

First-Line Nurse Managers' Perception Regarding Self-Management Knowledge and Skills

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Abstract

Background: Developing self-management skills is one of the most important activities for first-line nurse managers who aim to become more productive not only at work, but also in their personal lives. **The study aimed** to assess first-line nurse managers' perception regarding self-management knowledge and skills. **Design:** A descriptive correlational design was utilized. **Setting:** The study was conducted in all inpatient units of the medical and surgical buildings at Benha University Hospital. **Subjects:** Convenient sample of all (77) first line nurse managers during data collection. **Tools:** two tools were used for data collection namely; Self- management knowledge questionnaire and self-report regarding self- management skills. **Results:** showed that majority of first line nurse managers (92.2%) had poor perception level regarding self-management knowledge and the majority of first line nurse managers and their assistant (85.7%) had in adequate perception level regarding self-management skills. **The study concluded** that there was no statistically significant correlation among first-line nurse managers' knowledge, and skills regarding self-management. **The study recommended:** Focusing on self-management skills by using the critical thinking technique to develop first line nurse managers' skills and abilities in a different management role.

Keywords: *First line nurse managers, knowledge, Self-management, Skills.*

Introduction

Self-management is an essential skill for effective leadership in the modern workplace. With collaboration and decentralization becoming the norm, it is more important than ever for individuals to train themselves to become self-managers who can set priorities, take initiative, and solve problems. Fortunately, self-management is a skill that can be developed with time and practice. Managers can refine and improve their own self-perceptions and capabilities through the management process. Self-management can be defined as the way in which an individual guides, motivates, influences, and manages themselves to achieve their goals in the most desirable way possible (**Kim & Wee, 2019**).

An essential component of any organization's success is self-management. It is the initial

phase of management. Management is the capability to influence the staff to accomplish tasks. However, self-management refers to the capacity to intentionally control one's thoughts and actions in order to fulfill individual or organizational goals. Self-management intentionally affects the thinking, emotions, and actions of the staff towards their objectives (**Lammers, 2019**).

Implementing Self-management strategies can lead to improved task performance, innovation, and creativity among first-line nurse managers. Their output may ultimately increase as a result of their increased levels of engagement. Self-management techniques include self-setting goals, self-observing, self-cueing, self-rewarding, and self-punishing. Through goal-setting, reward-directing, performance monitoring and evaluation, and situational signaling to encourage

desired behaviors, employees can effectively apply self-management techniques. **(Manz & Sims, 2018).**

Self-management is a concept in clinical psychology that helps managers control their behavior to align with externally defined standards. This three-component area model comprises interconnected processes: self-monitoring, self-evaluating, and self-reinforcing. **(Kostera, 2019).**

Managing one is an essential skill for becoming a good manager and leader. It involves the ability to achieve goals, plan and manage time, face challenging situations with perseverance, be flexible, take responsibility, and stay motivated for achieving success. These skills are also important for FLNMs (Frontline Nurse Managers) who hold top management positions. Self-management skills require FLNMs to reflect on their

strengths and weaknesses. By engaging in reflective thinking, they can learn about themselves and others. To improve their weaknesses, FLNMs must first identify and acknowledge them. **(Al-Abyadh & Abdel Azeem, 2022).**

First-line nurse managers are primarily in charge of making sure that the daily operations of their unit uphold quality and efficiency and are in line with the organization's mission. They also have to act as leaders, who play a vital role in registered nurses' lives and are crucial to ensuring quality patient outcomes,

Particularly during healthcare reform periods. These are multifaceted roles and obligations that necessitate competency from first-line nurse managers **(Kuraoka, 2018).**

First-line nurse managers have expressed a strong desire to participate actively in developing

their self-management. This makes it crucial for healthcare settings to support their development and facilitate successful change. Developing the self-management of FLNMs can benefit from change efforts by respecting their role, knowledge, and involvement in the entire process, including attitudes, behaviors, and feelings towards developing critical thinking. This development should start from training and continue throughout the implementation phase (Gou & Niyomsilp, 2020).

