22]. Self-leadership is defined as a process by which individuals can influence themselves to an extent that they can self-direct and self-motivate themselves to perform optimally, through setting their own standards and objectives, and intentionally analyzing their implemented activities [23,24].

The theoretical framework that guided this qualitative study is Manz's [25] *Expanded theory of self-influence processes in organisations*. The basis of this theoretical foundation is that organizational members are in possession of individual intrinsic mechanisms for self-control which are applied alongside the organization's own performance measurement and reward systems. The self-leadership theory suggests that there are three self-leadership strategies that are intended to derive positive self-influence that leads to individual effectiveness: behavior-focused strategies, natural reward strategies, and constructive thought pattern strategies [26].

Behavior-focused self-leadership strategies are designed to increase self-awareness so that an individual can manage his or her behavior to achieve the required outcome, particularly those that are essential but deemed unpleasant tasks [20]. Natural reward strategies are intended to nurture circumstances that intrinsically motivate or reward an individual by virtue of them being pleasant to partake in [27]. Finally, constructive thought pattern strategies are designed to facilitate and develop a positive mental image of the task to bring about an improved performance [27]. Constructive thought pattern strategies comprise identifying defective beliefs and assumptions and replacing them with constructive and habitual ways of thinking as well as positive self-talk [26]. Owing to their possession of and effective use of self-leadership strategies, self-leading individuals are well-resourced to achieve the set goals [28].

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Self-leadership is an internal process and as such, external factors such as the work environment (organizational climate) and institutional managers and colleagues (social climate) play a crucial role in an individual's implementation of self-leadership strategies [29]. Nurse educators do not exist in isolation but rely on effective interpersonal relationships with peers to succeed [30]. Peer support affords nurse educators opportunities to enhance teamwork to improve the quality educational provisions in the academic setting [30]. In terms of the educators feeling inspired by external stimuli such as their colleagues, [31, p. p.404) elucidate this phenomenon as follows: "they are part of a community of colleagues, whose shared epistemologies and social practices strongly influence thinking and discourse in the field and whose approval confers high intellectual standing". Fouché et al. [32] reiterates that educators yearn for a work environment that is perceived to facilitate collegial respect, a bureaucracy-free environment and provision of autonomy, competence, and relatedness. Academic working environments that support educators' autonomy, competence, and relatedness promote their intrinsic motivation to teach [33].

Bence and colleagues [34] view the need for creation of a caring and healthy work environment for nurse educators as a professional and ethical responsibility matter. Kock et al. [35] expect managers to evaluate their followers' work experiences to determine if they are as expected of a healthy work environment; demonstrate concern for followers' psychological health; affirm the followers' perception of safety in the organization; and respond to their need for emotional support. On the other hand, peers need to ensure that the working environment is collaborative, fostering teamwork and cooperation to offer quality nursing education [34,36]. Whilst a healthy academic environment could positively influence motivation and feeling of fulfilment of staff, each nurse educator has the responsibility to keep relevant and thrive in the institution. It remains their responsibility to engage in goal setting, self-awareness, self-motivation and self-monitoring, all of which are elements of the self-leadership concept [16,37]..

Inevitably, most research on self-leadership in educational settings is centered on the individual's internal aspects of the concept in goal achievement [38]. This study focuses on how an external factor such as a healthy work environment could facilitate self-leadership in educators, in a nursing education context. It also explores nurse educators' understanding of self-leadership in an educational institution. Some scholars have lamented the dearth of research on the self-leadership concept and its practices for nurse educators in educational settings [39,40,41]. In addition, it is purported that leaders in many organizations cannot discern leading in a way that promotes their followers' self-leadership [42]. Given the nurse educators' working context of an environment characterized by constant changes, and the potential benefits attained from engaging in self-leadership practices, the following research question arose: *How can nurse educators' self-leadership be facilitated to ensure a healthy work environment?* This article aims to explore and describe the educators' understanding of nurse educator self-leadership and its facilitation to create a healthy work environment within an educational institution environment.

