THE LIVED EXPERIENCES OF OCCUPATIONAL HEALTH NURSES ON THEIR SELF-LEADERSHIP BEHAVIOUR IN AN INDUSTRIAL WORK ENVIRONMENT IN CAPE TOWN

by

IRENE E. OKUDOH

Student Number: 217302505

Thesis submitted in fulfilment of the requirements for the degree

Master of Nursing Science

In the Faculty of Health and Wellness Sciences

At the Cape Peninsula University of Technology

Supervisor: Prof Karien Jooste
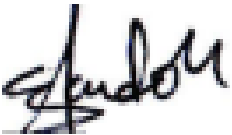
Co-Supervisor: Ms Nqatyiswa Sineke

Bellville

October 2022

DECLARATION

I, Irene Ebele Okudoh, declare that the contents of this dissertation/thesis represent my unaided work and that the dissertation/thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

Signed by _____   _____

This ___25th_____ day of October----------------------- 2022

ACKNOWLEDGEMENTS

DEDICATION

This work is dedicated to God Almighty for giving me life and the privilege to fulfil this purpose in my destiny. To my parents, the late chief Robinson Amobi and Lolo Irene Azuka Amobi. My uncles, for being the pillars behind my nursing education, Chief Engr Chike Amobi (Akaigwe) and late Professor Clement C Amobi, who taught me that nursing does not end at the bedside and that I have the power to fly higher.

My special dedication goes to my pillar of strength, my number one supporter and critic, my husband, Prof Vincent Okudoh and my kids, Frederick, Michael, Tiffany and Jenny, for their love, support and understanding.

Finally, to my siblings, Chief Samuel Amobi (Ezeogo), Engr Jonathan Amobi, Mrs Patience Jideani and Mrs Blessing Udeobi, for their love and encouragement. Not forgetting my spiritual home, Winners chapel international Cape Town, where I derive my strength and my spiritual father, Bishop David Oyedepo.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS

AONE   American Organization of Nurse Executives

ASLQ   Abbreviated Self-leadership Questionnaire

BFS   Behaviour Focused Strategy

CPD   Continuous Professional Development

CTS   Constructive Thought Strategy

EQI   Emotional Quotient Inventory

GNLI   Global Nursing Leadership Institute

HRM   Human Resource Management

ICN   International Council of Nursing

IOM   American Institute of Medicine

NRS   National Reward Strategy

OH   Occupational Health

OHN   Occupational Health Nursing

OHS   Occupational Health and Safety

OHSA   Occupational Health and Safety Act

PDP   Personal Development Plans

PHC   Primary Healthcare

R&D   Research and development

SA   South Africa

SANC   South African Nursing Council

SASOHN   SA Society of Occupational Health Nursing Practitioners

ABSTRACT

Implementing self-leadership is essential with changes in nurses' work and role performances in healthcare organisations. Nurses' tasks need behavioural change to experience work autonomy and enable them to cope with challenges in their daily work life. It is unclear how professional nurses experience their self-leadership behaviour in an industrial work environment.

This study departed from the behavioural-focused approach by concentrating on increasing self-awareness, which will lead to those behaviours that involve the necessary competencies one needs for task performance. This study aims to explore and describe the experiences of occupational health nurses in terms of their self-leadership behaviour in an industrial work environment in Cape Town.

An exploratory, descriptive, contextual qualitative study was conducted. Purposive sampling was carried out, and 14 individual semi-structured interviews were undertaken with OH nurses working in the industrial work environment of Cape Town that lasted no longer than 60 minutes in a private room after their written informed consent was obtained. Probing was conducted, and written field notes were compiled while the interviews were digitally recorded. Transcripts were analysed using the method of Colaizzi with a consensus discussion between the researcher and the independent coder. Research ethics were adhered to, and trustworthiness was ensured throughout the study.

The study findings highlighted that self-observation enabled nurses to understand their actions within the external environment, which encouraged confidence and distinctive personal characteristics. The ability to direct oneself in a goal-orientated way was needed to enable nurses to achieve specific set outcomes and receive rewards for work well done, thus, supporting the reaching of set goals. To achieve set goals and outcomes, leaders need to think about what they want to achieve by reminding themselves that occupational health practices are there to assist them in keeping their clients healthy and not merely to cure already existing ailments. It was concluded that nurses need certain personal leadership traits to lead them towards achieving their goals. Occupational nurses must focus on moving into the future, with the support of their employers or role players, and lead the way into improved Occupational Health Nursing. Occupational nurses can effectively advance themselves professionally through self-leadership.

It is recommended that nurses working in the industrial sector become more aware of driving their own personal development to achieve self-leadership. This goal can be accomplished through structured internship training and mentorship to lead them within their private industrial environments. It is essential to monitor the development of nurses' self-leadership role in undertaking the newly established qualification, the Postgraduate Diploma in Community Health Nursing.

It was concluded from this study's findings that OH nurses in industrial settings need to possess strong self-leadership traits to create a vibrant culture of self-ownership and confidence to serve their client's needs better.

CHAPTER 1

ORIENTATION TO THE STUDY

1.1   Introduction and background

According to Daud (2021:1), self-leadership is imperative within evolving environments. It assists in improving group leadership and the value of caregiving for employees in an occupational health environment, for example.

Nurses operate within a highly competitive world that is in constant flux. Nurses must achieve their professional goals through self-leadership (Van Dorssen-Boog, de Jong, Veld & Van Vuuren, 2020:1420; Salicru, 2015:1). With ongoing changes in nurses' work role expectations and performances within nursing organisations, implementing self-leadership is essential to ensure nurses remain focused on a vision. Nurses' tasks may require frequent restructuring to appreciate work autonomy and challenges because they can influence patient care (Oshodi, Bruneau, Crockett, Kinchington, Nayar & West, 2019:51).

Nurses' self-leadership can also affect team members' work role performances, positively impact organisational management, and inspire followers towards commitment (Mustriwati, Sudarmika & Candiasa, 2021:5; Kim, Kim & Lee, 2016). Strong nursing leadership is critical for addressing present challenges and evolving needs of the global health environment (Figueroa, Harrison, Chauhan & Meyer, 2019:239). This requirement places nurses in a prime position to act as leaders. In OH settings, a different profile of customers and their demands is becoming apparent. Professional nurses, therefore, need to know how to interact with these changing customers and their demands. An increasing number of clients are knowledgeable about their illnesses and rights due to the emergence of technology – 84.2 % of SA's population use cell phones, while 80% of internet users search specifically for health information (Watkins, Goudge, Gomez-Olive & Griffitts, 2018:139). Nurses with self-leadership skills emphasise effective decision-making, initiating and maintaining effective team working relationships, and being compelled to self-influence themselves into accomplishing optimum performance (Matahela & Van Rensburg, 2021:422; Murray, 2017:1).

Nurses' self-leadership role will continue to grow in relation to their clinical roles, innovation in nursing, and increased mobility and diversity in the profession (AONE, 2018). Regarding good leadership in nursing, there is no simple solution to the complex question of "what makes a good self-leader". However, evidence shows that this trait can positively impact patient experience and outcomes, as well as nurse satisfaction and retention (van Dorssen-Boog et al., 2020:1420; Maxwell, 2017:18).

The current work environment increasingly requires independent individuals who can take the initiative and make responsible decisions within settings where hierarchical superiors do not always support them. In this context, the concept of self-leadership has been linked to professional and personal effectiveness as well as occupational well-being (Sjoblom, Juutinen & Mäkikangas, 2022:2). Employees who lead themselves have better intellectual abilities and can exploit their mental properties successfully to meet their anticipated goals (Harunavamwe, Nel & Van Zyl, 2020:507). OH nurses in industrial settings need strong leadership and communication skills and create a vibrant culture of teamwork and trust among their staff and clients (Dent, 2018:1). These nurses may often work in isolation and depend upon regulations and policies to ensure compliance. OH nurses within industries often report to general managers with no health-related background. OH nurses may find it challenging to meet health regulations in industrial work environments.

Self-leadership is important for nurses because it has its basis in the social learning theory (Neck & Houghton, 2006:270). Individuals are expected to influence their own cognition processes and motivate themselves toward achieving goals, such as delivering quality healthcare. Self-leadership of individuals leads to the achievement of greatness through the adoption of strategies that can assist them in destroying any negativity that may exist in the clinical setting, which may obstruct their functioning or performance (Jooste, 2017:199). Kusdinar and Haholongan (2019:97) argue that self-leadership inspires constructive, innovative behaviour, signifying that the more constructive the self-leadership, the more complex the level of advanced behaviour among the employees.

Nurse leaders are integral to the successful operation of every healthcare organisation. They play very important roles in the direction of healthcare organisations' operations and are responsible for encouraging and inspiring their staff to achieve the highest level

of performance (Benedictine University, 2018). According to the European Survey of Enterprises analysis of new and emerging risks, occupational and health systems are designed to identify and minimise workplace risks (ESENER, 2010). Lenhardt and Beck (2016:48) state that addressing health and safety issues provides an opportunity to improve business efficiency and safeguard workers. Jain, Hassard, Leka, Di Tecco, and Iavicoli (2021:3632) indicate that developments in relation to working conditions and environments add to the enhancement of the community and minimise risk in the workplace. Leadership and management of safety are crucial for OH. OH nurses can show leadership by reducing safety and health risks within the workplace using management principles such as effective and strong leadership, involving workers and their constructive engagement and ongoing assessment and review (Das, 2018:1; Sedlatschek, 2013:107).

According to the WHO (2016), people responsible for OHN and safety leadership are involved in three activity categories – caring, controlling and coaching (Bolt, Ikking, Baaijen & Saenger, 2019:27). In South Africa (SA), many governments' policies emphasise leadership and governance as critical success factors for achieving social, health and economic development goals. The main goal of the Department of Health's strategic plan (2015/16–2019/20) is to achieve Vision 2030 for all South Africans. Vision 2030, also known as the Sustainable Development Goals (SDGs), comprises a collection of 17 global goals set by the United Nations with 169 targets (United Nations, 2015), including people's good health, well-being and education. However, numerous scholars have highlighted weaknesses in the stewardship of the public and private health sectors, such as the OH industries. The need for strong and revolutionary leadership is inherent worldwide to create a resilient and responsive OH system. Irrespective of the increasing global focus on health governance, however, there has been insufficient attention given to the governance of occupational nursing services, both at an international and SA level stipulating the need to Improve the governance of OHS (Michell & Rispel, 2018:75; Shung-King, Gilson, Mbachu, Molyneux, Uguru, Muraya & Govender, 2018:148). Self-leadership of nurses placed in industries regarding how they lead themselves is an important research topic. To date, very little scholarly work has been undertaken in this area.

1.2   Literature review

1.2.1   *Leadership and self-leadership in the global arena*

According to Huber (2018:1), leadership is the ability to inspire confidence and support among followers, especially in organisations where competence and commitment produce performance. Self-leadership is a self-influencing method through which people attain the self-direction and self-motivation required to accomplish goals (Neck, Manz & Houghton, 2019:1). Good leaders are made, not born, and their developments are through a never-ending process of growth. Leadership focuses on the critical tools of authority, power and influence that leaders must portray when executing their daily duties. This practice includes self-study, education, training and experience (Jooste, 2016:1). For the first time in history, people who can manage their own development or progression have reached unprecedented levels of freedom. Everyone has the right to decide for themselves what it means to be a successful human being (self-leadership) (Jooste, 2017:199).

Neck et al. (2017:1) define self-leadership as simply the process of influencing oneself through a comprehensive process of self-influence involving specific behavioural and cognitive strategies. Self-leadership is also the ability to bring out the best in individuals within any circumstance and enable them to realise better outcomes. Self-leadership is about achieving one's full potential, which entails self-discipline, especially when seeking to accomplish a task, regardless of its challenges (Daud, 2021:1). Self-leadership entails having clear principles, which enables one to practice with integrity, despite social, and emotional or peer pressure to achieve optimum performance (Cranmer, Goldman & Houghton, 2019:684). Other scholars indicate that self-leadership is about preparing individuals to thrive within constantly changing environments and improving group leadership and the quality of care for employees (Liu, Chitpakdee & Akkadechanunt , 2020:497; Holroyd, 2015:1).

Goldsby, Goldsby, Neck, Neck and Mathews (2021:25) indicate that, as anticipated, classifications of studies in self-leadership have progressed over the last four decades of research as a specific sphere develops and society fluctuates. Marques-Quinteiro, Vargas, Eifler and Curral (2019:85) specify that leaders frequently blend diverse self-leadership strategies, such as goal setting and mental imagery, to modify their beliefs

and morals for the fluctuating working environment, thus, advancing adaptive performances. Jooste (2017:199) confirms that the process of self-leadership involves utilising behavioural and mental techniques to enhance one's self-awareness as a leader. Likewise, nurses, in different ways, should be mindful of their state of mind and how it influences their every interaction, action and recreation (Liu et al., 2020:497).

Salicru (2018:2) describes self-leadership as the capability to achieve motivation, purpose, and direction to influence one's performance positively. In 2017, Van Zyl, Mokuane, and Nel (2016:88) studied nurse leaders working in the Lesotho Ministry of Health and Social Welfare. The results indicated that variance in self-leadership could cause work stress (physical working conditions). Due to the Emotional Quotient Inventory (self-regulation), there was no significant difference in self-leadership between different age groups of nurse leaders (Van Zyl et al., 2017:188).

1.2.2   National studies in self-leadership in nursing

Several researchers have carried out studies on self-leadership in SA. Jooste, Jullie, Bimray, Essa, Ahonohou, Arunachallam, Rashe and Willemse (2015:1) studied the experiences of nurse leaders regarding the meaning of self-leadership in relation to shared leadership, reflective leadership and collaborative leadership. Self-leadership is also a process through which an individual can control his/her actions, self-awareness and self-goal setting. It entails utilising personal strengths and possessing the self-direction, self-motivation, self-reward and self-punishment necessary to perform tasks effectively (Jooste, 2017:199). Van Zyl (2015:5) studied the role of self-leadership in becoming an ethical leader in the South African work context. The results of this research indicated that self-leadership strategies could impact leaders' moral conduct (Van Zyl, 2015:5). Shared leadership, together with a clear philosophy in a work setting, is linked to leadership development (Jooste & Frantz, 2017:199).

A study investigated the relationship between the influence of self-leadership and the locus of control on the job performance of a workforce within a power generation utility. The results indicated that a blend of self-leadership and internal locus of control is imperative for attaining high job performance (Rambe, Modise & Chipunza, 2018:952). The results of another study stipulate that work engagement facilitates the

association between self-leadership and the future of human resources management (HRM) (Schultz, 2021:1701).

A study by Kim, Kim, Kim and Lee (2016:338) on the "Influence of nurses' self-leadership on individuals and team members' work role performance" confirmed that nurses' self-leadership affects their individual self-leadership, as well as team members' work role performance. Hence, to improve nurses' work role performance within nursing units of nursing organisations, self-leadership education is necessary for ensuring an appreciation of work autonomy and addressing workplace challenges.