Significance of the study

First-line nurse managers in the clinical practice area are often lacking in supervision and may not have developed effective self-management skills. For these managers to operate autonomously and actively monitor and reinforce their own behavior, they must possess the capacity for effective self-

management. Self-management enhances performance, productivity, and time management by encouraging self-reliance, self-punishment, and self-observation.

Aim of the study

The current study aimed to assess first-line nurse managers' perception regarding self-Management knowledge and skills at Benha University Hospital.

Research question

What is the first line nurse managers perception regarding self-management knowledge and skills?

Subjects and Methods

1- Technical design

Research design

Descriptive design was utilized.

Study setting

The study was carried out across all medical and surgical

departments at Benha University Hospital.

Subjects of the study

A convenient sample of all 77 first-line nurse managers (FLNMs) and their assistants (assistants, 22 of whom were FLNMs) who were employed in the aforementioned setting at the time of data collection.

Tools of data collection

To achieve the aim of the study the following two tools were used.

Tool 1: First Line Nurse Managers' Self-Management Knowledge Questionnaire:

A structured questionnaire was developed by the investigator after reviewing related literature (Luthans and Davis, 2010; Prussia, Anderson and Manz, 2011; Roberts and Foti, 2017) to assess first line nurse managers' knowledge related to self-management. It was consisted of two parts.

Part I: Personal characteristics of first-line nurse managers: It included department, age, gender, marital status educational qualification, years of experience, attending training courses about self-management.

Part II: It consisted of 40 questions in forms of Multiple Choice (15), True or False (15), and Matching (10) Questions about Self-management.

These questions were classified into 7 dimensions as the following:

1. Self-management (9questions)
2. Time- management (5 questions)
3. Communication (6 questions)
4. Emotional Stability (5questions)
5. Coping strategies (5 questions)
6. Motivation for achievement (4 questions)
7. Critical thinking (6 questions)

Scoring system

The first line nurse managers' answers were compared with a

model key answer and scored as one for corrects and zero for incorrect. So, the total scores are 40 and cut off point done at 60% that equal 24 degree. In this respect the level of first line nurse managers ' knowledge was categorized as the following; satisfactory knowledge' level $\geq 75\%$ that equals ≥ 30 points, average level from 60% to less than 75% that equals 24- < 30 points and unsatisfactory knowledge level < 60% that equals < 24.

Tool 2: Self-Management Skills Questionnaire:

It was developed by the investigator after reviewing the related literature (**Bandura and Cervone, 2013; Manz and Sims, 2013; Cohen and Ledford, 2017**) to assess first line nurse manager' self-management skills.

It was consisted of 42 items divided into 6 dimensions as:

1. Ability to achieve goals (8 items)
2. Ability to plan and manage time (7 items)
3. Challenge and perseverance in the face of difficult situations (7 items)
4. flexibility (8 items)
5. Taking responsibility (6 items)
6. Motivation for Achievement (6 items).

Scoring system

The first line nurse managers ' responses were evaluated by using a three-point Likert Scale as follows; (3) always, (2) sometimes, (1) never. Range of scores is from 42-126. Cut off point was done at 60% equals 76 points. Accordingly, first line nurse management' self-management skill level was categorized as the following; adequate self-managed level $\geq 75\%$ equal ≥ 95 degrees, moderate, self-managed level from 60% to less than 75% that equal 76- < 95 degree and in adequate self-managed level < 60% that equal < 76 points.

Reliability of tools

It was examined by using the Chronbach's Alpha Coefficient test to measure the internal consistency for all tools; self-management knowledge was 0.92, self-report regarding self-management skills was 0.76.

Administrative design

An official approval was obtained from the Dean of the Faculty of Nursing at Benha University and the hospital director of Benha University Hospital.

Operational design

The study went through three phases: preparatory phase, pilot study, and field work.

Preparatory phase

During the months of April and May 2021, various sources including journals, periodicals, textbooks, and the internet were reviewed to collect data for the study. The review focused on

national and international literature related to the topic of the study. Theoretical knowledge was also utilized to develop the necessary tools for data collection. This phase of the study took approximately two months to complete.

Validity of the tools

The study tools underwent revision and were verified by five experts from various nursing faculties who specialize in nursing administration. The panel of experts included one professor and one assistant professor from Ain Shams University, one professor from Minia University, one assistant professor from Tanta University, and one assistant professor from Mansoura University.