2. Materials and Methods

2.1. Design

The methodological strategy employed in this study took the form of an exploratory, descriptive qualitative research design so that an in-depth understanding of the phenomenon can be attained.

2.2. Participants and Setting

A sampling strategy of purposive sampling was employed with the rationale that this approach would help identify individuals who could provide contextual meaning of the phenomenon. Nurse educators involved in teaching and learning activities at purposively selected private and public nursing education institutions in two South African provinces formed the population of the study. These provinces were similar in terms of governance and development, and the selected sites were among those that had produced the highest number of nurse graduates over time.

Potential and willing participants who met the selection criteria were approached beforehand through research coordinators in the educational institutions.To be included in the study,

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participants had to be involved in teaching and learning tasks on a permanent employment basis for at least a year long period and were readily available to participate in the study. The authors regarded a year's experience as adequate time for an individual to have developed a perception of their self-leadership in a work setting, thus participating in this study . The participants' socio-biographical information is described in **Table 1**.

Table 1. Socio-Biographical Information of Study Group (N=26).

Attribute	Details
Total Participants	26
Gender	Female (n=26)
Age Range	25-60 years
Institution Type	12 from private nursing schools, 8 from public nursing colleges, 6 from university-based nursing departments
Clinical Nursing Experience	3-16 years
Teaching Experience	1-21 years
Current Roles	Theory facilitation, clinical teaching, student clinical accompaniment, curriculum development, research supervision, quality coordination, student counselling, student administration

2.3. Data Collection

Data were collected in-person using four focus groups interviews that comprised up to eight nurse educators each, utilizing a semi-structured interview guide. The interviews were conducted in English between January and December 2017 in the natural settings of nurse educators, specifically, at the educational institutions where they worked. Before collection of data, permission was sought from the University's Research and Ethics Committee, and the research and ethics structures of the educational institutions where the nurse educators were employed. Informed consent was obtained from all the nurse educators who participated in the study.

On average, interviews lasted for 55 minutes. The number of focus groups was guided by data saturation, which was achieved by the fourth focus group. The central questions that guided the interviews were:

a) What is your understanding of nurse educator self-leadership within an educational institution setting?

b) In your opinion, how can the educators' self-leadership be facilitated to ensure a healthy work environment within the educational institution?

An interview guide with related concepts rather than specific questions were shared with participants before the interviews. The guide assisted in providing possible prompts and probing questions. However, during the interview probing was guided by participants' responses. The second author also took field notes to capture non-verbal cues and nuances, thus supporting collection of data.

2.4. Data Analysis

Transcripts and field notes were independently analyzed by two of the authors, as well as by an independent co-coder who is a doctoral-trained nurse with expertise in qualitative research methods, following Tesch's protocol of qualitative content analysis [43]. Field notes formed an integral part of the data collection process as they were used to capture non-verbal cues and nuances that would not be evident in the audio recordings alone. Field notes were taken simultaneously with the focus group interviews, allowing for the immediate capturing of non-verbal reactions, body language, and the general atmosphere in the room in which the interview took place, which provided a richer context to the verbal responses of the participants. Additional notes were made after the interviews to reflect on any significant observations or themes that emerged. Taking field notes after the interview allowed the researcher to document initial impressions and thoughts that might inform subsequent analysis.

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Therefore, the field notes added depth to the data, allowing for a more nuanced analysis of the participants' perceptions regarding the self-leadership and how self-leadership can be facilitated to ensure a healthy work environment.

The analysis entailed: careful reading of all the transcripts and noting down ideas, making a list of all topics and clustering similar ones together, and arranging the topics into major topics, unique topics and left-overs. Thereafter, followed coding, which was written next to appropriate segments of text, and the most descriptive wording for topics arranged as categories. Interrelationships between categories were depicted, which informed a final decision to abbreviate each category, and write codes using alphabets.

A consensus meeting was held with the independent coder to discuss the themes and sub-themes that were separately identified. Ultimately the discussions resulted in an agreement of the relationships between the themes and sub-themes and how these would be arranged in columns to provide a structured way of presenting their relationship. The names of the theme and sub-themes were re-examined to make certain that the words of the participants were used [44]. The audiotape, transcripts were printed for analysis, and field notes were then preserved under lock and key.