Megheirkouni (2018:393) explored self-leadership strategies and career success within sports organisations. The study found that self-efficacy entirely facilitates the interaction between self-leadership and occupational accomplishment. Self-leadership also plays a significant part in growing a scholar's self-efficacy level, particularly in pioneering behaviour conditions (Afridi, Jan, Ayaz & Irfan, 2021:371).

More studies undertaken globally also indicate that self-leadership significantly influences how efficiently nurses carry out their duties. Kwon and Jeong-ok (2016:53) link self-leadership to performance and inner behaviour. A further study on the role of self-leadership in service leadership by Shek, Ma, Liu and Siu (2015:343) found that self-leadership is based on a positive view of human nature, namely that people have the potential to lead and improve themselves.

Goldsby et al. (2021:25), as mentioned above, indicate that classifications of studies in self-leadership progressed over four decades of research, as would be anticipated, because changes develop over time and society fluctuates. These researchers deliberated on the impact of self-leadership and shared leadership on the performance of virtual research and development teams. Mayfield, Mayfield and Neck (2021:31) established that self-leadership and motivating language showed robust, constructive interaction with employees' job satisfaction, functioning and willingness toward job retention. The impact of self-leadership and shared leadership on teams' performance was studied by Castellano, Chandavimol, Khelladi and Orhan (2021:578), and the results indicate that self-oriented leaders acquire effectiveness and an obligation to obtain advanced performance levels in their work. Additionally, trust is seen as an essential concept for achieving shared leadership through self-leadership. Bracht, Keng-Highberger, Avolio and Hang (2021:653) found a relationship between the leader's self-

awareness, self-leadership, and self-efficacy. According to a study conducted by Bakker, Breevaart, Scharp and de Vries (2021:1), employees need to be motivated to be pre-emptive in their actions. While this practice may be stimulated through challenges, leaders may provide self-sufficiency and responsiveness to nurture self-leadership.

Self-leadership studies also used the behavioural-focused strategy (BFS). Usman and Maya (2019:78) studied self-leadership strategies as the predictor of self-esteem and life satisfaction in university students. The results of this study stipulated that there were constructive and meaningful associations linking the use of self-leadership strategies (behavioural-focused strategies and constructive thought strategies) and self-esteem and life satisfaction. Of the studied strategies, the behavioural-focused strategy (BFS) was the sturdiest forecaster of a person's self-esteem and life satisfaction.

1.3   Theoretical departure of the study

The behavioural-focused approach ensures an increase in those behaviours that can contribute towards achieving expected outcomes and, thus, play a role in reducing undesirable behaviours that lead to poor outcomes. The strategy aims at increasing self-awareness, which will lead to those behaviours that involve the competencies that one needs for task performance (Houghton, 2000; Norris, 2008:45). There are different tasks that one needs to perform under this strategy, which includes self-observation, self-goal setting, self-rewards, self-punishment and self-cueing (Jooste, 2016:1). For this research study, the assumptions are:

- Self-observation involves awareness of the self, which guides an individual in relation to why and when they engage in a specific behaviour.
- The self-goal setting is the process whereby the nurses direct themselves to behave in a desirable way (Konradt, Andreben & Ellwart, 2009:322).
- Self-reward provides nurses with incentives to acknowledge their achievement of set goals.
- Self-reminder creates a way of thinking that prompts leaders to think about what they always want to achieve (Norris, 2008:45).

1.4 Definition of other concepts

- Behaviour: This concept refers to one's actions before or towards others, especially on a particular occasion. It can also be actions that measure commonly accepted standards (Oxford Languages, 1989).

- Occupational healthcare: A speciality practice that provides and delivers varied healthcare services to companies and their employees (Acutt & Hattingh, 2016:1).

- Occupational health nurse: A registered professional with a postgraduate qualification in occupational healthcare who has the specialised knowledge and skills necessary for protecting and promoting the health of employees in the workplace (Acutt & Hattingh, 2016:1).

- Industrial setting: An environment that has developed within industries. This environment or community primarily works within buildings that produce industrial output (Collins Dictionary 2018:1).

- Self-leadership: Self-leadership, for purposes of this study, will refer to behaviour that addresses high-powered, right-brain activity and lays the foundation for effective self-influence and continuous improvement. It can also describe a process of influencing oneself to establish an effective performance (Jooste, 2017:199).

1.5 Problem statement

In the current scenario of industries, the expectation is that professional nurses should lead themselves (Mlambo, Silen & McGrath, 2021:62). Self-leadership should be at the foundation of any leadership development initiative and always reviewed at all levels in career progression. During OH nurses' management meetings, discussion on the role of professional nurses as leaders was highlighted, focusing on self-leadership in a human-scarce resource environment. Professional nurses working within the private industries as occupational nurses face challenges in using their authority to initiate new nursing procedures. They seem to have inadequate knowledge about new trends in the medical fields requiring different treatments and difficulty influencing other nurses of the younger generation to adhere to quality assurance measures. A suggestion made during a discussion with general managers was to provide guidelines to professional

nurses on how to lead themselves during challenging times experienced by the industries.

Professional nurses must be aware of self-leadership and the need to use behavioural strategies to deliver quality care to clients. According to Jooste (2017:199), self-leadership enables nurses and healthcare managers to assist other staff members, thus increasing team productivity. It is also an essential component of facilitating the empowerment of nurses by allowing them to offer assistance to other people and exert their influence over work processes (Jooste et al., 2015:1). It is unclear, however, how professional nurses experience their self-leadership behaviour in an industrial work environment.

From the problem, the following questions emerged:

- What are the lived experiences of professional OH nurses regarding their self-leadership behaviour within an industrial work environment in Cape Town?
- How can a professional OH nurse be guided towards self-leadership behaviour within an industrial work environment in Cape Town?

1.6   Purpose

The purpose of this study was to explore the lived experiences of OH nurses regarding their self-leadership behaviour to develop guideline for them within an industrial work environment in Cape Town.

1.7   Objectives

The objectives of this study were:

- To explore the lived experiences of OH nurses regarding their self-leadership behaviour within an industrial work environment in Cape Town.
- To develop guidelines for OH nurses in self-leadership behaviour within an industrial work environment in Cape Town.

1.8   Paradigm

A paradigm directs the study's focus and the interpretation of the data results because it postulates beliefs and principles (Kivunja & Kuyini, 2017:26; Kankam, 2019:16).

According to Kamal (2019:1386), a paradigm provides the philosophical basis for the questions asked and the nature of enquiry needed to address the identified questions. Agreements on how the questions can be investigated are key. In Chapter 2, the paradigm of this study is outlined.

1.9   Research methodology

Methodology means understanding the whole research method containing its shared structural background, logical postulations, moral values and the implication of new information from the research initiative (Adedoyin, 2020:1).

1.9.1   Research setting

A setting in qualitative research refers to the types of places where information gathering takes place, such as a site being the specific location for the research and could be an entire community (Polit & Beck, 2021:1). The setting of this study was private industries in Cape Town, such as clothing and glass industries and steel manufacturing settings.

1.9.2   Research design

According to Osuagwu (2020:46), a research design is an overall strategy that moves from underlying philosophical assumptions and directs a researcher in gathering, examining and translating data and information for explaining and answering organisational/national issues. This study applied an exploratory, descriptive, contextual qualitative design to answer the research questions. A qualitative study uncovers trends in thoughts and views and provides insight into the research problem (Maree, 2019:1).

According to Makri and Neely (2021:1), an *exploratory design* involves examining data descriptively to gain new insight and become as familiar as possible with it. The same authors also describe a descriptive design as the intention to gain more information

about characteristics within a particular field of study. The main aim of a *descriptive design* is to explain existing and past experiences and expand one's understanding (Marx Gómez & Mouselli, 2018:1). In this study, the descriptive design outlines data obtained from interviews that described the phenomenon of self-leadership as experienced by OH nurses in their industrial work environment, Cape Town (Nyhan & Howlin, 2021:1). A *contextual research design* was followed and it is a user-centred design process that employs in-depth field research in a specific setting to drive innovative research and involves a systematic process for collecting field data (Holtzblatt & Beyer, 2014:1).

1.9.3   *Study population*

The population is the entire group of interest (Polit & Beck, 2021:1). The target population is the people being researched, for example, occupational health nurses (Waller, Farquharson & Dempsey, 2016:1). A soundly defined target population provides inclusion and/or exclusion criteria regarding which participants may participate in the study (Casteel & Bridier, 2021:339). The accessible population is the portion of the target population accessible to the researcher (Polit & Beck, 2021:1). The accessible population in this study was occupational nurses (N=300) working in the industries like glass, clothing, oil, printing press, health and beverages, food, automobile and steel manufacturing industries in the Metropolitan area of Cape Town, South Africa.

1.9.4   *Sample and sampling*

Sampling involves selecting a portion of the population to represent the total population (Polit & Beck, 2021:1). Qualitative approaches demand different sampling techniques compared to the randomly selected and probabilistic sampling used by quantitative researchers. A sample in qualitative research consists of sampling units of people, time or setting in this study. A non-probability sampling approach, using the purposive sampling method, was used to obtain the sample of participants for this study. According to Polit and Beck (2021:1), purposive sampling involves using the researcher's knowledge about the population to personally choose sample members. Researchers may decide purposively to select people who are judged to be knowledgeable about the issues under study.

A sample is a subset of population elements. Nursing research elements (basic units) are usually humans (Polit & Beck, 2021:1). For this study, the accessible population served as the total sample of 300 OH nurses working within private industries in the Metropolitan area of Cape Town, Western Cape.

Eligibility criteria for a study population often include age, health and disease status, gender, and functional, physiological or clinical characteristics of demographic variables as either inclusion or exclusion criteria (Hornberger & Rangu, 2020:1).

Inclusion criteria for this study:

- Professional nurses with a qualification in OHN,
- OH nurses registered at SANC,
- OH nurses working and directly employed by an industry in Cape Town for at least two years,
- Males and females.

Exclusion criteria

- Professional nurses who are currently busy obtaining occupational nursing qualifications,
- Non-practising nurses with a qualification in OHN.

For this study, the sample size was not pre-determined. The researcher conducted interviews up to the point at which there was no emergence of new data (data saturation). Polit and Beck (2021:1) state that data saturation involves sampling until no new information is forthcoming and redundancy occurs. Fourteen interviews (n=14) were conducted, at which stage data saturation was reached.

1.9.5 Data collection

In this study, the researcher conducted individual interviews to explore and describe the self-leadership behaviours of OH nurses working within various industries in the Western Cape.

1.9.5.1 Preparation of the field

The process of this research study entailed obtaining ethical clearance from the Faculty Research and Ethics Committee of the Cape Peninsula University of Technology (CPUT) (CPUT/HW-REC 2019/H5) (Annexure D). Permission from the industries where participants were working and informed written consent from OH nurses were also obtained. The researcher then approached the participants and informed them of the purpose and benefits of the proposed study (Annexure B). A request for a private room for interview purposes was sanctioned, and the interviews were conducted at times convenient to the study participants.

1.9.5.2 Pilot interview

According to Magnusson and Marecek (2015:1), pilot interviews help refine the interview guide or revise researchable questions. It also enables one to gain some experience in carrying out the interview and ensures a more confident and adept interviewer. The importance of the interview is also to enable the researcher to check the scope of the content of the interview guide and make changes where necessary (Crossman, 2020:1).

Pilot interviews are useful to ensure appropriate language, an understanding of the questions, and the terms of reference within the research field (Caulfield, Hill & Routledge, 2018:1). This study conducted a pilot interview to explore the participants' understanding of the research questions on the phenomenon of self-leadership in their work context.

1.9.5.3 Data gathering

Semi-structured individual in-depth interviews were conducted for this study. This practice was necessary because there was little known about how OH nurses working within various industries experience self-leadership behaviour. An individual interview is a focused conversation between a qualitative researcher and a participant that will produce data as words (Gray, Grove & Sutherland, 2018:1).

The data collection process for this study protracted to five months from June 2020 to November. According to Korstjens and Moser (2018:9), interviews can last between 30-90 minutes. Taherdoost (2022:39) indicates that stating an approximate interview time is important for both the researcher and participants. However, the length of an interview depends upon the participants, interview topic and methodological approach (Moser & Korstjens, 2018:8). The interviews with the OH nurses, who had willingly given their prior permission by signing a consent form, lasted no longer than 60 minutes. The researcher arranged the time of the interviews, and the participants provided the venues because the researcher had to travel to their various work places. Interviews were conducted in a quiet private room in which only the researcher and the participant were present throughout the interview process. The participants permitted the researcher to take field notes during the interview and for them to be digitally recorded. The researcher initially provided a conducive and comfortable environment by asking general questions. Next, the researcher posed the interview questions as per the interview guide. The interviews' digital recordings were marked with e.g., ON1 and ON2 to ensure participants' confidentiality.

1.10   Data analysis

There are many strategies for analysing data, which depend upon the study design and the methods of sampling, data collection and measurement. According to Busetto, Wick and Gumbinger, 2020:14), qualitative researchers usually collect and analyse data simultaneously. The process of data analysis used in this study was the seven steps of Colaizzi 1978 (Praveena & Sasikumar, 2021:914). Data analysis is described in Chapter 2.

1.11   Trustworthiness

Trustworthiness refers to ensuring data quality (or rigour) in qualitative research (Lincoln & Guba, 1985). This model proposes four criteria for developing the trustworthiness of the qualitative study:c credibility, dependability, transferability and conformability (Kyngas, Kantse, Polkki, Utriainen, Kaarianene & Elo, 2020:1). Trustworthiness is discussed in Chapter 2.

1.12   Ethics

A researcher must understand the importance of the protection of the rights of research participants. The benefits should always outweigh the risks involved. Researchers are accountable for their findings, which will be made public, and are expected to promote the public's social and ethical values without revealing the participants' identities (Zukauskas, Veinhardt & Andriukaitiene, 2018:153). The ethical principles followed in this study are described in Chapter 2.

1.13   Delineation of the research

A small sample was used in this qualitative study. Fourteen interviews were conducted, including one pilot interview. Thirteen sets of valid data were collected from thirteen interviews and used for data analysis.

1.14   Significance of the research

At the time of the current study, no research had been conducted in a South African setting regarding the self-leadership of OH nurses in the industrial setting using behavioural patterns. This research study, therefore, will enable OH nurses in the industrial setting to understand and improve their self-leadership skills.

1.15   Layout of the report

Chapter 1

This chapter introduces the study, background to the research problem, purpose and objectives, as well the research method, ethical considerations and justification. It also discusses the literature on self-leadership and the results of other studies conducted in this field.

Chapter 2

This chapter focuses on the research design, methodology, and data sampling technique, population and data collection method used in this research study. The reason for using qualitative research was discussed, and the study's limitations were emphasised. A contextual research design was used to explore the lived experiences of OH nurses

concerning their self-leadership behaviour in an industrial work environment in Cape Town and how they can be guided towards achieving a more productive approach to self-leadership within their industrial work environment in the Metropolitan area in Cape Town. Ethical considerations used in the study was discussed in detail.

Chapter 3

This chapter presents the participants' demographical data, and the emerging themes from the research will be discussed. Six main themes emerged from the study and will be discussed in detail with categories, sub-categories, and participant quotes. The literature will support the findings.