Pilot Study

In August 2021, a pilot study was conducted on eight first-line nurse managers, who represent around 10% of the study subjects

mentioned earlier. The purpose of this pilot study was to test the applicability and clarity of the constructed tools, as well as to identify any obstacles or problems that may be encountered during data collection. The study also aimed to estimate the time required to fill out the data collection tools. No modifications were made after the pilot study, and the first-line nurse managers involved in the pilot study were included as part of the main study subjects.

Field Work

The following phases were adopted to achieve the aim of the current study. These phases took two months; started from September, 2021 to the end of October, 2021.

Ethical considerations

Before conducting the study, we obtained ethical approval from the scientific research committee at the Faculty

of Nursing, Benha University. We conducted the study with utmost care and attention to ethical standards, ensuring that the rights of the participants were protected.

Statistical design

The data was double-checked before being entered into a computer. We used the Statistical Package for Social Sciences (SPSS version 25.0) to analyze and organize the data. For quantitative data, we applied descriptive statistics such as mean, standard deviation, and frequency. We used the percentage (χ^2) test to compare the percentage between the studied variables. The standard deviation is a measure of how results vary around the mean for a quantitative variable. We used a Pearson correlation (r) test to assess the association between total scores. We considered a non-significant level value when $p > 0.05$, a significant level value

when $p < 0.05$, and a highly significant level value when $p < 0.001$.

Results

Table (1): Illustrates that, more than half (51.9%) of first line nurse managers were aged from 35 to less than 45 years old with mean score 35.81 ± 0.67 , the majority (89.6%) of them were female, and about two-thirds 64.9% of them were married. As far as, educational qualification nearly half (49.4%) of first-line nurse manager had Bachelor of Nursing Science, their experience ranged from 5 to less than 10 years with main score 9.70 ± 0.70 , and nearly three-quarters (72.7%) of them hadn't attended previous courses in self-management.

Figure (1): Shows that, more than half (58.4%) of first-line nurse managers were employed in the medical building, and about two-fifth (41.6%) of them

were employed in the surgical building.

Table (2): Illustrates that, the most first line nurse managers ranged from (74.0% to 92.2%) of them had poor perception level of knowledge related to all dimensions

Table (3): displays that, the highest total mean score of first line nurse managers' self-management knowledge domains was 1.92 ± 0.48 with mean percent 48.0% had good perception level related to motivation for achievement by example. While, the lowest mean scores of first line nurse manager' knowledge domains was 1.40 ± 0.54 with mean percent 28.0% had poor perception level related to coping strategy by example.

Table (4): Illustrates that, the most first line nurse managers ranged from (78.0% to 85.7%) of

them had in adequate skills related to all dimensions

Table (5): Illustrates that, the total mean score of first line nurse managers' self-management skill domains was 5.72 ± 2.17 with mean percent 27.2% had in adequate perception level related to challenge and perseverance in the face of difficult situations by example While, mean scores of first line nurse manager' skill domains was 3.33 ± 1.05 with mean percent 13.9% had adequate perception level related to ability to achieve goals.

Table (6): Presents that, there was statistically significant relation between first line nurse manager's self-management knowledge and their educational qualification, years of experience and attended previous courses in self-management, while there was no statistically significant relation between first line nurse manager's self-management

knowledge and their age, gender, marital status and working unit.

Table (7): Shows that, there was statistically significant relation between first line nurse manager's self-management skills and their age, educational qualification, years of experience and attended previous courses in self-management, while there was no statistically significant relation between first line nurse manager's self-management knowledge and their gender, marital status and working unit.

Table (8): Illustrates that, there was no statistically significant correlation between total knowledge and skills regarding self- management among first line nurse managers.