2.5. Ethical Considerations

The authors conducted the study guided by the ethical principles outlined in the 2013 revision of the Helsinki Declaration that was initially pronounced in 1975. Participants gave their informed consent after being informed orally and in writing that the focus group interviews were based on voluntary participation, with the choice of discontinuing participation at any point of the study without giving a reason. The authors were mindful of the participants' confidentiality throughout the research process. During the interviews, participants were encouraged to avoid using names or specific details that could identify themselves or others.

The university's Research and Ethics Committee (REC-012714-039) approved and granted permission for the study to be conducted. Likewise, approval was also granted by the respective research structures and authorities of the educational institutions under study. All participants signed the informed consent forms after their expectations, questions and concerns about the research were explained to them. The signed consent forms were then kept under lock and key de-identification to ensure confidentiality.

2.6. Rigour

Lincoln and Guba's [45] strategies were used to ensure trustworthiness of the qualitative research, namely, credibility, transferability, dependability, and confirmability. Credibility was ensured by presenting data on the self-leadership of nurse educators in an accurate way, so that other nurse educators who share that experience would immediately recognize the descriptions. This was achieved through prolonged engagement, triangulation, member-checking, and persistent observation.

Transferability was enhanced by providing a comprehensive description of the research methodology, enabling readers to assess the applicability of findings to other contexts [46]. This detailed account includes the research design, data collection methods, and analysis processes. The study explores and describes nurse educator self-leadership and strategies to facilitate a healthy work environment using purposively selected participants. Verbatim statements from these information-rich participants were provided. Additionally, the findings were supported by relevant existing literature, increasing transferability by grounding the conclusions in established research.

Dependability was maintained by providing a comprehensive description of the research methodology, while confirmability was ensured by means of an audit trail, triangulation, and consensus discussions between the second author and the independent coder.

3. Results

The participants' understanding of nurse educator self-leadership and how this phenomenon can be facilitated to ensure a healthy work environment in an educational institution presented in the

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form of two themes, as shown in Table 2: *Self-leadership means nurse educators being supported to take own initiatives*, with its four sub-themes, and *A supportive healthy academic work environment*, with its four sub-themes. The results represent the participants' shared understanding of self-leadership and how it can be facilitated in an educational setting.

Table 2. Participants' understanding of nurse educator self-leadership and its facilitation in an educational institution.

Themes	Sub-themes
Self-leadership means nurse educators being supported to take own initiatives	Setting goals for the self towards a clear vision Taking ownership in self-reflection on own behaviour Serving as role models through self-care Self-development
Facilitation of self-leadership through provision of a healthy academic work environment	Mentoring Collaborating Meaningful recognition Supportive management leadership style

3.1. Theme 1: Self-Leadership Means Nurse Educators Being Supported to Take Own Initiatives

In this theme, participants understood self-leadership as taking own initiatives aimed at improving teaching and learning processes, with institutional support. The participants needed support in realizing their set goals, self-reflection, serving as role models and self-development.

3.1.1. Setting Goals for the Self Towards a Clear Vision

The sub-theme "setting goals for the self towards a clear vision" deals with nurse educators practicing self-leadership through self-goal setting as part of their vision. The participants viewed their self-leadership as committing thoughts and behaviors in the development of clearly set out personal and professional goals and layout achievable action plans. For example, a participant expressed the following statement relative to goal setting:

If you don't have goals, you don't have direction. As a novice educator my short-term goal is to develop confidence in facilitating lessons, work on my communication and interpersonal skills, set up assessments et cetera. My long-term goal is to enroll for a PhD. (G1 P4)

The participants viewed their self-leadership as formulating a personal vision that articulates their quest for a teaching career and beyond teaching. The following quote illustrates their viewpoint:

I believe as a nurse educator I must have a vision for my professional career, I must know where it is leading me, I must draw up a plan to describe how I will reach there. (G1 P1)

The participants believed that identifying and setting goals was a self-leadership practice as this action would assist them in regulating their behaviors and monitoring their teaching performance. In addition, they considered their self-leadership as formulating a vision that intentionally makes a pronouncement about their teaching career and other activities outside of teaching. Thus, nurse educators should set realistic goals, have positive mindsets, identify sustainable initiatives to be accomplished, and mobilize resources within the work environment towards achieving their goals.