Chapter 4

This chapter addresses the conclusions of the study, guidelines, recommendations, limitations and summary.

1.16   Summary

Chapter 1 created a summary of the background of the experiences of OH nurses regarding their self-leadership behaviour in an industrial work environment in the Metropolitan area of Cape Town. The qualitative, exploratory, descriptive and contextual research design was used for this study. The research problem's background, purpose and objectives, method, ethical considerations, and justification were discussed. The design was adequate for the chosen research method, and participants were purposively sampled. The researcher followed ethical and trustworthy principles in conducting research.

CHAPTER 2

METHODOLOGY

2.1   Introduction

Research methodology specifies the reasoning behind the development of the method used to create an idea, that is, the technical structure within which the research is conducted (Mohajan, 2018:23). Abu-Taei and Mouatasim (2020:1) describe the methodology as how researchers need to conduct their research, how they formulate their research problem and objective as well as presentation of results from the collected data.

This study aimed to explore and describe the lived experiences of OH nurses regarding their self-leadership behaviour in an industrial work environment in Cape Town, Western Cape. The methodology in this chapter refers to the design, data collection and analysis methods, trustworthiness and ethics in the research process.

2.2   Paradigm of the study

Paradigms are lenses that help sharpen the researcher's focus on the phenomena of interest, such as the self-leadership behaviour of OH nurses, not blinders that limit curiosity. Nursing knowledge would be thin if not for the rich array of methods – methods such as in-depth individual interviews that, in their strengths and limitations, are often complementary (Mashuri, Rasak, Alhabsyi & Syam, 2022:22). Research paradigms are categorised into positivism, interpretivism, post-positivism, Critical theory (ideology), Constructivism and/or Pragmatism. For this research study, the focus is cantered on interpretivism.

Interpretivism

Interpretivist-researchers believe in reality, grounded on people's personal experiences of the external world they live. Interpretivist-researchers believe there is no single, accurate path or specific process to knowledge and that no unbiased knowledge is independent of intellectual or human reasoning (Kumatongo & Muzata, 2021:16). This

approach can be mostly useful in comprehending how people experience and connote challenging or complex topics (Omodan, 2022:275).

2.2.1 *Meta-theoretical assumptions*

A meta-paradigm is a set of theories or ideas that structure how a discipline should function. For a nursing discipline, these theories consist of four basic concepts that address the patient as a whole, the patient's health and well-being, the nursing care environment and the nursing responsibilities. A nursing paradigm determines the goals and boundaries of important entities like a foundation of a building. The meta-theoretical paradigm of this study referred to the components of the nursing theory, namely the person, environment, nursing, and health (Nikfarid, Hekmat, Vedad & Rajabi & 2018:6).

The person

The person is the OH nurse who is qualified and competent as a professional nurse and OH nurse to independently practice comprehensive OHN in an industrial healthcare environment, taking responsibility and accountability for such practice (SANC, 2005). The person has a broad and sound foundation in the behavioural, life and nursing sciences of the practice of nursing. The nurse engages in the general scope of OHN practice by taking up a self-leadership role, for which the person takes ownership in managing, preventing illness, and promoting workers' health in an industrial setting. She leads herself while participating as a member of the healthcare team; and focuses on her self-development, involvement in research, and using her authority in staff supervision and training (ICN, 1987). An OH nurse believes in her/himself to take up different roles, including clinician/practitioner, educator, consultant, and manager/administrator. The OH nurse roles inside these roles are increasing due to socio-economic, political and evolving technologies (Esterhuizein & Van Rensburg, 2021:100290).

Environment

The environment refers to the internal and external environment of the person, namely the OH nurse. The internal environment refers to the person as a holistic being with physical, psychological, social and mental dimensions, contributing to her wellness and that of a client (also with an internal environment) in the external environment. The

external environment is an occupational nursing setting with human and financial resources, in which the nurse leads herself by taking ownership and being self-motivated to serve her clients in the external environment (workplace). The external OH environment is the milieu that offers an OH setting the resources needed to sustain its internal (person) capabilities. The internal and external environments interact, as the person (OH nurse) contributes to a positive organisational culture for staff (external environment) for personal and professional growth (internal environment). In nursing, both the external and internal environments play a role in the advancement of the self-leadership of a person and their organisational decision-making (Shatilo, 2020:85).

Nursing

Nursing refers to OHN with the key components of prevention of illness and injury in the workplace, protection, creation and promotion of productive, healthy workers in a healthy workplace and education (Denge & Rakhudu, 2022:1-9). It is an important nursing speciality to protect and promote the well-being of the community and workforce (Saldana, Pimentel & Posada, 2019). An OH nurse can be described as a nurse specialist who has undergone and accomplished the theoretical and practical requirements to be registered as an OH nurse by the South African Nursing Council. Their main role is to provide and deliver health and safety programmes and services to workers and the worker populations in their place of employment. The goal is preventing illness and injury and protecting people from work-related and environmental hazards (SANC, 2020:4; SANC, 2013:1). An OH nurse holds a current general nurse license and has completed an educational programme that meets the prescribed standard for OHN practice. The OH nurse is authorised to function within a defined scope of practice in an OHN setting (ICN, 2020:15). OH nurses lead themselves through their experience and knowledge of health and industry that blends health skills to balance the requirement of a safe and healthy work environment (Torre, D'Andreano, Lecce, Di Muzio, Chiarini & Pulimeno, 2020:3). The OH nurse takes ownership of the nursing process as a course of coordinating the steps of assessment, diagnosis, planning, forecasting, organising, staffing, monitoring directing/leading, evaluating and controlling the service of care delivery (Toney-Butler & Thayer, 2020:1). The OH nurse should be self-motivated and directs the nursing process to achieve set objectives.

Health

Health is a state of complete physical, mental and social well-being in the internal environment of the person, not merely the absence of disease or infirmity (WHO, 1948). Well-being in this study refers to the ability of the OH nurse to lead her/himself. Self-leadership is an internal state of well-being by influencing oneself to have constructive ideas (mind), be emotionally balanced, socialise, and have a positive view of one's physical health while having the authority and power in the external environment (Simons & Baldwin, 2021:984). The nurses use their ownership to apply their authority and power (Beauvais, 2019:34) to influence the wellness of themselves and other persons.

2.2.2 Theoretical assumptions

In this study, as explained in Chapter 1, the Behavioural focused strategy (BFS) was used to explore the self-leadership experiences of OH nurses working in the industrial environment (Sjoblom et al., 2022:2). The behaviouristic approach is strategies that increase self-awareness for the controlling of behaviours consisting of self-observation, self-cueing, self-reward, self-goal setting and self-punishment (Harari, Williams, Castro & Brant, 2021:1). The strategy aims to boost positive behaviours that are necessary that can lead to positive results to subdue unattractive behaviours that can lead to ineffective results.

2.2.3 Methodological assumptions

The research on self-leadership experiences of OH nurses working in the industrial environment was conducted in natural settings and used data that were words or text instead of numeric in the description of the lived experiences that were studied (LoBiondo-Wood & Haber, 2018:8). A qualitative methodology was followed as;

- Qualitative research aims to understand a phenomenon rather than explain and predict it (Brink, Van der Walt & Van Rensburg, 2018:104).
- The socially constructed nature of reality, the relationship between the subject of the research, the research, and the situational factors that shape inquiry were considered (Haradhan, 2018:23). The qualitative research study answered questions on the self-leadership of OH nurses in an industrial environment.

- The qualitative study was inductive in nature and centred on the particular study. A quantitative design would have used a deductive approach.

- The study sample was specific and did not represent the larger population. In a quantitative research study, large numbers that allowed for the generalisation of results would have been needed (Ahmad, Wasim, Irfan, Gogoi, Srivastava & Farheen, 2019:2828).

2.3   Research design

A research design is a plan and structure for monitoring the research study (Abutabenjeh & Jaradat, 2018:237). It is a blueprint chosen by a researcher prior to data collection, which acts as a guide or framework to attain the research objective through a rigorous method (Asenahabi, 2019:76; Jilcha, 2019:27). The purpose of the research design is to certify that the acquired evidence allows the researcher to efficiently and rationally solve the research problem in an explicit manner (Thakur, 2021:54).

A qualitative research design requires that the researcher not deviate from the data collection process from one subject to another (Boru, 2018:1). This method was chosen to allow the researcher to adapt his or her understanding of the phenomena and shape the meaning of reality (Mohajan, 2018:23).

The researcher carried out her study, trying to understand occurrences in terms of the connotations people convey (Aspers & Corte, 2019:139). The researcher was interested in exploring the lived experiences of OH nurses on their self-leadership behaviour in an industrial environment through in-depth data gathering, as little is known about the phenomenon. Thus, a qualitative design was chosen instead of a quantitative study. There was a literature study from which questions could be formulated.

The qualitative research's approach to the self-leadership of the OH nurse was from the "emic" perspective, as the participant's viewpoint provided the source of meaning and not that of the researcher. The researcher entered the territories of the participants to associate with them by having candid curiosity and concern, listening to and perceiving their response and then examining and communicating it in the participants' words (Mazonde & Carmichael, 2020:476). In a quantitative study, an "etic" perspective would have included descriptions and clarifications taken from all the countries included in the research to develop an instrument that can be used in a comprehensive

study (Galperin, Punnet, Ford & Lituchy, 2022:7). In this study the participant brought lived experiences and values to the study that provides a new perspective on the phenomenon of interest, the self-leadership of the OH nurses. The researcher gathered empirical evidence, which was evidence rooted in objective reality and directly or indirectly gathered through the senses rather than through personal beliefs or haunches (Polit & Beck, 2021:8: Mohajan, 2021:50).

2.3.1 Phenomenology as a qualitative research approach

Neubauer, Witkop and Varpio (2019:90) define phenomenology as a method of research that seeks to explain the principle of an occurrence by studying it from the viewpoint of those who have lived it. Fuster (2019:201) indicates that phenomenologists opine that people's actions, what they do and say, result from how they understand their world. This design shows how people create their realities, and the task of the phenomenologist is to find out the essential structure or lifeblood of a phenomenon (Sugden & King, 2019:1821).

The researcher in this study chose a descriptive rather than an interpretive phenomenological research design. While interpretive phenomenology is embedded in the hermeneutics approach (decoding the phenomena in perspective), the descriptive approach connects the initial theoretical assumptions and avoids bias (Sundler, Lindberg, Nilsson & Palmér, 2019:733).

There are three main approaches in phenomenology: Husserl's transcendental phenomenology (1913), Heidegger's hermeneutical phenomenology (1927) and Merleau-Ponty's idea of perception (1945). Husserl was the first person to write about phenomenology in 1913, and he described it as the science that focuses on accepting human beings at a profound level by scrutinising the phenomenon under study (descriptive). In this case, it involves the study of an OH nurse's behaviour in leading her/himself within the industrial environment. The initial beliefs of the researcher regarding an individual or event are usually set aside to find the true meaning of an individual or event (Heotis, 2020:221). Heiddegerian's 1927 hermeneutic phenomenology interpretive perspective offers a more comprehensive connotation to the observed lived experiences (Qutoshi, 2018:215). According to Merriam and Grenier (2019:48), phenomenology as a school of philosophical thought focuses on the essence

or structure of an experience and shows how multifaceted connotations are constructed beyond simple components of direct occurrences. Interpretive phenomenology links with intersubjectivity in representing the "transcript and the explanation of the manuscripts' interpreted". This research approach shows the connection between the researchers and the participant, both with their own ideas on the phenomena under study, and while living in the same world, both have different views on the same concept. Merleau-Ponty's (1945) idea of perception attempts to explain the perceptual experience as humans experience it (Carman, 2009:1). To comprehend perception, Merleau-Ponty puts into reflection the results of pragmatic psychology, neurology and studies in psychopathology. Thus, his approach accepts using phenomenological philosophy to reconstrue the outcomes of pragmatic studies (Ghallagher, 2010:183).

A descriptive phenomenological design was selected as the most suitable approach to explore the lived experiences of OH nurses with regard to their self-leadership behaviour in an industrial work environment in Cape Town, Western Cape. A descriptive rather than an interpretive phenomenological approach was chosen for this study to discover and describe critical fundamentals that are grounded on the organisation and clustering of a phenomenon that includes development (Umanailo, 2019:2). Descriptive-focused phenomenological research methods afforded the capturing of an intense and detailed account of the lived experiences of the study participants. The descriptive phenomenological approach used in this study was exploratory, descriptive and contextual in nature.

2.3.2 Exploratory design

An exploratory design was used to fill a knowledge gap on a new phenomenon where no research has been done on the OH nurse's self-leadership behaviour in SA. It approaches a topic to discover a new and upcoming understanding to answer an inquiry (Pawar, 2020:52, Singh, 2020). An exploratory design was used in this study to explore the research problems around OH nurses in a specific context (Thomas & Lawal, 2020:79). This study wanted to understand the lived experiences of OH nurses on their self-leadership behaviour while working in an industrial environment, Cape Town. In the exploratory design, data were collected to assist in producing new concepts (themes and categories), followed by an inductive approach (Singh, 2020). The design was used

to explore the data collected from the semi-structured in-depth individual interviews (Fusch, Fusch, Ness & Ness, 2018:19).

2.3.3 Descriptive design

A descriptive design in a qualitative study, also known as non-experimental research, is used to obtain insight into a situation and measure what "is" (what has been), such as the self-leadership in an OHN industry. In other words, it is reflective (Jolley, 2020:126). It can be defined as a theory-based design (theoretical assumptions) in which the researcher's primary goal is to explicitly present the problem statement to ensure that others have an enhanced understanding of the necessity of the research (Thakur, 2021:54).

A descriptive design was suitable to answer the research questions posed in this descriptive phenomenology study. It identified the nature of the problem and the various experiences of OH nurses on the phenomena under study. The design recognised the subjective nature of the problem with the different lived experiences participants had. The findings were analysed as close to their true reflection as possible (Doyle, McCabe, Keogh, Brady & McCann, 2020:443).

2.3.4 Contextual design

Qualitative researchers believe that reality is socially constructed and context-dependent, such as in an occupational setting (Mohajan, 2018:24). If a researcher understands the context, they can understand and grasp the meanings being communicated better. Duda, Warburton and Black (2020:33) describe the contextual design as a mixture of observation and conversation with the participant while the participant is in a specific place. Contextual design emanates from the belief that data analysis is directed at attaining and sustaining awareness of a specific situation, usually through communication and sometimes through collective procedures like a partnership (Miller, Koola, Matheny, Ducom, Slagle, Groessl, Minter, Garvin, Weinger & Ho, 2018:55). It usually takes place in the participant's natural environment such as an OHN industry which offered richer and data on how the participants' experience practices rather than self- related or lab-established research methods (Salazar, 2020:1). This

study used the design to explore OH nurses' self-leadership behaviour in their private industrial environment.