Table (1): Distribution of the studied first line nurse managers and their assistants regarding their personal characteristics (n=77)

| Personal characteristics items | No. | % |
|--|---------------------|-------------|
| Age (years) | | |
| 25 - < 35 | 26 | 33.8 |
| 35-< 45 | 40 | 51.9 |
| ≥ 45 | 11 | 14.3 |
| Mean ± SD | 35.81 ± 0.67 | |
| Gender | | |
| Male | 8 | 10.4 |
| Female | 69 | 89.6 |
| Marital status | | |
| Married | 50 | 64.9 |
| unmarried | 27 | 35.1 |
| Educational qualification | | |
| Nursing Diploma | 10 | 13.0 |
| Associated Degree of Nursing | 26 | 33.8 |
| Bachelor of Nursing Science | 38 | 49.4 |
| Others | 3 | 3.8 |
| Years of nursing experience | | |
| 5- < 10 | 34 | 44.2 |
| 10- < 15 | 32 | 41.6 |
| ≥ 15 | 11 | 14.2 |
| Mean ± SD | 9.70 ± 0.70 | |
| Attended previous courses in self –management | | |
| Yes | 21 | 27.3 |
| No | 56 | 72.7 |

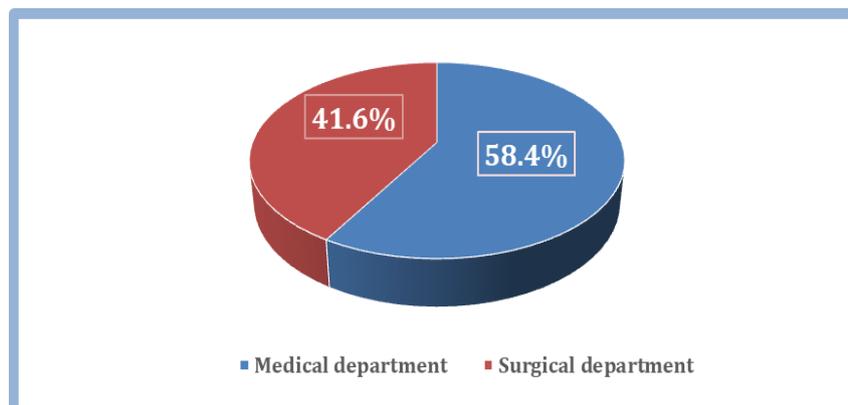


Figure (1). Distribution of the studied first line nurse managers and their assistants in the study setting

Table (2) Frequency distribution of first line nurse managers' knowledge regarding self-management dimensions (n=77)

| Self-management knowledge Dimensions | Average | | poor | |
|--------------------------------------|---------|------|------|------|
| | No. | % | No. | % |
| Basics of self-management | 12 | 15.6 | 65 | 84.4 |
| Time management | 8 | 10.4 | 69 | 89.6 |
| Communication | 13 | 16.9 | 64 | 83.1 |
| Emotional stability | 6 | 7.8 | 71 | 92.2 |
| Coping strategies | 14 | 18.2 | 63 | 81.8 |
| Motivation for achievement | 13 | 16.9 | 64 | 83.1 |
| Critical thinking | 20 | 26.0 | 57 | 74.0 |

Table (3): Mean scores of first line nurse managers regarding self-management knowledge dimensions (n=77).

| Self-management knowledge dimensions | Maximum Score | X±SD | Mean% |
|--------------------------------------|---------------|-------------|-------|
| Basics of self-management | 9 | 2.55 ± 0.73 | 28.3 |
| Time management | 5 | 1.40 ± 5.44 | 28.0 |
| Communication | 6 | 2.28 ± 0.55 | 38.0 |
| Emotional Stability | 5 | 1.48 ± 0.62 | 29.6 |
| Coping strategies | 5 | 1.40 ± 0.54 | 28.0 |
| Motivation for achievement | 4 | 1.92 ± 0.48 | 48.0 |
| Critical thinking | 6 | 2.28 ± 0.55 | 38.0 |

X = Mean

SD= standard deviation

Table (4) Frequency distribution of first line nurse managers' self-management skills domains (n=77).

| Total self-management skills domains | adequate | | In adequate | |
|--|----------|------|-------------|------|
| | No. | % | No. | % |
| Ability to achieve goals | 15 | 19.5 | 62 | 80.5 |
| Ability to plan and manage time | 17 | 22.0 | 60 | 78.0 |
| Challenge and perseverance in the face of difficult situations | 14 | 18.2 | 63 | 81.8 |
| Flexibility | 11 | 14.3 | 66 | 85.7 |
| Taking responsibility | 15 | 19.5 | 62 | 80.5 |
| Motivation for Achievement | 12 | 15.6 | 65 | 84.4 |