3.1.2. Taking Ownership In Self-Reflection on Own Behavior

Self-reflection was labelled by the participants as a form of self-reflection through introspecting and assessing own actions throughout teaching and learning activities to ascertain whether these were still aligned with their personal values and goals on teaching, as quoted:

When I pick up that students are not understanding the lessons I sit back and probe for alternatives, to see if there are better approaches that could make students understand. If they fail, I ask my colleagues, what can I do to make things right? (G2 P5)

Participants acknowledged that self-reflection was a challenging task to perform, that requires one to look back, reflect and restructure one's actions. They identified themselves as reflective

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practitioners who engaged in intrapersonal and interpersonal dialogues, deeply questioning their teaching practices, to improve their performance and ultimately, students' performance.

The participants opened themselves up to peers' feedback on their teaching, a typical self-leadership practice as this demonstrates self-awareness and taking the initiative on the part of the nurse educators that lead to identifying alternative teaching methods. Therefore, the educational institution needs to provide a conducive climate that encourages the formation of a community of practice amongst educators, wherein nurse educators can feel safe sharing reflections without fear of judgement from colleagues.

3.1.3. Serving as Role Models through Self-Care

There was overwhelming agreement amongst the participants that engagement in self-leadership implied serving as role models to peers and students. This is accomplished through nurse educators being aware of their responsibility as ideal characters and focal points, which provide an affirming outlook that can be emulated by their peers and students. The participants' views were as follows:

One's demeanor should be that of a good role model, focused, motivated and demonstrating perseverance. (G1 P3)

I am always mindful that students look upon to me as a role model. (G3 P2)

Students emulate our behaviors, and this positive influence extends to their professional development. Through excellence, integrity and self-care we foster a supportive and ethical atmosphere that is emulated by students. (G1 P1)

The participants moreover perceived self-leadership as an activity that could contribute towards positive professional socialization amongst students when they observe effective interpersonal relationships and demonstration of caring attributes, as quoted:

As dedicated nurse educators we should work with the institution to eradicate some of the bad conduct by a few amongst us…there are those amongst us that do not adhere to dress code, use foul language, chew gum in front of students, come late for class, have negative attitude and sometimes smell of alcohol... (G4 P4)

The participants viewed self-leadership as being aware of the influence one has on peers' and students' professional development through their demeanors, modelling positive values, emotions, and behaviors, often learned through observation. Participants believed that being a role model also meant motivating students to learn by being credible, respectful, and trustworthy in their work.

However, self-leadership was also interpreted as working with the institution in taking care of or providing self-care services to fellow nurse educators who may need support in managing stress and emotions in the institution.

When I have a problem I should be able to talk to my senior. But my problems will be shared with others over a cup of coffee or in the parking lot. If they were supportive emotionally, psychologically; we can be stable at work. We need some space so that we can share our concerns. Because sometimes if you are having some problems, you feel like absenting yourself because you will be a laughing stock of the department. We need management that we can trust. If it continues like this, somebody will just die in the corridor, because the attitude here is not, eh, healthy for others. The environment must be conducive, at least for working. (G3 P3)

3.1.4. Self-Development

The participants described self-leadership as a process that is driven by intrinsic motivation, which requires nurse educators to take initiative to upskill themselves without any expectation from the educational institution. The following was mentioned by a participant:

We are in a developing world where every aspect of life is dynamic. So, if we remain stagnant and not changing in terms of our education and skills, then we remain static and redundant. Of course, then we need to be attending those workshops and seminars to be knowledgeable on current issues… (G4 P1)

The younger generation belong to the 21st century. So, we definitely need to update ourselves with new innovative teaching methods. (G4 P3)

The participants understood self-leadership as taking responsibility of their development by taking initiative of identifying own learning or professional development needs centered on their