2.4   Study setting

Cape Town is the oldest city in SA, colloquially named the Mother City. It is SA's legislative capital and the primate city of the Western Cape Province. It forms part of the City of Cape Town Metropolitan City municipality.
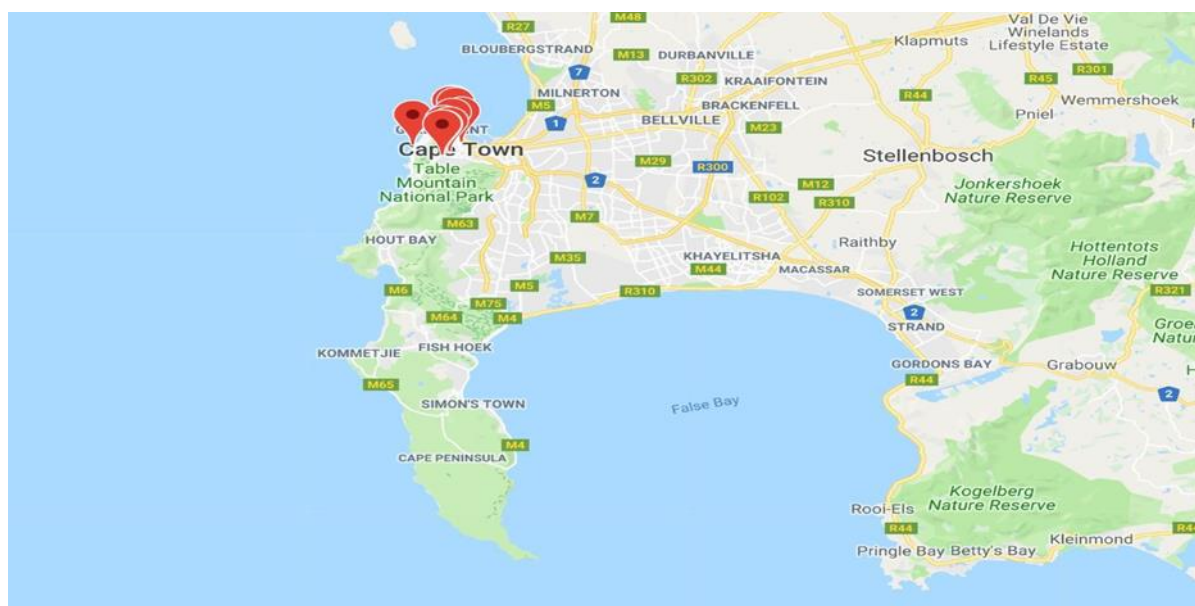
Figure 2.1 Map of the City of Cape Town

The population of people living in the Metropolitan Municipality in the City of Cape Town – an area that includes exurbs and suburbs is 3 740 026 million (SA statistics, 2019). The main Language spoken is Afrikaans which is spoken by 35.7 % of the population, 29.8% of Xhosa, and English is spoken by 28.4% of the population (World population view, 2021).

2.5   Population

The population is the entire group of interest (Polit & Beck, 2021:1). A total population includes every element that meets the sampling criteria in the research (Chivango &

Monyai, 2021:13). It is the individuals, groups, administrations or bodies that the researcher seeks to comprehend and the major group around which the research is centred on (Casteel & Bridier, 2021: 340). The target population in this study was the OH nurses (Waller et al., 2016). The researcher wanted to study all OH nurses in SA, but because it was impossible to access or get to all of them, she earmarked a part of the population that had a chance of being selected. Those who were members of SASOHN were targeted. SASOHN is the South African Society of OHN and has
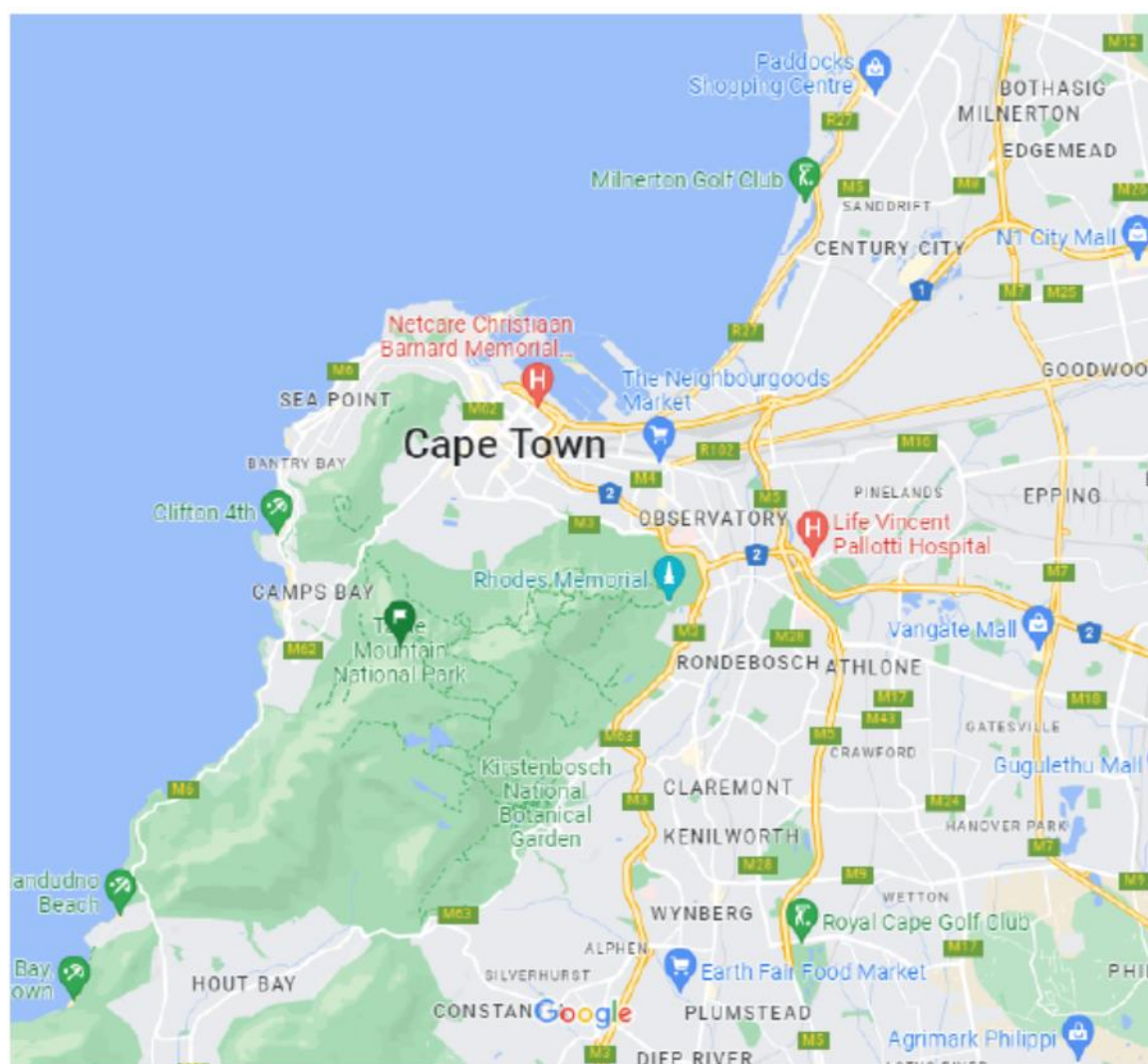
Figure 2.2: Map with an example of the target population of many occupational settings in Cape Town, SA (Source: Google maps)

Ongoing educational meetings and courses for members on relevant and global OHN legislation and trends.

The accessible population was the population that was freely available to the researcher from the target population (Fain, 2017:133; Mack, 2018:1). These were all the OH nurses working in the private industrial sector in the Western Cape Province. The SASOHN database has around 320 members in the Western Cape and approximately 1200 nationwide. They were SASOHN Members working in factories producing shoes, oil and gas, food, farm machinery, glass, printing press, textile, paint, medical products and pharmaceuticals. SASOHN had their first meeting on 20th April 1970, and its national office was established in 2003. They held its monthly meetings nationwide (SASOHN, 2003) as a leading forum in S.A.

The study population included both female and male professional nurses with an additional qualification in OHN, aged between 30 and 59 years, who were working in the industrial sector in the Metropolitan area of Cape Town.

The interviews were conducted between June and November 2020.

2.6 Sampling and sample

2.6.1 Sampling

Sampling can be defined as a process of choosing a sample from a specific or big population guided by ethical principles and the phenomenon under investigation (Bhardwaj, 2019:157 DeJonckheere & Vaughn, 2019:57). Sampling is crucial as the population of interest is usually too many to be accommodated in one study (Majid, 2018:1).

Non-probability sampling was used in this study. This type of sampling involves selecting samples based on the researcher's judgement of the phenomenon instead of random selection. This depends on the researcher's expertise and is mostly used in exploratory research (Ali & Hussain, 2020:3). Probability sampling would have been through random selection. However, non-probability sampling was followed in this qualitative study as the researcher selected the sample, relying on her personal and professional judgement and competency (Ali & Hussain, 2020:3).

Purposive sampling was chosen as the non-probability approach, also known as judgment sampling. The importance of purposive sampling was that it was based on selecting participants that could yield rich information (Gray, 2022:233) based on the lived experiences of participants, the phenomena under study (Fain, 2017:147; Arkadiusz, Joseph, Diego & Annelies, 2020:120).

Purposive sampling thus enabled the researcher to choose participants that were well-informed, fluent, and eager to give rich, descriptive evidence about their lived experiences of self–leadership behaviour as OH nurses working in the industrial sector in Cape Town (Nyhan & Howlin, 2021:1). It thus involved some form of a subjective selection of components into the samples for which inclusion probabilities are incomprehensible (Arkadiusz et al., 2020:120).

The researcher chose heterogeneous purposive sampling for this study, also called maximum variation sampling, because it involved participants with varied experiences and who worked in different types of OHN settings (Arkadiusz et al., 2020:120). This type of sampling allows for selecting information-rich samples to enable an in-depth view of the phenomena under study (Shaheen, Pradhan & Ranajee & 2019:25). This method was a useful approach as the researcher wanted an expert sample. The principles for selecting individual participants may differ and include: pursuing a particular account to study, belonging to a particular culture, possessing a common involvement with a trend or having the ability to contribute to the emergence of a theory (Casteel & Bridier, 2021:339). The aim of purposive sampling was for a superior matching of the sample to the study's aim and objectives, thereby improving study rigour and trustworthiness of the data and its results (Campbell, Greenwood & Prior & 2020, 652). The sampling ensured the selection of individuals (OH nurses) of OH practitioners who were working in different industrial settings.

2.6.2 Sample

A sample is a small portion of the accessible population chosen to provide data (Ary, Ary, Jacobs, Sorensen & Razavieh, 2018:171). There is no set sample size in qualitative research, but the sample is usually small in nature. Mostly data-rich samples are used until data saturation is reached (Vasileiou, Barnett, Thorpe & Young, 2018:148). Fourteen (n=14) OH nurses were selected for this study.

2.6.2.1 Eligibility criteria

Eligibility criteria establish who can participate in a research study. One or more constricted criteria can lead to a sample size that creates irrelevant data quantity (Hornberger & Rangu, 2020:1. The criteria are decided in the beginning before the collection of data (Majid, 2018:3). The researcher focussed on the purpose of the study to establish inclusion/exclusion criteria that would ensure the collection of substantial data.

2.6.2.2 Inclusion criteria

Inclusion criteria are defined as the important characteristics of the accessible population that the researcher needs in order to find a solution to the research question (Patino & Ferreira, 2018: 84). For this research study, the inclusion criteria included:

- Professional nurses with an additional qualification in OHN,
- Currently working in an industry in Cape Town that is an OH environment,
- Worked for at least two years within an occupational environment of the industry,
- OH nurses working in either permanent or contract posts,
- OH nurses enrolled with SASOHN as a professional body (the majority of OH nurses belong to this society).

2.6.2.3 The exclusion criteria

These involved qualities of an individual that could negatively affect the goal of the study (Hornberger & Rangu, 2020:1).

In this study, the exclusion criteria included the following:

- Professional nurses who are currently busy obtaining occupational nursing qualifications.
- Non-practising nurses with a qualification in OHN.

Data saturation was reached after the 14th individual interview. Sufficient data were gathered to effectively understand the phenomenon of self-leadership behaviour (Hennink & Kaiser, 2019:1). Data saturation was when the researcher got to a point where no more information was given. Aguboshim (2021:180) states that additional

contributions from new participants do not produce new facts, new themes, or a new understanding of the study topic, as shown by the generated themes and sub-theme.

2.7   Data gathering

2.7.1   Preparation of the field

The researcher gained permission to undertake the study from the Senate Research Ethics Committee of the university (Annexure D). The researcher then contacted the chairperson of SASOHN to request contact with the registered OH nurses on the SASOHN network. The chairperson contacted the registered members through emails requesting them to indicate their willingness to participate in the research study. They were sent an information letter explaining the interview details, benefits, and their right to withdraw from the interview at any point. The researcher then contacted those OH nurses willing to participate via email, and they were requested to indicate a time and place at which they would be available for individual interviews. The time of the interviews to be held was dependent on the participant's availability to ensure non-disruption of their duties. DeJonckheere and Vaughn (2019:57) indicate that most conducted interviews are done in a location agreed upon by both the researcher and the participant and should be conducive, private, and quiet.

The participants were invited to a suitable room with no interruption. Participants opted to do the interviews in their respective offices, and the researcher had to travel to the participants to conduct the interviews. The researcher met with each participant separately at the agreed venues.

2.7.2   Pilot interview

A pilot interview is a small form of the research project before the full-scale research is conducted to access the efficacy of the research questions to be used in the study (Malmqvist, Hellberg, Mollas, Rose & Shevlin, 2019:1). According to Williams-McBean (2019:1055), pilot interviews determine feasibility and pilot-testing of research instruments, which help to refine, e.g. an interview guide or revise researchable questions. One (n=1) individual pilot interview was conducted to explore if the participant understood the research questions and how long the interview lasted. The

pilot interview indicated that no modification to the questions was needed, as the lived experiences shared addressed the purpose of the study, adding worth and trustworthiness to the research (Aung, Razak & Nazry, 2021:600).

The pilot interview was included in the data analysis as no changes to the research questions were needed, and the data obtained contributed to the purpose of the study.

2.7.3   Data gathering instrument

Individual phenomenological interviews were used as it was seen as a rigorous systematic, and critical investigation of reflection on the lived experiences of the phenomena (Neubauer et al., 2019:90). Phenomenological interviews can assist in answering questions in health professions like nursing through explorations of others experiences. It can expand our appreciation of the multifaceted phenomena involved in the study, conduct, and phenomenological research and broaden our understanding of the complex phenomena involved in learning, behaviour, and communication that are relevant to our field, in this case, the field of OHN (Neubauer et al., 2019:90) The main purpose of phenomenological interviews in this study were to capture, as accurately as possible, the self-leadership lived experiences of OH nurses in their industrial environment (Tomaszewski, Zarestky & Gonzalez, 2020:1).

The interviews were semi-structured, and they;

- Enabled the researcher to follow up on all verbal and non-verbal answers like hunches and facial expressions that could disclose information that may be beneficial in the interpretation of the research data.
- It allowed free responses from the participant giving room for data to be captured in its natural form (Kakilla, 2021:1).
- It ensured deep probing of participants' lived experiences (DeJonckheere & Vaughn, 2019: e000057).