Table (5): Mean scores of first line nurse managers regarding self-management skills domains (n=77).

| Self-management skill domains | Maximum Score | X±SD | Mean % |
|--|---------------|-----------|--------|
| Ability to achieve goals | 24 | 3.33±1.05 | 13.9 |
| Ability to plan and manage time | 21 | 3.93±0.89 | 18.7 |
| Challenge and perseverance in the face of difficult situations | 21 | 5.72±2.17 | 27.2 |
| Flexibility | 24 | 3.57±0.70 | 14.9 |
| Taking responsibility | 18 | 4.37±1.52 | 24.3 |
| Motivation for Achievement | 18 | 4.84±2.28 | 26.9 |

X = Mean

SD= standard deviation

Table (6): Relation between first line nurse managers and their assistants' total self-management knowledge and their personal characteristics (n=77)

| Personal characteristics | Total self-management knowledge | |
|--|---------------------------------|------------------|
| | Mean \pm SD | Test P value |
| Age (year) | | |
| 25 - < 35 | 19.23 \pm 1.24 | 1.605 0.208 |
| 35-< 45 | 20.67 \pm 1.57 | |
| \geq 45 | 21.72 \pm 1.34 | |
| Gender | | |
| Male | 20.75 \pm 1.38 | 0.007 |
| Female | 20.28 \pm 1.69 | 0.995 |
| Marital status | | |
| Married | 20.59 \pm 1.50 | 0.986 |
| Unmarried | 20.20 \pm 1.74 | 0.327 |
| Educational qualification | | |
| Nursing Diploma | 18.10 \pm 10.56 | 4.612 0.005* |
| Associated Degree of Nursing | 19.96 \pm 1.48 | |
| Bachelor of Nursing Science | 21.15 \pm 1.40 | |
| Other | 20.66 \pm 0.57 | |
| Working unit | | |
| Medical building | 20.00 \pm 1.63 | 0.853 |
| Surgical building | 20.81 \pm 1.61 | 0.397 |
| Years of nursing experience | | |
| 5- < 10 | 19.58 \pm 1.43 | 9.286 0.001** |
| 10- < 15 | 20.46 \pm 1.58 | |
| \geq 15 | 22.27 \pm 0.46 | |
| Attended previous courses in self –management | | |
| Yes | 19.85 \pm 1.44 | 3.990 |
| No | 21.61 \pm 1.56 | 0.001** |

Table (7) Relation between first line nurse managers' total self-management skills and their personal characteristics (n=77)

| Personal characteristics | Totally self-management skills | |
|---|--------------------------------|--------------------------|
| | Mean \pm SD | Paired t Test P value |
| Age (year) | | |
| 25 - < 35 | 93.44 \pm 4.75 | 3.578 0.033* |
| 35-< 45 | 97.50 \pm 4.08 | |
| \geq 45 | 95.60 \pm 5.33 | |
| Gender | | |
| Male | 96.37 \pm 4.65 | 0.010 |
| Female | 95.65 \pm 4.88 | 0.992 |
| Marital status | | |
| Married | 95.40 \pm 5.06 | 0.410 |
| Unmarried | 95.90 \pm 4.75 | 0.683 |
| Educational qualification | | |
| Nursing Diploma | 94.80 \pm 5.05 | 5.897 0.001** |
| Associated Degree of Nursing | 94.07 \pm 4.62 | |
| Bachelor of Nursing Science | 96.36 \pm 4.12 | |
| Other | 105.00 \pm 4.00 | |
| Working units | | |
| Medical building | 95.91 \pm 5.00 | 0.336 |
| Surgical building | 95.46 \pm 4.64 | 0.737 |
| Years of nursing experience | | |
| 5- < 10 years | 93.50 \pm 4.35 | 4.901 0.010* |
| 10- < 15 years | 97.43 \pm 4.32 | |
| \geq 15 years | 97.63 \pm 5.20 | |
| Attended previous courses in self-management | | |
| Yes | 94.75 \pm 4.45 | 2.834 |
| No | 98.33 \pm 4.94 | 0.050* |