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understanding of the contemporary and futuristic developments. This self-driven activity is based on the premise that nurse educators are lifelong learners who need to constantly keep their knowledge and skills up to date, so that nurse educators have the competence to teach, innovate and be confident to introduce new perspectives during teaching and learning activities. To achieve this, the participants believed that they needed to attend and participate in local and international research platforms, as well as pursue supplementary training related to areas of interest to upskill themselves so that they can contribute positively toward improved student performance:

For me, it is about embracing the opportunity to develop myself, especially when faced with something new. I need to adapt to change because if I resist change, it will be a struggle to move forward and meet new challenges. Flexibility is crucial for growth and advancement. (G1 P4)

Therefore, the educational institution needs to support nurse educator's pursuits in lifelong learning by investing in their attendance of ongoing faculty development initiatives.

3.2. Theme 2: A Supportive Healthy Academic Work Environment

The theme *A supportive healthy academic work environment* discusses the areas which the participants identified and characterized as supportive of nurse educators' teaching, scholarship and service expectations, and are provisioned through management and peer support. They include provision of mentoring, collaboration, meaningful recognition, availability of resources, and management leadership styles. In addition, participants viewed these areas as supportive to their pursuits in self-leadership activities, which could result in their development and subsequently, positive student outcomes and institutional success.

3.2.1. Mentoring

The participants expected some form of mentoring to be offered in the educational institution. The participants identified the mentoring that is offered by experienced nurse educators and leaders as a potential facilitator of nurse educator self-leadership. However mentoring support was not always forthcoming, as indicated by the participants:

We need to be mentored, …. I realize that we could benefit a lot as young nurse educators, currently we do not have that direct guidance. We would benefit a lot if we had mentors. (G1 P6)

At times all you need is to be supported by the seniors…. you know when I arrived here, I was fortunate that somebody held me by hand… (G3 P2)

The participants identified mentoring as supportive tool with which wisdom in the form of information, knowledge, advice and guidance could be exchanged between mentor and mentee regularly. They expected potential mentors to swiftly avail themselves to support new nurse educators to experience an enjoyable and meaningful work experience in the educational institution. When educational institution support mentoring efforts, mentees feel supported in their roles, and mentors feel their leadership potential in developing others is recognized and valued.

3.2.2. Collaborating

The participants identified mobilizing of resources and thoughts in teams as a form of practicing self-leadership that leads to a harmonious work environment. The participants expressed themselves as follows in this regard:

As a team we look out for each other and learn from others. Even those that are furthering their studies, form study groups…. Of late there is a trend of studying for Masters, it used to scare us, now we face it together. (G1 P7)

We believe that teamwork is very crucial in nursing education because without it you cannot succeed as an institution. Working as a team ensures that our students are always attended to. We easily take over our colleague's class when they are not there. (G2 P4)

The participants' views demonstrate their understanding that collaborating within teams or disciplines was a self-leadership practice that brings about cohesiveness amongst nurse educators. Thus, educational institution's benefit when they provide platforms that support teamwork and collaboration as it stimulates individual and team reflection and focus on institutional goals,

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creativity, commitment, and work engagement. Such environments also encourage expression of diverse viewpoints and promote a culture of learning from one another.

3.2.3. Meaningful Recognition

Nurse educators indicated that self-leadership is facilitated when institutional management recognizes their successful accomplishment of goals and tasks. More specifically, they benefit when management provides recognition and appreciation when they meet goals. They expected equal and fair treatment and provided with given supportive guidance for demanding activities. The participants commented as follows:

We are not looking for something tangible or palpable from our managers [leaders]. Simply saying 'We recognize and appreciate your efforts; you are doing well' is adequate for us. (G3 P3)

Sometimes you feel let down by lack of management support. This can be very frustrating. It is as if you are being tested based on your qualifications: 'because she has PhD, let us see how she will do this. (G1 P1)

The participants' views above indicate that nurse educators feel motivated to work in an educational institution that exudes a caring working environment through appreciation and words of affirmation. Therefore, participants described their managers as caring if they made efforts to understand individual nurse educator's tasks, provided the necessary feedback and individualized support that could lead to improved performance.