Semi-structured individual interviews comprise a few questions augmented by continuation and probing questions that rely on the participant's answers (DeJonckheere & Vaughn, 2019:57).

A structured interview was not suitable as the phenomenon of self-management of OH nurses was not to be measured from literature through a deductive approach (Woiceshyn

& Daellenbach, 2018:00). An interview schedule was used that outlined the research questions (Busetto et al., 2020:14) (Annexure B). An interview guide is a list of questions that guides the discussion of the research theme during the interview. The quality of the interview guide determines the application of the interview, analysis and the richness of the data collected (McGrath, Palmgren & Liljedahl, 2019:1002).

The formulation of research questions is crucial for any research study, and its goal is to search for an existing ambiguity in a region of concern. Research questions ascertain the topic of study and direct the methodology (Anand, Ratan & Ratan, 2019:15). The researcher compiled the research questions using the acronym FINERMAPS (Feasible, Interesting, Ethical, Relevant, Manageable, Appropriate, Potential value, Publishability and Systematic to create suitable and clear research questions that addressed the phenomenon under study (Anand et al., 2019:15).

The questions posed to the participants were:

- How is it for you to be an OH nurse leader?
- How do you, as an OH nurse experience your self-leadership behaviour in your industrial working environment?
- What support do you need to lead yourself in an industrial work setting?

After the main questions, probing questions were asked to get an in-depth understanding of the lived experiences of OH nurses and their self-leadership behaviour while working in the industrial environment in Cape Town. Probing means digging deeper into the participant's responses by asking subsequent questions, seeking more details or clarification of an answer (DeJonckheere &Vaughn, 2019:57). It is simply the act of asking more questions to understand what the participant was trying to say (McGrath et al., 2019:1002). Probes are virtually impossible to specify ahead of time as they depend on the shared experiences after a question is posed. The researcher asked explicit questions that appeared naïve to understand what the participant's answers meant (Monday, 2020:15). This encouraged the participants to give more details and constantly press for an explanation of the participants' lived experiences shared (McGrath et al., 2019:1002).

The probing questions used were:

- "Tell me more …….?"

- "Can you explain more….?"

2.7.4 The interview

Interviews could only be conducted after participants gave written informed consent for participation. After a formal introduction, the interviewer (researcher) explained the procedure and purpose of the research and allowed the participants to ask questions about the study and the information sheet (Annexure A). An explanation of the research process and their right to withdraw from the study at any time was given. As a start, the interviewer asked demographic questions to put the participant at ease. The researcher aimed to make the participants comfortable by introducing themselves and asking them to introduce themselves, after which the researcher first made general conversations to put them at ease and ensure a comfortable environment. Building rapport before and during interviews was crucial as it enabled the participants to give rich and comprehensive accounts of their own lived experiences on the interview topic.

The researcher displayed an open and inquisitive approach, explaining to the participant the reason for the researcher's curiosity about their contribution (McGrath et al., 2018:1002). Once rapport was established, the recording commenced using a digital recording device. A possible problem was foreseen as the malfunction of the recorder. The cellphone was used as a backup recording device. The participant was asked to put off a cell phone to avoid any external interruptions like a phone call. Recording interviews in qualitative research is important as it counters the disapproval that qualitative research has been biased. This ensured that everything that was said during the interview was kept for analysis and allowed the interviewer afterwards to listen and detect where there was a need to improve in interview skills or go back for member checking (Rutakumwa, Mugisha, Bernays, Kabunga, Tumwekwase, Mbonye & Seeley, 2019:1). An individual phenomenological interview is a face-to-face interview. It might last between 45 and 90 minutes (Moser & Korstjens, 2018:9). The Individual semi-structured qualitative interviews lasted no longer than 60 minutes. Phenomenological interviews in nursing usually have a limited sample size of 5-20 participants, which is reliant on the participant's accessibility and type of research. Most of this research uses Colaizzi, Van Manen, Heidegger, or Giorgi methods to present their data (De Chesnay, 2015:1). Evaluation of 2021 nursing phenomenological studies indicates the existence of variations with research designs, data analysis methods and lack of data validations

which needs future nurse researchers to provide more methodological accounts of their study (Shorey & Ng, 2021:1968).

Field notes were used during the interviews and were essential to assist the researcher in creating dense, in-depth explanations of the study setting, encounter, interview, and the text's important background facts (Phillippi & Lauderdale, 2018:381). The researcher read the field notes after the interview to better understand the responses and the non-verbal written notes on the participants' gestures. Field notes during the conversation ensured information retention but did not interfere with the interview flow or divert the interviewee's attention. Field notes were written thoroughly and as complete as possible.

Phillippi and Lauderdale (2018:381) indicate the importance of field notes as follows:

- Assist in documenting both verbal and non-verbal communications.
- Prompt the researcher to reflect and recognise bias
- Assist with initial coding and repetitive study design

A moderator was not used as the researcher conducted individual interviews. After each interview, the researcher wrote reflective notes in her diary.

2.8   Data analysis

Analysis in qualitative research studies involves an examination of text rather than numbers. Polit and Beck (2021:1) explain that qualitative researchers should begin their analysis by developing a method to classify and index their data. The usual procedure is to create a coding scheme based on scrutiny of actual data and then code data according to categories in a coding scheme. Coding is the marking of sections of data and assigning labels to them.

2.8.1   Phenomenological data analysis

A phenomenological approach was used to analyse this research according to Colaizzi's process of phenomenological data analysis (Speziale & Carpenter, 2007:1). The unit of analysis was individuals. The seven (7) steps of Colaizzi (1978) were followed.

Familiarisation of data was done by reading each transcript and re-reading it to obtain a general sense of the entire content. Identification of significant statements followed. For each transcript, significant statements that pertained to the phenomenon under study were extracted. These statements were recorded on a separate sheet, and their pages and line numbers were noted.

The researcher then identified and formulated meanings relevant to the phenomenon of self-leadership that rose from stringent deliberations of the meaningful statements. Since the researcher had never worked in an industrial setting, she did not have pre-assumptions about the phenomenon, and Colaizzi (1978) recognised that comprehensive bracketing is certainly not possible.

Clusterization of themes followed, and the formulated meanings were sorted into categories, clusters of themes, and themes by the researcher, who applied to bracket and ensured that existing theories were never predisposed. An exhaustive description was then developed, where the study's findings incorporated a comprehensive explanation of the phenomenon under study. This produced the fundamental structure where the researcher summarised the extensive description down to a short, compacted statement that captured just those features considered vital to the structure of the phenomenon.

Finally, member checking of the findings could be sought from the research participants and used to associate the researcher's descriptive results with their experiences (Praveena & Sasikumar, 2021: 914). There was no need for this in the study

Data collection and analysis occurred alongside each other. The researcher and an independent coder analysed the data. The independent coder was important as common pitfalls in coding should be avoided, which could be (a) coding too finely and important information gets omitted or (b) trying to force new outcomes into current codes instead of adding codes in order to expatiate the analysis (Tolley, Ulin, Mack, Robinson & Succop, 2016:179). The researcher initially coded the data. The independent coder and researcher then agreed on the final generated rich themes at a consensus meeting. The supervisor looked at the generated themes for finalisation.

2.8.2 Development of guidelines

This study developed guidelines using the Mullers method (2001:204-205), stating that a guideline can be formulated from the findings and supported literature. Each guideline

was a recommendation in the form of a statement that indicates a rationale and actions for implementation (Muller & Bester, 2018:1). In chapter 4, the structure of the guidelines from the six themes was described

2.9 Reasoning strategies

Inductive reasoning is based on creating an explanation grounded on the description. Inductive is moving from the specific to the general situation, making interpretations about the phenomenon out of curiosity, creating ideas and philosophies, and formulating hypotheses based on the data gathered. On the other hand, deductive reasoning involves moving from the common to the specific, beginning from a theory, developing hypotheses from the theory, challenging those hypotheses, and studying the philosophy (Woiceshyn & Daellenbach, 2018:00; Casula, Rangarajan & Shields, 2021:1703).

As stated under Point 2.8.1, comprehensive bracketing was unnecessary as the researcher separated her view from the topic of not being involved in the OHN setting. The researcher ensured not to add her opinion to the shared experience. The researcher separated her personal feelings and emotions from the study (Weatherford & Maitra, 2019:91).

Reflection provided a platform for the researcher to step back and reflect on what was said and observed during the interviews, including body movements (Alrashidi, Almujally, Kadhum, Quqandi, Ullmann & Joy, 2022:667). After the interviews, the researcher reflected on the notes, which indicated the participants' experiences of challenges in leading themselves due to working in settings that do not give them the complete freedom to do that. Reflection allows researchers to see things through the eyes of the participants and to understand what is important to them, their values and goals, including issues and vulnerability.

2.10 Trustworthiness of the study

The researcher had the responsibility of convincing people to trust her research findings. In quantitative research, variables are measured with validity and reliability. In qualitative research paradigms, there are no variables. The components of

confirmability, credibility dependability and transferability are standards used to ensure trustworthiness (Johnson, Adkins & Chauvin, 2019, 1-22).

2.10.1 Confirmability

Confirmability is the impartiality of the level of the findings (Stahl & King, 2020:27). It involves the aspect of neutrality, which means that the data correctly signify the information provided by participants (Korstjens & Moser, 2018:1). The data should represent the actual information given by the participants and that its interpretation does not comprise the inquirer's personal constructions (Polit & Beck, 2021:1). The interpretation of the data was an in-depth exploration and interpretation of the participants' lived experiences, along with field notes and literature supporting the findings.

The researcher kept reflective notes in her diary as the study progressed. She shared her diarised notes with her judgments and evaluations of the content of the interviews with her supervisor. According to Johnson, Adkins and Chauvin (2020:138), this technique is used to confirm the methodological rigour of phenomenological research.

Confirmability is concerned with ascertaining that the analyses of the results are not fabrications of the researcher's ingenuity but stem from the data collected (Korstgenes & Moser, 2018:120). During the interviews conducted for this study, the researcher listened attentively to the recording of the participants and noted their verbal and non-verbal communication. The field notes were carefully read.

The supervisor guided the researcher to present rich interpretations of the data that could enable a reader to follow the path of the reasoning in the findings and arrives at the same conclusion as the researcher.

2.10.2 Credibility

Credibility in qualitative research means there is confidence in the data (Stahl & King, 2020:26). The researcher described and documented her experience as a researcher (Johnson et al., 2020:7120).

Extended participation was conducted as the researcher took adequate time to learn about the occupational culture through an expert serving on SASOHN. They also read

the latest legislative documents around OH and safety and conducted preliminary visits to the settings themselves before the interviews were conducted.

During interviews, the researcher would, when necessary, request the participant to repeat the description of her/his lived experiences to ensure a true account of words. This further ensured that the participants' explanations were embedded in their lived experiences and signified both distinctive and uncommon components of their experiences (Johnson et al., 2020:7120).

Thick descriptions of the findings were given. The researcher aimed to ensure an understanding of the phenomenon by writing interpretations of the actual lived experiences in specific contexts. These thick descriptions could assist a reader in evaluating the credibility of the methodology and the findings (Stahl & King, 2020:26).

Regular sessions with the supervisor served as opportunities to vent (debrief) after interviews. The researcher used well-established research methods. Purposive sampling, detailed data-collection methods, and data triangulation were followed. For this study, the researcher ensured credibility through individual semi-structured interviews, data gathering and phenomenological data analysis. Data recorded in the field notes indicated non-verbal responses or gestures and were part of the data analysis (data triangulation). The independent coder confirmed the outcome of the data analysis with the researcher. The supervisor confirmed a rich conceptual layout of themes and categories. It was mentioned that the transcripts and field notes provided confidence that the participants' voices had been recorded and heard correctly. People are mostly overly confident about how accurate their information and knowledge are, which usually varies with their actual abilities (Schweiger & Cress, 2019: e021042). It can be debated that overconfidence can affect the credibility of any research. The researcher was of this conclusion.

Credibility was ensured through the triangulation of both recorded and written notes for the correctness of the information. Different authors have stipulated that factors such as the expertise of the researcher, and the reviewability of the study, determine its readability (Guzzo, Ferri & Grifoni, 2022:50). The researcher is not an expert; however, she was guided at every stage by the supervisor to ensure credibility, the study is reviewable as the whole process was stated methodologically making it readable to readers and reviewers for future review. Emoticons, the meta-communicative picture

representing facial expressions like anger and disappointment, were also outlined as having an important role in determining the credibility of a study (Bakir & Haji, 2019:278). The researcher used emoticons to represent the emotions displayed by the participants, which displayed nonverbal responses to questions ensuring its credibility. The researcher undertook member checking with one participant when more information was needed.

This researcher also ensured credibility by employing self-reflection and documenting notes around the views of a specific topic. An independent coder also analysed the data, after which a consensus meeting was held with the researcher.

2.10.3 Dependability

Dependability, also termed reliability, means uniformity or the extent to which a research tool consistently examines a particular variable every time it is used with similar topics in similar situations. It is crucial to note that dependability/reliability relates not to evaluating the data collection tools but to the information collected (Abuhamda, Ismail & Bsashrat, 2021:85). The researcher ensured dependability during this study by triangulating the collected data and field notes for more comprehensive data collection than what would have been obtained from recording alone.

An audit trail was kept for the methodology followed. All transcripts and field notes are available and safely stored if it requires an outside person to review and examine the research process.

Polit and Beck (2021:1) state that dependability is data reliability over a period and under different conditions. The question is, "Will the study findings be repeated if inquiries were replicated with the same participants in the same context?". The findings must represent the participant's voice and the conditions of the enquiry, not the inquirer's bias, for this criterion to work. In this study, digital recordings of interviews were made. They were transcribed to ensure cohesion between what was said and what was written.

The independent coder confirmed that the data analysis was in order, with well-interpreted themes and categories.

2.10.4 Transferability

Transferability is the degree to which the qualitative research results are transferable. A thick description means that the researcher provided the readers of the research report with a full and purposeful account of the context, participants, and research design. They can make their own decisions regarding the study's transferability (Stahl & King, 2020:26). Transferability is the degree to which outcomes benefit people in similar locations and how relevant the outcomes could be to their circumstances (Stenfoors, Kajamas & Bennette, 2020:596). The findings of this study may be useful for other OHN practitioners working in the private industrial sector outside of the Metropolitan area in Cape Town. The researcher described a clear theoretical departure for the study, the research context and the theoretical assumptions central to the research. A comprehensive account of the background against which the research was conducted was written and considered in the conclusions. The researcher explained the settings where the research was carried out, as well as the design, accessible population, sampling approach, and method of data gathering and analysis (Korstjens & Moser, 2018:180). Without this understanding, it would not be easy for a reader to determine the transferability of the overall findings.

2.11   Ethics

Mondal (2020:1) defines ethics as established values and practices that afford moral guidance in a specific field concerning the rights of the participants of the data collection process or those it will affect. Research involving human participants was done under certain principles guided by ethical principles as directed by the Nuremberg code of 1947, which was preceded by the Declaration of Helsinki in 1964 (White, 2020:16). The ethical rights of research participants were respected in this study. Its importance was mainly to protect the human participants of research and to inform and observe researchers conducting health research to enable a high superiority of ethical standards (Manandhar & Joshi, 2020:89). The participant's rights were placed beyond the information being sought by the researcher.