Table (8): Correlation among first line managers' total knowledge and skills regarding self-management (n=77)

| Variables | Self-management knowledge | | Self-management skills | |
|---------------------------|---------------------------|---------|------------------------|---------|
| | R | P value | r | P value |
| Self-management knowledge | - | - | 0.090 | 0.438 |
| Self-management skills | 0.090 | 0.438 | - | - |

*Significant at $p \leq 0.05$

** Highly Significant at $p \leq 0.001$

Discussion

Organizations may face challenges when managing self-directed workforces through traditional measures of managerial control. However, first-line nurse managers can be highly motivated to instill self-management qualities in their team members. They can become role models and demonstrate the benefits of self-management qualities by building and nurturing relationships, such as through mentoring. Therefore, it would be interesting to analyze whether self-managers are committed to creating leaders out of their followers by mentoring others in the organization. (De Jong et al., 2019).

The ability to manage oneself and the willingness to mentor others are closely linked. This is because being a self-manager promotes a sense of security and control. Self-leadership is a self-regulatory mechanism that can

enhance an individual's self-control and self-confidence. This, in turn, can lead to greater self-efficacy, which is an individual's belief in their ability to handle difficult situations. Self-efficacy is also a significant determinant of one's behavior, thought patterns, and emotional response to challenging situations. (Cabrera, 2018).

This study was aimed at assessing the first line nurse managers' perception regarding self-management knowledge and skills at Benha University Hospital. The Discussion of the current study findings covered four main areas: **The first part;** concerns with elaborates first line nurse manager' knowledge regarding self- management. **The second part;** focuses on first line nurse managers' self-management skills.

The third part; relation between self-management skills and knowledge with the personal

characteristics of first line managers and. **The fourth part;** Correlation between self-management skills and knowledge.

I: First line managers' knowledge regarding self-management

The study showed that, the most first line nurse managers had poor perception level regarding self-management knowledge.

The study finding congruent with **Zeigler-Hill et al., (2019)** who carried out their study about “ Relationship between head nurses communication practices and self-management ” and illustrated that, less than one third of head nurses hadn't good perception level regarding self-management knowledge. Also **De Jong et al., (2019)** who founded at their study about “Personality Traits and self-management: Career

Role Preferences as a Mediator” that the intervention program has a greater effect on improving head nurses' knowledge regarding self-management after implementing the program.

The study finding disagreed with **Kim, & Lee, (2018)**. Also, The study finding supported by **De Jong et al., (2019)** who founded at their study about “Personality traits and self-management: career role preferences as a mediator” that the intervention program has a greater effect on improving head nurses' knowledge regarding self-management after implementing the program.

On the same line **Elsayed, et al., (2019)** who conducted a study to examine the relationship between the disposition of staff nurses toward critical thinking and quality of their performance at Mansoura University Hospital, showed that the majority of staff nurses at Mansoura University

Hospital were positively disposed toward critical thinking.

Furthermore, these findings similar with **Amoah et al., (2019)** who indicated at their study about “qualitative assessment of perceived barriers to self-management among nurses and patients” that most of the head nurses at hospital unit no apply coping strategy in management in dealing with unplanned decision.

According to **Zeigler-Hill et al., (2019)** who measure the relationship between head nurses communication practices and self-management and revealed that about two fifth of the first-line nurse manager had correct answer about a communicator or source of communication at preprogram phases while its increase to most of them at post program.

Similarly, **Fabbro et al., (2020)** who carried out study

about “Effects of self-management training on head nurses’ self-reported personality traits as well as stress and burnout levels. Perceptual and motor skills” and less than half of the first-line nurse manager had correct response related to definition and types of time wasters at preprogram phases while its increase to three quarter of them at post program.

II: First line nurse managers’ self-management skills

Shows that, the most first line nurse managers had inadequate perception level regarding self-management skills.