3.2.4. Supportive Management Leadership Style

Nurse educators preferred their leaders to employ a participative leadership style, and they described as supportive and one that could promote their self-leadership because it allows interactive decision-making, as quoted:

I would recommend a participatory style of leadership because everybody the institution is viewed as important, all involved in planning, and always informed of what is happening. Everyone is given a chance to participate in meetings, and not only a handful will be taking decisions for the institution. (G3 P4)

Institutional leaders were also regarded as supportive leaders if they ensured availability of required teaching and learning resources:

I would appreciate it if we had the necessary state of the art equipment necessary for teaching the current breed of students. (G4 P1)

The participants' views demonstrate the significance of the leadership role played by institutional managers in creating motivating work environments. Participants were motivated when they were provided with a platform for input on institutional decisions. Likewise, they felt supported if provided with the latest teaching and learning infrastructure as these would make their work challenging, interesting, and motivate their performance.

4. Discussion

The subthemes discussed below reflect the participants' shared understanding of nurse educator self-leadership and their suggestions on how it can be facilitated in an educational setting to bring about a healthy work environment. The results reveal that *Setting goals for the self towards a clear vision* is a powerful process through which nurse educators plan about their personal and professional future and motivate themselves to turn their vision into a reality. This is in line with DeRueda's [47] assertion that self-leaders in educational environments articulate and promote a vision related to their professional practices. Such self-leading educators then set goals informed by a transformational vision and positive attitude, and the individual intentionally identifying realistic choices as goals and exhibiting lasting initiatives aimed at goal attainment [47,48].

The results show that the nurse educators understood self-leadership as having a vision extending beyond the teaching environment. This awareness prompts the educators to change their mindsets and become futuristic in their thinking and planning [49]. Therefore, it is prudent that nurse educators be encouraged to set personal goals guided by their inner drives and formulate a personal mission statement that best depicts their foundational purpose [50]. The results reveal that a self-leading nurse educator's mission statement entails personal and professional objectives, actions,

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long-term goals, reflections, and guiding personal philosophy aligned to the educational institution's vision. This indicates that supportive academic work environments motivate nurse educators by creating a value-based culture that makes it easy for nurse educators to align their vision, values, and goals with those of the institution.

The study results reveal the need for nurse educators to take *ownership in self-reflection on own behavior.* This is an act of taking accountability that entails actively engaging in deep self-reflection and introspection with the aim of understanding own behaviors and taking action to improve such acts to contribute in efforts to turn around the educational institution's performance. This description is in line with Rupprecht et al's [51] description of self-reflection, wherein the concept is identified as a self-leadership practice that gets described as an intrapersonal activity that comes in effect when an individual disengages from negative emotions aligned with preceding behaviors. The individual then reflects on the reactions of fellow educators and students triggered by the previous emotional state and subsequent behavior, then initiates a process of new goal-setting and reassessing situations that could potentially give rise to such reactions [51]. Like Horton-Deutsch and Sherwood [52], and Walker and Oldford [53], this study found that the educational institution can support nurse educators' engagement in self-reflection by providing a dedicated space for quiet reflection, meditation, and even reflecting in open dialogue as a group.

In *Serving as role models through self-care*, the results reveal that nurse educators understand self-leadership as having role model attributes that inspire colleagues and students. This result aligns with Yahaya and colleagues [54] assertion that individuals in similar positions as nurse educators manage their professional image through role modelling. The participants viewed effective communication as crucial in the teaching and learning milieu. Nurse educators contributed to a healthy academic work environment by being as proficient in practicing role modelling communication skills as they were in their respective academic duties and skills [55,56]. In addition, effective communication and presentable physical appearance were adjudged to be some of the factors that preserve the image and credibility of the nursing profession [57,58].