2.11.1 Respect for persons

Researchers must respect participants' right to uphold their own opinions, take actions grounded on personal principles and convictions and make choices. Every individual OH nurse that participated in this research was given the right of voluntary participation. Full information on the study was given to those who participated. Withholding information would have denied the participants self-autonomy, respect, and the choice to participate. They were also made to understand that they have the right to leave their study at any time without being penalised (Barrow, Brannan & Khandhar, 2021:1)

2.11.2 Benefits for the participants

The benefit for the participants is that the guidelines developed from the findings in this study can assist the OH nurses in their self-leadership behaviour in their industrial working environment. The guidelines can assist them in administering their duties with awareness around self-leadership, keeping in mind the professional, legal and ethical framework of their profession.

2.11.3 Informed written consent

A written informed consent form demonstrates the importance of the study and what was agreed upon (Xu, Baysari, Stocker, Leow, Day & Carland, 2020:93). In this research, the consent form (Annexure A Consent Form for Interviews) was handed to the participants before the commencement of the interviews to prove their agreement to participate in the study. According to Zukauskas et al. (2018:142), ethical guidelines indicate that participants should understand the purpose of the research, what it means to take part and how the data will be used. Informed voluntary consent means voluntary participation and protection of the participants from harm, which are formalised in informed consent. This ensured researcher in this study gave a clear picture regarding the research, including its risk, the availability of the university counselling unit should it be needed, and what the researcher is doing in the field to the participants.

Weinbaum, Landree, Blumenthal, Piquado and Gutierrez, (2019:5) state that participants should understand the purpose of the research and what it means to participate in the study, including its risks, benefits, and consequences and how the data will be used. Informed voluntary consent means that the participants' voluntary

participation and protection from harm are formalised in an informed consent document. This concept has three major elements:

- The type of information that is required from the participants.
- The degree of understanding participants must have in order for them to give consent.
- Because participants can choose whether to give consent or not, participants must be reassured of the freedom to withdraw from the study at any time without any consequences. The researcher must obtain written informed consent from the participants before commencing data collection (Klykken, 2021:1).

Potential participants of this research study were informed about the study at a SA Society of OHN Practitioners' (SASOHN) meeting. SASOHN held its first meeting on 20 April 1970, and its national office was established in 2003. It holds monthly educational meetings and courses for members on relevant and global OHN legislations and trends throughout SA (SASOHN, 2003). OH nurses who were willing to participate in this study were notified of the information they required, and an informed written consent document was obtained from them before the commencement of the interviews.

2.11.4 Non-maleficence

The obligation is to do no harm to participants, reduce risk, maximise benefits and protect vulnerable groups like the mentally challenged or children. The principle also calls for the promotion of patient benefits and welfare (Varkey, 2021:17). The benefits of the study had to outweigh the risks for the individual and the wider society (Haddad & Gieger,2021:1). The researcher's obligation was to exercise "due care" with the least amount of harm during the study (Motloba, 2019:40). The study posed minimal risks to participants. A psychologist was available to refer them to if needed. It was not necessary, however.

2.11.5 Justice

This principle ensures that participants are given the full details of the study as well as the benefits and risks of the study. This concept focuses on the fair treatment of participants and not excluding groups from benefiting or participating in the research.

The selection of participants for this study was fair and equal without bias, and sensitive issues emanating from the research will be kept private and confidential (Bos, 2020: 227).

2.11.6 Confidentiality and anonymity

Existing ethical guidelines state that researchers need to ensure that no one knows who said what in a report (anonymity) and that participants' information is fully secured and stored (confidentiality) (Woodfield, 2017; Tajir, 2018:4). Research participants had the right of confidentiality which allows for non-disclosure of certain information and control over their privacy during interviews (Bos, 2020:149). Confidentiality centres around how the researcher handles the information obtained from the participant and the degree to which it is revealed to others. At the same time, anonymity refers to the attribution of information given (can the participant be identified through the transcribed data (Sim & Waterfield, 2019:3003). For this study, participants were afforded confidentiality by allocating codes like e.g., P1. The data obtained during the interviews were downloaded on a computer and stored in a password-protected file. After the interviews, all collected data were appropriately secured online and will be kept for five (5) years after the published research report. After that, it will be destroyed by deleting the file from the Internet and shredding any hard copies, such as reflective notes.

The researcher ensured that participants' anonymity was respected and that their information was fully secured and stored (Zukauskas et al., 2018:142). All collected data for this study were appropriately stored in the researcher's password-protected computer on completion of the study.

2.11.7 Autonomy

Autonomy is when individual participants have a say in activities and choices concerning their own life. It is the ability to make their own decisions regarding their conduct free of external consequences of their decision (Yolcu & Akar-Vurel, 2021:79). Participants had the choice to independently decide to participate in the study, according to their desire or reason, and therefore had self-control (Li, Chen, Zheng, Wu & Fan, 2022:1).

2.11.8 Privacy

Privacy is both a common law duty and an ethical value of every research study. It entails that participants have an interest in the guarantee of their privacy, which includes usage of their data in line with their morally judicious anticipations (Reed-Berendt, Dove & Pareek, 2022:2). The researcher in this study ensured that the privacy of the participants was maintained by conducting interviews in a private room chosen by the participants. Rooms were situated in spaces where minimal noise was evident, and interruptions were minimised.

2.11.9 Withdraw from the study

The right to withdraw from human research at any point during the research process without being penalised is a globally well-recognised legal and ethical right. Participants can withdraw from a research study if they feel a sense of harm, are uncomfortable with the questions, or feel their privacy is being violated (Fernandez, 2020: 833). Participants in this research study were informed of their right to withdraw at any stage during the study if they felt uncomfortable. They were also notified of the availability of CPUT's Counselling Department should they need counselling due to the questions posed during the interview. No participants withdrew from the study, nor did any request counselling during or after interviews.

2.11.10   Scientific honesty

In addition to honouring the participants' rights, the researcher demonstrated respect for the scientific community by protecting their scientific knowledge. The researcher had ethical responsibilities associated with conducting and accurately reporting research findings and was competent and honest throughout the entire research process. Researchers need permission to conduct their studies from the relevant authorities, owners of the institutions or employers, premises, or material for use in the study. In addition, the researcher avoided fabrication, ambiguities, selective retention and/or exploitation of data, manipulation of design and methods, irresponsible collaboration, and plagiarism (Ciubotariu & Bosch, 2022:177). The results of this study will be disseminated through a presentation at an OHN meeting that the participants may attend and will be available on request.

2.11.11   *Institutional rights and permissions*

The researcher obtained the necessary permission from the Ethics Committee of the Cape Peninsula University of Technology (REC 2017/H30) before contacting SASOHN's Chairperson for permission to interview OH nurses registered on their database. A representative and expert in OHN of the Department of Nursing Science wrote the letter requesting permission to approach members and their contact details. SASOHN members were only contacted for interviews after permission was granted. The researcher was then given their contact details. SASOHN members were also informed of the aims and objectives of the study through a participant's information sheet and written consent. Interview times were pre-arranged with the participants to accommodate their duties and reduce external interruptions. They were conducted within the participants' designated areas as per their request. The interview schedule was given to participants before the commencement of the study.

2.12   Summary

A qualitative, descriptive, contextual study design was used in this study. The researcher conducted phenomenological semi-structured individual interviews to collect data from a purposively selected sample of fourteen participants, which included the pilot interview. Open-ended questions were posed, letting the participants provide comprehensive explanations and descriptions. The inclusion criteria for the study were that participants had to be OH nurses who have worked in an industrial sector in Cape Town for more than 2 years.

Permission was obtained from the ethics committee and the participants, as detailed in institutional rights. Their identity was kept private and confidential during the study as well as during the writing. The researcher analysed the data through colazzi, and an independent coder was also used to transcribe the interviews. The principles of trustworthiness were adhered to. The study benefits the broader community the OH nurse serves in the industries. All the design steps were described to address a trustworthy study on the phenomenon regarding the self-leadership of OH nurses.

CHAPTER 3

DISCUSSION OF FINDINGS

3.1 Introduction

This chapter will present and discuss the results of the study. It will focus on the first objective of the study, namely;

- To explore and describe the lived experiences of OH nurses on their self-leadership behaviour in an industrial work environment in Cape Town.

Rich data were obtained through individual semi-structured interviews. Six themes, with categories and sub-categories, emerged from data analysis. Quotes are marked P1, P2, field notes indicated with emoji faces etc., in the text. This chapter starts with the demographics, followed by a discussion of the themes that emerged from the data analysis.

3.2 Demographic profile of the participants

Adequate demographic representation using diverse OH nurses working in different industries is essential to understanding how they lead themselves in their private industrial work environment (Varma, Junge, Meaklim & Jackson, 2021:217063).

Fourteen (n=14) OH nurses participated in the data gathering between June 2020 and November 2020. Thirteen (n=13) of the participants were females, of which eleven (n=11) were whites, two (n=2) were coloureds, and one (n=1) participant was a black male. The mean age of the participants was 50 years, ranging between 36 to 63 years. All participants were working in the private industrial sector as OH nurses. Among the participants, twelve (n=12) were working full-time, and two (n=2) were on a part-time contract. The majority of nine (n=9) were married, two (n=2) were single, and the marital status of three (n=3) was unknown.

All the participants had a general nursing qualification, with the majority (n=13) having a Post-Graduate Diploma in OHN. One of the participants also had a Master's in Nursing Science. Most of the participants were in OHN for more than ten years, with their experience varying between 4 to 28 years in service as shown in Table 3.1.

Table 3.1 Demographic description of participants

Participant	Sex	Age	Race	Background	Education	Years in Nursing	Years in Occupational Health	Sector
ON 1 (Pilot interview 1)	Female	53	White	Married	General Nursing. Postgraduate Diploma in Occupational Health Nursing.	30	20	Industrial sector
ON2	Female	42	White	Unknown	General Nursing. Postgraduate Diploma in Occupational Health Nursing	15	9	Industrial
ON 3	Female	58	White	Married (Two children)	General Nursing. Postgraduate Diploma in Occupational Health Nursing	20	16	
ON 4	Female	36	White	Unknown	General Nursing. Postgraduate Diploma in Occupational Health Nursing	15	5	Clothing sector
ON 5	Female	46	Coloured	Married	General Nursing. Postgraduate Diploma in Occupational Health Nursing	22	12	Paint industry
ON 6	Female	63	White	Married	General Nursing. Postgraduate Diploma in Occupational Health Nursing	40	25	Private (locum) Post-retirement

ON 7	Female	57	White	Unknown	General Nursing. Postgraduate Diploma in Occupational Health Nursing	36	28	Oil industry
ON 8	Female	40	White	Married (two kids)	General Nursing. Postgraduate Diploma in Occupational Health Nursing	20	10	Private (locum) post- retirement
ON9	Male	38	Black	Single	General Nursing. Postgraduate Diploma in Occupational Health Nursing	12	6	Private cooperate Industry
ON10	Female	56		Married	General Nursing Postgraduate Diploma in Occupational Health Nursing	31	20	Private sector
ON11	Female	45	White	Married involved SASHON	General Nursing. Bachelor in Primary Health Care Master's in Nursing	16	13	Private practice
ON12	Female	50	Coloured	Married	General Nursing. Postgraduate Diploma in Occupational Health Nursing	20	4	Private sector
ON13	Female	62	White	Single	General Nursing. Postgraduate Diploma in Occupational Health Nursing	45	20	Own practice (5 years)
ON14	Female	61	White	Married (Operational Manager)	General Nursing. Postgraduate Diploma in Occupational Health Nursing	29	20	Private industrial Sector

3.3   Themes

The underlying storyline of the findings (Table 3.2) was that OH nurses need to have specific characteristics and use their self-observation to understand their own actions in their work environment. They must be self-reminded to follow a specific direction to meet a future outcome and be incentivised.

Table 3.2 Themes and Categories that emerged from data analysis

SELF-LEADERSHIP IN AN OCCUPATIONAL ENVIRONMENT		
Theme	Category	Sub-category
Self-awareness and observation enable nurses to under -stand their actions in the external environment	Having confidence in leading oneself independently in an enabling environment	
	Accepting oneself for having certain personal characteristics	
Directing oneself in a goal-orientated way towards a specific set outcome	2. Prioritising time to complete tasks towards reaching set goals	
	Pro-active thinking	
	Taking ownership and hardship to prepare for implementing and reflecting on implementing a successful process	Use one's own recollection to plan to evaluate the successful completion of tasks
Receiving credit for work well done and reaching goals through incentives	Feeling of satisfaction of achieving success	
	Self-esteem flourishes due to recognition by others	
	Experience of being financially rewarded	
	Being balanced between own and work-life	

Focusing on the purpose of Occupational Health Nursing	Being aware of the resources needed to lead yourself	
	Strategic thinking of what is lying ahead for the OH nurse	
Needed traits of personal leadership	Being a mature professional, despite what happens	
	Taking responsibility for own decision-making	
	Self-motivation having an ethical foundation	Internal motivation
Moving into the future	Focusing on power-sharing between role-players in a team spirit	Being able to influence a team setting
	Acknowledging the importance of the own role of the OH nurse	
	Moving to embrace knowledge to stay ahead	Own role in self-development
		Available courses
	Staying current in a changing healthcare environment	
	Following a mentorship programme	Mentoring others towards self-leadership
	Balancing occupational health with primary care	
	The active role of professional bodies and forums	

3.3.1 Theme 1: Self-awareness and observations that enable nurses to understand their actions in the external environment

Self-awareness can expand nurses' self-assurance in managing stimulating circumstances and offering socially proficient care to clients from various ethnic and devout coordination (Younas, Rasheed, Sundus & Inayat, 2020:398). It links with self-

observation and can be defined as the understanding of how one develops and create a sense of the world and how that touches their interpretation of "self" for a very long period (Dind & Petitpierre, 2022:1). For OH nurses to be self-aware, they need to incorporate positive self-affirmation in dealing with difficult situations, intellectual reviews, effective job implementation, and intentionally choose their principles and beliefs (Mayfield et al., 2021:31). Self-awareness links with self-reflection. According to Ozek and Ferraris (2018:207), self-observation includes the capability for self-reflection and thoughtfulness necessary in determining one's voice. It involves the capability to comprehend one's correct description and the autonomy to decide how to purposefully respond to life.

One of the participants said that everything an OH nurse does, is self-observatory and compromise on one aspect of the work could not be undone as it can affect one's core values, ethics, and self-esteem:

> *"Everything you do is self-checking, so you have to always check yourself; you can't cross the line. Anytime you open your mouth, you have to self-check; when the management pressures you to make or confirm someone who is not healthy, you have crossed the line, you have lost your self-esteem, and you have lost the respect they have for you. You have lost your ethics. When you cross the line, you will never get back. Then you have lost the respect they have for you because now they know they can get you to do anything they want you to do". (P3)*

Self-observation refers to the personal capability to observe and assess one's behaviour against set norms (Ozek & Ferraris, 2018:207). It is an important approach used to encourage a change of performance as it can inspire awareness of self, self-confidence, and self-worth, which impacts one's psychology (Sene-Mir, Portell, Anguera & Chacón-Moscoso, 2020:8095). OH nurses should practice self-observation, enabling them to evaluate their own ethical practices. Ensuring ethical practices is the OH nurses' responsibility and protects them and their clients (Astedt-Kurki & Kaunonen, 2018:249-250).