The study finding accordance with **Abdelhafiz et al., (2019)** who noted at their study “Impact of motivation skills among head nurses on level of job satisfaction among staff nurses” that there were highly statistically significant improvement in first-line nurse manager' perception

regarding motivation for achievement after implementation of the program. Also, the result is in accordance with **Elsayed et al., (2019)** whose study demonstrated that there was statistically significant improvement in head nurses' motivation skills through program phases.

Similarly, **Fabbro et al., (2020)** who noted that, there were highly statistically significant improvement in first line nurse manager' levels regarding self-management skills after implementation of the program. Also, the present study consistent with **Abdel Ghafar et al., (2020)** who carried out their study about “Effect of management strategies on the quality of perioperative nursing roles” and showed that, the total mean score regarding taking responsibility was improved in the immediate post program and follow up program.

The study finding supported by **Wilmot & Ones, (2021)** who indicated in their study that two fifths of first-line nurse manager were had good level regarding self-management skills in preprogram. Also **Ordoni et al., (2021)** who reported that most of head nurses had low level regarding self-management skills. On other hand **De Jong et al., (2019)** who indicated that about two thirds of first line manager had acceptable level of self-management.

The current finding supported by **Törnroos, (2019)** conducted a study about “The relationship between nurses communication knowledge and job satisfaction across occupations, personality and individual differences” who revealed that most of the studied head nurses had low level of flexibility in the management duties that made at the unit. Also the study result agreed with **Appah, (2020)** who carried out

study about “Self-management competencies for nurse and midwives” who revealed that most of the studied samples in the study not have skills of flexibility in management of unexpected situations.

The study finding accordance with **Aarons, (2019)** who noted at their study “Time management by nurse manager; association with attitudes toward evidence-based practice” that more than two third of head nurses had adequate skills about plan and manage time competencies. This study is in the same line with the study of **Gamlin, et al., (2019)** who conducted a study entitled "Emotionally unstable personality disorder in primary care" which found that flexibility in dealing is the ability to respond to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable and sufficiently

flexible to permit spontaneous reactions as well as the ability to delay spontaneous reactions as needed. So emotional stability skills effect on the emotional stability attitude.

Also, the present study supported by **Ardalan et al., (2021)** who carried out their study about “barriers of self-management from the nurses' point of view in educational hospitals affiliated to Kurdistan University of medical Sciences “ and showed that two thirds of studied sample had high perception level related to challenge and perseverance in the face of difficult situations.

In the same line with **Joubert & Venter, (2022)** who carried out their study about “The self-management. Psychological Assessment in South Africa” and that more than half of the studied head nurses had low skills related to constructed the goad for then their units.

IV: Relation between study variables with personal characteristics of first line managers.

The present study finding reveals that, there were highly statistically significant relationship between self-management knowledge and all personal characteristics except gender and Marital status while there was a statistical significant relationship between self-management knowledge and their age and Educational qualification in follow up phase.

The study finding accordance with **Wilmot & Ones, (2021)** who conducted their study about “Self-management education program for head nurses at general hospital” and founded that that there were no statistically significant difference between self-management knowledge and gender and marital status. In addition, the study findings

congruent with **Ardalan et al., (2021)** who carried out study about” “Barriers of self-management from the nurses' point of view in educational hospitals affiliated to Kurdistan University of Medical Sciences “ and noted that there was a statistical significant difference between head nurses self-management knowledge and their age and academic qualifications.

V: Correlation between study variables

The result of the present study illustrated that, there was a positive highly statistically significant correlation between first line nurse managers' self-management knowledge' and their self-management skills. the study finding accordance with **Cabrera, (2018)**, who carried out their study about “Self-management skills and perception in head nurses for Organizational Development” and indicated that there was

statistically significant positive correlation between first-line nurse managers' self-management knowledge and practices.

Conclusion

Based on the findings of the current study, it can be concluded that there was no statistically significant of first line nurse managers' knowledge, and skills, regarding self-management

Recommendations

1. Implementing in-service education and training programs in all departments for refreshing and increasing head nurses' knowledge, and skills especially about self-management.
2. Nursing administrators allow first line nurse managers for periodical self-evaluation in different situations to identify strengths and weakness points to improve

their performance and self-awareness.

3. Introducing self-management concept into the educational curriculum for nursing students and focus on its importance in different aspects of the nursing management

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