The results of this study concur with Bryan and Blackman [59] and Matahela and Van Rensburg [60], noting that educational institutions can support nurse educators by championing self-care initiatives and practices. In fulfilling this responsibility, educational institutions need to actively contribute to creating a healing environment that encourages deliberate practices aimed at enhancing self-care and overall well-being, as emphasized by Borges et al. [61]. In turn, nurse educators can face the inner life and know the 'self' better, fostering resilience and work-life balance.

The sub-theme *Self-development* reveals that although self-development is a self-directed initiative, the educational institution plays a vital role in providing educators with the necessary support that keeps them abreast with trends and innovations in the education sector and in their areas of expertise so that they can facilitate teaching and learning from an informed perspective. Embracing self-development emerges as a pivotal factor in cultivating healthy and healing work environments 61]. In this regard, a study by Saunders et al. [62] found that a healthy academic work environment supports nurse educators' self-development initiatives by providing a continuous learning environment and allocating them to teach in their areas of didactic and clinical expertise.

An important component of this is to sponsor nurse educators' attending professional conferences that offer faculty development initiatives and networking opportunities. At these conferences, nurse educators have the opportunity to connect with like-minded colleagues and access online nursing education communities to further prospects for professional growth [63]. One of the self-development activities that nurse educators can consider is self-leadership training. Self-leadership training is one of the effective extrinsic forces that influence individual self-leadership engagement with noticeable improvement in performance [64].

Educators can be trained in self-leadership agility to adjust high emotional intensity and impulsive behavior so that there is smooth personal and professional interactions [65]. The leadership training aimed at the educators provide an opportunity to learn how to lead in ways that facilitate nurse educators' self-leadership [48]. An educational institution that demonstrates a supportive climate provides nurse educator leadership development opportunities. In line with results from

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other sub-themes discussed above, effective development opportunities facilitate nurse educators' self-development attributes. These include ability to self-explore, ability to engage in caring and thoughtful interactions with others, possession of self-confidence when facing challenges, and believing in own leadership potential to transform nursing education [52,66]

The results of this study reveal that nurse educators viewed *Mentoring* as an intervention that could encourage their self-leadership. The participants expected the educational institution to create a climate that enables nurse educators to have meaningful, deep connections to meet the institution's goals. The results align with assertions indicating that an educational institution needs to make an intentional commitment to ensure mentoring becomes a professional responsibility of all nurse educators, whether the role of mentor or mentee [67].

While the participants expected a traditional mentor-mentee relationship type focused on experienced or senior educators guiding the newer educator, mentoring that is beneficial for both mentor and mentee in an educational setting is known as reciprocal mentoring [68]. Reciprocal mentoring allows for learning from different perspectives of socio-demographic backgrounds, thus fostering diversity, collaboration, and confidence. Goldsby et al. [23] recommend that a mentor have strong self-leadership skills and emotional maturity to facilitate the mentee's self-leadership. Contrary to the expectation of the participants, there are times when mentors may not be available in academia [69]. In such situations, nurse educators can accept responsibility for their personal and professional growth through identifying developmental needs, developing and maintaining their personal developmental plans, and mobilize internal and external resources to realize the needs [69].

Another supportive intervention that was viewed as facilitative of self-leadership was *Collaborating*. The results reveal participants' acknowledgement that there may be areas in which they may have limited knowledge and experience, thus accepting that they may have suboptimal resources required for executing their teaching and learning activities. In such a situation, Zurba et al. [70] advise engagement in collaborative tasks or projects, wherein access to diverse expertise from supportive colleagues is guaranteed. Some of the collaborative tasks that support educator self-leadership including discourses on designing innovative curricula, methods and practices of teaching and learning, and assessment activities [71]. In line with participants' expectations, Saunders et al. [62] recommend that the educational institution foster collaboration aligned to its vision, values, and goals through the promotion of teamwork, development of mutual goals, interdisciplinary teaching, and integration of knowledge and practice.