Two categories were identified in Theme 1: (i) Having confidence in leading oneself independently in an enabling environment and (ii) accepting oneself for personal traits.

Theme 1: Self-awareness and observation that enable nurses to understand their actions in the external environment
• Having confidence in leading oneself independently in an enabling environment
• Accepting oneself for having certain personal characteristics

3.3.1.1 Category 1: Having confidence in leading oneself independently in an enabling environment

Having self–confidence is extremely important for the accomplishment of OH nurses in the workplace (Indeed, 2021:1). It has been mentioned that leaders in the field of OHN must improve the self-confidence that assists them in leading themselves irrespective of their locus (Gunel, 2021:91). Self-confidence is one of the scopes of emotion which is developed through constant exercise to increase behaviours that will bring about more confidence (Belu, 2020:67). Being aware of one's strong points as an OH nurse, is essential to develop assertiveness as a leader who is confident in self-leadership, working independently in promoting health and wellness in their workplace and the world in general (Spencer, Bianchi & Buckner, 2018:1100). Goleman (2021:1), states that leaders need to be able to lead themselves to lead others, which involves the perception of one's emotions, strong points, limitations, and development of a robust sense of self-confidence. When nurses have professional autonomy, it empowers them to use their preferences and react proficiently to patients' general concerns (Schlak, Aiken, Chittams & Poghosyan, 2021:610).

The OH nurse should be knowledgeable to lead her/himself to lead others. Participants stated that working in the industrial sector was challenging and entailed working in isolation as a nurse, who needed to guide their General Managers were unaware of the regulations that guide the occupational nursing practice:

> *"... that as per the nature of OHN, leadership is imperative as you are working in isolation and sometimes has to work with managers with no medical or OH background so you must be aware of the full aspects of your role in carrying out your tasks". (She smiles) (P2)*

OH nurses should possess the required competencies for their roles and act independently in leading themselves within their scope of practice with team members who are acquainted with the environment.

It seemed that their confidence was linked to their knowledge in practice:

To deliver effective patient care and be proficient, OH nurses need to cultivate evident leadership competencies through training (Heinen, Van Oostveen, Vermeulen, Peters & Huis, 2019:2378). OH nurses should strive to develop a caring work environment with appropriate independent functions, a sufficient workforce, adequate assets, and a good functioning relationship with doctors and administrators.

More training in the field of OHN is required for these nurse specialists to have more confidence in leading themselves independently:

> *"The more you train, the more knowledgeable and skilled you become in the field and better assured you feel in doing your job and in leading yourself". (P1)*

The importance of continuous education in nursing is thus imperative to create an autonomous practitioner that is skilled, experienced, and confidently producing a high standard of care (Back & Karlsrom, 2020:1877). A competent, independent practitioner acts confidently in producing a high standard of care (Back & Karlsrom, 2020:1877). Siklander and Impio (2019:1239) mentioned that constant development and progressive learning enhance expertise to achieve patients' needs. To prepare OH nurses to become experts, constant learning and practice must be implemented within a structure of collective resolving of problems.

On the other hand, a participant experienced that working in an environment with a larger team was constraining her actions to lead herself:

> *"I find that working in a co-operate environment is much more challenging in being able to exercise self-leadership than working in a small company". (P2) [Looking frustrated]*

Participants mentioned that the OH nurse should demonstrate confidence to educate others about their role while having self-control that enhances interpersonal relationships with managers:

"...to be an OH nurse, you have to have hair on your teeth, [laughs ☺] you need to be extremely long on your feet and always motivated in what you are doing. "You can't be scared; you have to build a relationship with your managers; you in your world have to educate them on what your role is".(P3)

Demonstrating confidence could boost relationships with employees, which could influence job performance and relationships with others in the workplace (Ozyilmaz, Erdogan & Karaeminogullari, 2018:181). Confidence is also heightened through self-awareness of one's performances and abilities and reflected in one's communications in the working environment (Dierdorff, Fisher & Rubin, 2018:2891).

Part of relationships is acting assertively. A participant stated that she required assertiveness in performing her role:

"Nurses have to be assertive in issues related to their carrying out their duties". (P5)

Assertiveness is one of the vital social skills that is needed in the healthcare environment, which enables health practitioners to implement their learned knowledge and skill hence increasing confidence, reducing interpersonal stress, and providing the most needed professional care (Azizi, Heidarzadi, Sorouch, Janatolmakan & Khatony, 2020:102667).

It was mentioned that the OH nurse should implement appropriate actions in leading others:

"You have to lead others to do the right thing. One must first be able to lead oneself before you can lead others". (P11)

OH nurses must be conscious of using self-awareness to improve their self-leadership to lead others. Through self-awareness, they can identify their emotions, capabilities, strengths, power and limitations (Younas et al., 2020:398). OH nurses have got the responsibility to foster the growth of employees as well as clients through the reflection process they have conducted through self-awareness (Fibuch & Robertson, 2018:65). Nurses, as important employees in healthcare delivery, perform a crucial part in the delivery and management of care to maximize healthcare service towards optimal patient outcomes as well as in guiding others to achieve and perform best practices in nursing care (Oldland, Botti, Hutchinson & Redley, 2019:150). The actions taken by

nurse leaders can affect the patients' quality of healthcare, the organisation, and nurses' welfare in a positive way. Effective nurse leaders exhibit bravery and foresight and offer analytical prospects for their workforce's specialised progress and maturity (Hofmeyer & Taylor, 2020:298).

3.3.1.2 Category 2: Accepting oneself for having certain personal characteristics

Self–worth is a significant idea that plays a big role in quantifying a practitioner's traits which affects a practitioner's decision-making and reasoning (Li, Mi Park & Jin-Jin, 2019:06). Self-worth and understanding of oneself are key to the practitioner's work success. Practitioners who recognise themselves can thrive in any given condition, are more self-assertive in their work and survive in a stressful or challenging environment. Understanding oneself, personal strengths, attributes, knowledge, expertise, and weaknesses determine one's success as a self-leader (Maksimovic & Osmanovic, 2019:105).

Participants spoke about having certain personal traits that enabled them to accept themselves and manage their self-leadership in their workplaces.

A participant highlighted how she had to remind herself that she was naturally an organised person:

> *"I have to remind myself that it's just the way that I am. I try to be as structured as I can (laughs with satisfaction) to achieve the very thing I need to achieve, especially I commit with the structures in the organisation". (P2.)*

Self-leadership enables OH nurses to exhibit a great level of obligation to their duties, objectives, and companies, much more than other practitioners that do not participate in self-leadership (Jooste & Frantz, 2017:199). Being organised as an OH nurse is essential to achieving your set goal as a self–leader in the workplace. OH nurses have a very big obligation to put in place structures and procedures to sustain the cumulative amount of work expected of them. Practitioners need good time management skills to reach their deadlines and complete their goals (Viera & Kramer, 2020:37).

It was seen as important for an OH nurse to share her expertise with others and to be available to resolve problems:

"I love working with people and want to experience their challenges to help them sort it out. I want to be accessible to them". (P8)

Sharing one's expertise in problem-solving involves a sequence of actions that includes exchanging ideas and information to work together and create new inventions, resolutions and procedures (Asurakody & Kim, 2020:100190).

A participant expressed that in OH, continuous learning is part of her daily work situation:

"You learn every day about OH, you learn more every day. You need someone around you who knows more to help you develop yourself, people surrounding you must be specialists to guide you in areas where you are lacking". (P11)

The expectations for nurse leaders, such as OH nurses, are numerous and require continuous leadership ability and expertise to improve their competence (Cable & Graham, 2018:605).

Being an expert is mentioned as essential by Debsaka, Gorzkowicz, Fory and Kilanska (2020:353). They state that the continuous professional development of others ensures the achievement of advanced patient outcomes in the OH setting and increases the value of care to clients. Continuous growth is vital, and the OH nurse needs to have the expertise that needs individual-focused care, to ensure the safety of patients.

The individual character of awareness of prioritising tasks at a specific time demonstrated self-influence in having a routine in completing tasks:

"I write down things that need to be done every morning and cross them off. I am still a morning person, a person that likes to write things in the diary". (P2)

Research indicates that with a higher level of self-awareness of one's expected or outstanding characteristics, one can identify one's strengths to improve personal interactions and productivity (Dierdorff et al., 2018:2891). This is important for personal and professional advancement and continuous practice of self-discovery (Younas et al., 2020:398).

Interpersonal relationship was mentioned as an important trait in self-leadership

"I know how to relate to everybody, can teach somebody else, I observe and read people". [Laughs emphatically]. (P7)

A positive work environment for patients and employees ensures effective leadership and management processes such as planning (Heinen et al., 2019:2379). A professional interpersonal relationship is needed to build a lasting relationship between the patients and other medical teams for productivity and self-leadership development. For OH nurses to improve their interpersonal relationships, interpersonal communication includes the capability to respond to staff needs confidently, achieve set goals and develop a non- biased work environment where OH nurses can lead themselves and delegate authority that is needed (Ibrahim & Ahamat, 2019:99). Interpersonal skills are said to be associated to the establishment of the self in nursing, the capability to reflect on communications, nurses personal and past experiences and communication as the interweaving aspect of relational interactions (Rojas & Rivera, 2022:2213). OH nurses must apply their interpersonal skills in their private work environment to lead themselves.

3.3.2   Theme 2: Directing oneself in a goal-oriented way towards a specific set outcome

Goal setting ensures that workers attain their set targets even when they are not easily attainable (Muller & Niessen, 2019:74). An approach like visualising a positive outcome of expectations before implementation of actions to reach goals will enable one to set positive assumptions that are affirmative and productive about what is required (Neck & Houghton, 2006:270). Self-goal setting is necessary to enable internal motivation instead of motivation from supervisors. Thus, practitioners need to assume responsibility for their own work output and monitor the progress of performance (Muller & Niessen, 2019:74).

It seemed that good leadership skills and awareness of one's work environment should be optimal in planning one's daily responsibilities to reach goals. One of the participants was confident in taking ownership of essential management responsibilities in an environment that she had to understand:

> *"In OH, you work on your own, plan yourself, according to your work environment, you need to have good leadership skills. You must organise yourself. You plan your own time; I think the people that work on OH are on their own. You need to know everything about your environment". (P1)*

Taking ownership of your daily activities as an OH nurse requires self-efficacy, which is an approach that enables one to perform duties with confidence and a robust sense of obligation. Self-efficacy can be defined as confidence in one's capabilities to establish and perform sequences of actions needed to accomplish set goals (Daud, 2021:1).

Goal setting is a common practice in every organisation, especially in the occupational healthcare system. However, not every manager or nurse leader can do that; hence in the healthcare system, successful services at the clinical, planning or system level must be measured against the set objectives (Ogbeiwi, 2018:1). For OH nurses, to achieve their goals and work productively, they need to be directed by clear and attainable goals (Baruah & Gogoi, 2021:76).

Theme 2 had three (3) categories related to prioritising time, pro-active thinking and taking ownership and hardship for implementing successful processes.

Theme 2: Directing oneself in a goal-orientated way toward a specific set outcome	
• Prioritising time to complete tasks toward reaching set goals	
• Pro-active thinking	
• Taking ownership and hardship to prepare for implementing and reflecting on implementing a successful process	Use one's own recollection to plan ahead to evaluate the successful completion of tasks

3.3.2.1 Category: Prioritising time to complete tasks toward reaching a set goal

Goals are described as "specific results you want to achieve with a deadline". Goals enable employees to stay focused on their work and ensure clarity of roles and responsibilities (Mason & Winget, 2019:80).

A participant expressed that one needs to be goal-oriented in prioritising one's work:

> *"I am very goal oriented, I have big things to do, and you prioritise the work. Plan my work annually, daily, and weekly. In a situation where there are sick employees versus reports, you must prioritise". (P3)*

Participants spoke about prioritising their set goals. One participant mentioned that she would first take care of her medical priorities if she had to choose between her medical unit patients and report writing. Despite her busy schedule, the patient was placed first:

> *"My daily plan is to survive the day, we have 320 employees, it's all I can say. So, I have a lot to do, a lot of responsibilities in a short time, I must plan and reprioritise what is important, and my patients come first before admin. I just do what I have to do for the day and always postpone the admin work. (Laughs)" (P4)*

> *"So, I have a lot to do, a lot of responsibilities in a short time, I must plan and reprioritise what is important, and my patients come first before admin. I just do what I have to do for the day and always postpone the admin work*

> (laughs)". (P4)

Prioritisation of patient care can be defined as a process of placing medical appointments in a particular order based on criteria set-in order to develop fairness and justice in rendering nursing care to patients (Dery, Ruiz, Routhier, Gagnon, Cote, Ait-Kadi, Blanger, Deslauriers & Lamonagne, 2019). Prioritisation of nursing care can be decided at diverse points, which can be at the organisational, employee, patient care, provincial, and nationwide levels, as well as globally.

Most times, multiple goals need to be achieved by OH nurses, and it is not usually possible to balance the needs of multiple goals as they require the same resources, such as time, finances, and energy leading to goal conflict. Nurses must attend to multiple goals without compromising themselves, their organisation and their clients. This can be achieved through goal shielding, which enables the nurse to prioritise one goal versus the other (Freund & Tomasik, 2021:1).

Goals were mentioned concerning arranging short to long-term priorities steadily in a specific time-frame over a long period of one year:

> *"I have a yearly goal. I try to space my things as evenly as I can". (P2)*

Goals, according to the participants, were short or long-term in duration. Being goal-oriented in prioritising tasks enables a practitioner to reach the scheduled goal in a

shorter time leading to significantly increased productivity and enabling the practitioner to accomplish set goals (Krauss & Orth, 2021:1).

Goals can be communicated and inscribed in diverse forms and categories to fit the organisational framework of goal setters. These can be immediate, ultimate, intermediate and terminal goals (Ogbeiwi, 2018:1).

Multiple types of reminders (digital and written) were seen as essential in reminding oneself of one's set goals:

> *"I use the email things that pop out as reminders of things that you still need to follow up. I am mostly a paper person" (laughs). (P7)*

Participants used different reminders to prioritise and ensure their goals were achieved. It is one thing to set goals but staying focused to implement or accomplish such requires using goal-setting tools. Zhang and Tullis (2021:645) mention placing items in different places or mapping out a list of tasks to perform to remember what they are supposed to do. The accomplishment of reminders can give way to the retrospective expedition of prior information, as failure to remember can obstruct the expected tasks.