The sub-theme *Meaningful recognition,* in line with Eddy et al. [72], Hollinger-Smith et al. [73], Saunders et al. [62] and Sherwood et al. [74] was described as when the individual nurse educator is recognized or appreciated for their work in a timely fashion, commensurate with the level of effort of the individual nurse educator and aimed at promoting reflective practices. Thus, to meet the nurse educators' expectations of working in a work environment that supports, appreciates, and recognizes their efforts, the educational institution should strive to recognize the effort and value brought about by each nurse educator and develop strategies to implement the recognition meaningfully. For example, recognition could be in the form of 'thank you' gestures, incentives such as pay raises, flexible working hours, improved fringe benefits, and opportunities to craft a resourced pathway for career growth [75].

For *Supportive management leadership styles,* the results reveal that participants appreciated the pivotal role played by the designated leader's leadership style in providing the motivation required for the nurse educators' attainment of improved performance to reach higher goals. In line with study findings from Harmon et al. [56] and Saunders et al. [62], participants preferred the participative style of leadership style, describing it as one that could stimulate their self-leadership practices. Managers in such a work environment value and respect their employees and involve them in decision-making processes so that there is shared governance in the institution and its departments [56,62]. An educational institution could ensure consistent motivation of its nurse educators when institutional leaders become supportive academic leaders who champion institutional vision by innovatively leveraging adequate resources to nurse educators even during times of adversity [48,76]. The study also reveals that the availability of working tools in an

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educational institution could facilitate nurse educators' self-leadership practices. This corroborates with Schultz's [77] view that working tools enable employees' engagement with their work and provide the agility required for an ever-evolving work environment such as that of an educational institution.

Recommendations

Individuals and institutions are equally responsible for creating healthy work environments through collective endeavors; institutions, faculty, and students for all to flourish. Therefore, the following recommendations were made:

- Education: Educational institutions (leaders and faculty) integrate study findings into management and leadership practices, faculty development, and learning activities, including the concepts of Leading Self, self-reflection, self-control, and goal setting and measure outcomes in performance review and course and curricular evaluations.
- Support: To enhance faculty support, innovative activities such as creation of healing health circles or wisdom circles could be formed that will serve as emotional support, reflective activity and connectedness. Forming such circles have the advantage of forming transformative relationships in an environment where inner leadership is developed, collective care and the co-creation of shared visions, values and beliefs that will embrace caring moments and build self-worth.
- Practice: Academic institutions' faculty, clinical preceptors, and students engage in self-leadership capacity development through workshops and continuing education programs on these concepts and strategies. Magnify efforts through academic-practice partnerships, professional organization programming, and community engagement activities. To ensure this, the institution's continuous professional development division should develop programs to ensure capacity building and development.
- Policymakers working together with educational institutions and practice partners develop guidelines for self-leadership. Then, working individually and collectively, nurses can work toward agenda setting, policy formation, policy implementation, and evaluation to incorporate self-leadership into the equation of creating healthy work environments. A collective effort from policymakers and practitioners is necessary when revising policy.

Limitations of the Study

A limitation of this study is that due to its qualitative approach, a small sample size was used to explore and describe nurse educators' understanding of self-leadership and their perspectives on promoting this phenomenon to create a healthy work environment in educational settings. The small sample size may not represent the broader population of nurse educators, and the geographic limitation to only two provinces in South Africa means that the findings may not be generalizable beyond these areas. However, the findings could potentially be applicable to similar institutions in other provinces.

5. Conclusions

This exploratory and descriptive qualitative study described nurse educators' understanding of self-leadership and how to facilitate it in an educational institution. Based on these findings, recommendations for education, practice, and policy provide a roadmap for nurse educators who aspire to engage in a self-leadership journey, become fully engaged in educational institutions, and radiate these best practices into practice and community settings to create healthy work environments throughout healthcare.

This study demonstrates how self-leadership supports the development of healthy work environments in academic settings. Fully integrating findings into academic settings and extending them into practice settings and policymaking supports the creation of healthy work environments throughout healthcare and models a way forward for other systems and institutions. Through self-leadership critical, deep, and authentic connections with self and others lay a foundation for academic

and practice settings to flourish and create healthy work environments to support health throughout healthcare and beyond.

Supplementary Materials: The following supporting information can be downloaded at: www.mdpi.com/xxx/s1, Figure S1: title; Table S1: title; Video S1: title.

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