Writing things on paper or visual reminders seemed to be the most common method of achieving set goals amongst practitioners:

> *"I still prefer to work on paper especially on visual plans that I can see on the planner if you plan to do a particular department, it is best to put in the number of people in that department because you need to see that at the end of the month there are 15 employees and you did only 14, then the one person you need to be carried over to another month. So, you look at your set work at the end of the week and carry over whatever was not done to the following week". (P7)*

Setting goals allows employees to review their work goals and collaborate with their colleagues and clients to set reasonable but attainable goals by motivating perfection through constantly reviewing set goals. Most goal-setters use different types of visual aids and objects to remind them of set goals. These can include personal notes/diaries, personalized digital or written reminders, graphs, or sheets on goal-setting (Nordengren, 2018:18).

3.3.2.2 Category: Pro-active thinking

Pro-active behaviour can be defined as individually initiated and focused, prospective activities to amend and advance the work milieu or oneself. One can envisage issues and counteract their manifestation or vigorously pursue criticism from others. Pro-active thinking predicts problems that can cause occupational hazards and prevent them from happening through pre-emptive action (Bohlmann, Rudolph & Zacher, 2021:277).

Participants mentioned that OH nurses should be pro-active in planning their duties.

It was mentioned that although a negative incident had not yet occurred in the workplace, a thought about storing drugs in the clinic more safely and creatively was raised:

> *"I was just thinking yesterday, that as at the clinic, awareness of drug rules is very important, you can't just keep everything here". (Said with a serious face). (P2)*

It seems that a rapid observation of a nurse regarding major trends in chronic diseases assisted in setting priorities around the health status of the patients. Record-keeping captured the health needs that emerged in the community:

> *"You have to do a departmental walk down and you realise that 15 people have high blood pressure, you have to prioritise between sorting them out and writing a report which is not going to save the world right now, you go with the people". (P3)*

Pro-active personnel advance their work and show behaviours that will stimulate intuition-based trust. Pro-active personnel constantly show their capability by looking for chances to advance their skills and work procedures (Han, Cheong & Harold, 2019:352). Pro-active personnel vigorously seek and obtain knowledge about their organisation to understand how they can contribute more positively to their companies. In OH, the patient is the main concern in ensuring patient safety. OH nurses need to make pro-active decisions on staff capacity running, several services that are required to perform, patient medical management, referral of the patient to secondary-level services, employee protection, recording of procedures and medicals performed, and institution auditing (Budreviciute, Kalediene & Petrauskiene, 2018:1).

3.3.2.3 Category: Taking ownership and hardship to prepare for implementing and reflecting on implementing successful processes

OH nurses need strategic planning and management to prepare themselves to implement, withstand and conquer challenges in their private industrial environment. It is a practice that starts with self-assessment, understanding and restructuring to enable competency in their practice (Kabeyi, 2019:27).

A participant said that OH nurses should be able to be focussed on specific duties by setting limits and ensuring that they achieve their set goals:

> *"I think about a leader in the sense that you have to plan own work, set own deadlines making sure that you meet those deadlines, reporting to managements of the industry that you are working for". (P7)*

A deadline is an important tool that enables one to accomplish a task in time. It is defined as the time and date set apart for accomplishing a task (Indeed, 2021:1). It is optimal for OH nurses to accomplish their work and meet their deadlines to give professional care to their patients and prevent errors. OH nurses can meet deadlines through proper time management. It is described as a method of systemising and designing how to divide and organise agendas between precise activities to exploit efficiency in a well-organised way (Irikefe, 2018:32).

3.3.2.3 Subcategory: Use one's recollection to plan to evaluate the successful completion of tasks

Nurse leaders must effectively plan and take responsibility for their daily work and be up to date with emerging trends in healthcare that will enable them to achieve their goals cost-effectively (Ofei, Paarima, Barnes & Kwashie, 2019:1).

A participant took it upon herself to, in her own time, rethink and redo planning to create a successful process in accomplishing goals:

> *"I plan my work annually, monthly, or weekly and evaluate at the end of the week and re-implement. It is usually very important to plan your work six months so that if there is something you omitted to clarify it, also on monthly basis you check people's availability if you can get them in and on weekly basis, it's not just a once-off thing it's an ongoing thing". (P7)*

Knowing and understanding where OH nurses plan their work indicate that their capabilities are very important for OH nurses' planning and completing tasks (Nordengren, 2018:18). Having personal insight as OH nurses entails a profound appreciation of one's self-leadership abilities, standards, opinions, and chosen leadership style. This is crucial in enabling an aspiring self-leader to understand strong points and utilize them effectively when turning vision into accomplishment (Turner, 2018:143).

> A participant recalls planning her work, reminding herself of work that needed to be done, and turning the vision into action by accomplishing it.

> *"I remind myself by use of a calendar, diary, computer programs (laughs) I write things down first and cross out achieved goals. I still do like the original way" (laughs). (P2)*

According to Zhang et al. (2021:257), leaders create reminders for themselves in different ways, like jotting down what needs to be done. A diary enhances participants' knowledge of their emotions and feelings (Faccio, Turco & Ludici, 2019:256). It should be noted that under the category of proactive thinking, different ways of reminding things were also described. However, this particular section fitted better under the sub-category of one's recollection to plan.

Documenting prioritising goals seems to be the preferred method for goal accomplishment:

> *"I write things down first and cross out to achieve goals. I still do like the original way (laughs)". (P2)*

High-quality documentation and ordering of plans according to their importance in healthcare is essential for the accomplishment of organisational and personal set goals and objectives (Bjerkan, Valderaune & Mari, 2021:1).

Keeping a record in taking ownership of and planning one's work as a practitioner is inherent in achieving a successful process:

> *"I keep a diary as well on monthly basis, this is my diary here on the table, also a calendar on my laptop on outlook daily and monthly. Everything is in my diary and that is how I remind myself what to do". (P4)*

According to Laughland and Kvavilashvili (2018;552), keeping a record of life events has been attained by participants keeping diaries of important events as they occur, but due to the emergence of technology, electronic methods were introduced. Digital and mobile recording applications ensure accessible and modest records of participants' behaviours. The ease and accessibility of mobile phones and other digital record equipment ensure the opportunity for creating more efficient tools for self-leadership (Lev-On & Lowenstein-Barkai, 2019:179).

It seems that having daily planning enables practitioners to accomplish their year plan:

> *"I start writing things first thing in the morning and as I accomplish things, I cross it off, can't eeh, I have a yearly wellness strategy plan that I do every year, and that how I check on what to do and see if I achieved my goal for the year".* *(P4)*

To accomplish longer-term fixed goals, practitioners need to adjust as much as they can construct and sustain behaviours that will ensure they are being focused, for example, committing time every morning to work on goals setting rescue alerts, using calendars, fixing work when one's energy level is at its peak and crossing off accomplished task by evaluating and re-evaluating goals regularly (Mackay, 2021:1). Strategic planning in OHN could be a pathway for practitioners' future effective accomplishment of tasks. It ensures exceptional patient care with great results in nursing care directing the nurses on the right path and strengthening and rejuvenating the nursing institution (Lal, 2020:183).

It was mentioned that practitioners are constrained in reaching their goals due to inadequate resources:

> *"I try my best though very difficult; I don't have a computer program due to cost; I plan by writing things down in my diary. I try to remind myself on the calendar, initially everything is written on paper but now uses a computer to send emails only (shakes head again in disappointment)".* *(P5)*

Overall, a lack of resources in a caring environment and systemic insufficiencies are part of the causes of practitioners' inability to achieve set goals in their practice. These affect how practitioners carry out their duties (Salifu, Gross, Salifu & Ninnoni, 2019:72).

Systematic, innovative planning and reporting seemed to enable a practitioner to achieve her goals in her establishment:

> *"I report and relook at my yearly plan on a 3-monthly basis, my manager gave me a calendar, so I give her my three months calendar in advance. I plan a year in advance". (P4)*

Experience and proficiencies should be optimal for OH nurse practitioners in leading themselves, being critical thinkers and having the ability to plan and accomplish their set goals (Moore, 2020:34). Reporting is essential in nursing as it ensures clear communication and documentation of actions carried out, it is a record focussed way of designing the performance of certain roles or procedures in a healthcare organisation with the main purpose of increasing competencies, decreasing mistakes, and maximising quantitative measurement assessment in healthcare (Carlzon, 2021:1).

3.3.3 Theme 3: Receive credit for work well done and reaching goals through incentives

Motivation to do more than expected is a strategic factor for self–leadership and real work performance amongst OH nurses, which needs incentives (Luthans, Luthans & Luthans, 2021:32). For OH nurses to achieve their goals in their work settings, incentives are crucial aspects that could motivate them to work harder in achieving their professional goals. There must be a combination of both financial and moral incentives to sustain greater function among healthcare workers (Eltarhuni & Alaqeli, 2020:32).

A participant mentioned that employees' work performance increases when they are fit and content:

> *"Healthy happy employees will work much harder than other employees". (P3)*

This confirms the assumption that Self-reward provides nurses with incentives to acknowledge their achievement of set goals.

An employee who is in a state of good health and contented with their work will be dedicated to their employer leading to a decrease in labour turnover, improved organisational principles, a better-unified society, and an upsurge in effectiveness and work output (Gorgenyi-Hegyes, Nathan & Fekete-Farkas, 2021:2).

Receiving credit for work well done and reaching goals through incentives
• Feeling of satisfaction of achieving success
• Self-esteem flourishes due to recognition by others
• Experience of being financially rewarded
• Being balanced between own and work life

3.3.3.1 Category: Feeling of satisfaction from achieving success

In trying to achieve success, leaders keep an eye on their advancement in achieving their goals, which governs their satisfaction with completing their tasks and motivates them to do more (Giessner, Stam, Kerschreiter, Verboon & Salamar, 2020:228).

Achievement of successes appears to bring satisfaction to OH nurses:

A participant shared a feeling of satisfaction after achieving set goals. Goals were set with the targets which were achieved, and self-rewards surfaced:

> *"When I was about to finish my nursing diploma, I told myself that I was going to study OHN, a year after I registered for it and that has happened and that is part of my goals, then I told myself before I finished, I had to obtain audiometry certificate am taking you back now. After my qualification, I said to myself that am going to work for this bit company because you also want job security and stability". (P13)*

Personal achievements, activities, and behaviours of self-leaders that enhance the goals of an establishment should purposefully be rewarded (Elmadag & Ellinger, 2018:121). Some participants believed in rewards as a motivation for achieving their work goals. Reaching a set goal motivates one to do more, not merely by monetary incentives. Rewards can be intrinsic and extrinsic. Intrinsic rewards are rewards that have their root in social recognition that include individual courtesy, usually spoken to show awareness of one's work, and commend and value one's work achievement, which is believed to be more motivational.

A participant felt that she must fulfil her work obligation without any incentive as there weren't any incentives in her area of work:

"There is no reward system, I just do my work". (P8)

According to Van Dorssen-Boog et al. (2020:1420), self-leadership infers that there are always job tasks that need to be done, even though they are not always favourable.

A participant shared the evaluation of her own progress in fulfilling a set goal:

"Think if you achieved your set goal you feel happy and fulfilled, if you can't reach your target, it's a big worry and you have to evaluate, why?" (P1)

The participants used self-criticism when they mentioned being concerned when the set goals were not achieved. *Self-observation resurfaced.*

Natural reward strategies play a big role in the process of motivation, as their main goal is to increase fundamental motivation. Kim and Kim (2019:1756) state that self-reward is the measurable reimbursement that a nurse practitioner can give to oneself, which includes immaterial reimbursement that can be described in three aspects; self-criticism that explains one's reason for not attaining a set goal, constructive thinking, which is optimistic thinking design whereby practitioners see prospects instead of a problem.

3.3.3.2 Category 2: Self-esteem flourishes due to recognition by others

Self-esteem is a person's conclusion of their capabilities and attitudes based on their reflection. Seeing oneself in a good way can lead to increased self-esteem. Therefore, it can be assumed that a focused behavioural strategy can lead to an increase in self-esteem that proffers job satisfaction (Usman & Maya, 2019:78).

Job satisfaction plays a big role in both the nurses' and patients' welfare and involves dynamics like leadership style, the backing of the management, emotional liberation, and the circumstances at one work (Nayak 2018, 1997:2000). It can be displayed through OH nurses approaches or extent they love their job, it is assumed that satisfaction with one's life can lead to one being satisfied with their job (Stander, De Coning & Rothmann, 2019:1).

Job satisfaction in OH nurses can be seen as gratifying or an optimistic, sensitive condition that is achieved by assessing findings, emotional experiences, and practitioners' opinions in their workplace (Lepold, Tanzer, Bregenzer & Jiménez, 2018:1362).

A participant was happy and satisfied with other person's comments on her job performance which she said was rewarding and motivating for her:

> *"The expectation or job satisfaction and comments from others on job well-done. That is a reward for me". (P9)*

Employees want to be acknowledged by their employers for their input towards the objective of the organisation, and this involves caring about and appreciating their effort, which in turn increases their self-esteem (Hussain, Khaliq, Nisar, Kamboh & Ali, 2019:69). Self-esteem and motivation to perform better emanates from recognition of a worker's competence which leads to promotion of both physical and mental health (Abtahi & Valladao, 2022:1).

It seems that inclusion in decision-making increases self-esteem:

> *"I am fortunate as am included in the management meeting and can evenly achieve my goals". (P2)*

Ashikali, Groeneveld & Kuipers (2021: 497) indicate that inclusion is the level to which a worker feels valued by understanding how they are related, which satisfies their personal need for association and individuality. Employees are more motivated to work and perform their duties with less stress if included in decision-making and supported by their managers (Krstic et al., 2019:33).

It could be interpreted that self-esteem was reached through task-scheduling to meet set goals:

> *"I have a strong system in place, I schedule my medical surveillance, I have a good excel sheet where I put all my programs, with columns of what needs to be done and what has been done is color-coding. There are also automatic calculations of the things done and the ones that have been done. Like if I need you in the next two months it can be rostered. The doctor works with me also and signs off the medical surveillance we do more or less". (P11)*

The participant was thus self-cueing and reached her set goals using an excel sheet, colour coding, and automatic set calculations with the assistance of the medical practitioner working with her. A multi-disciplinary group method is needed to build a strong team in an OH setting that provides relevant and professional services to clients.

To accomplish successful set goals and medical surveillance, OH nurses should plan and schedule their medicals according to stipulated guidelines provided by the Occupational Safety and Health Administration (OSHA), The National Institute of Occupational Health and Safety (NIOSH), and other regulatory bodies (Worker health surveillance in Occupational and Environmental Health, 2020).

3.3.3.3 Category: Experience of being financially rewarded

Motivation is an important characteristic needed to make a great impact in an organisation; motivated practitioners will be more productive, attend work more often, and have more to offer to their organisation (AceUp, 2021).

A participant stated she is motivated to do more when knowing that nurses will be financially compensated for the quality of service they render. She further mentioned that the company's incentive program is a motivation that she looked forward to:

> *"I push myself to achieve my goal. We have an incentive program, I also push myself to achieve that goal, and I look forward to the bonuses" (Show by hands pushing oneself). (P4)*

Employees are either motivated because of professional training received on the job and the capacity to perform or through monetary incentives like bonuses, salary increments, and so on. When employees realise that their job efforts will be rewarded with financial benefits by their employers, they may increase their work output in return for that (Alcover, Chambel & Estreder, 2020:1).

It was assumed that personal ambition brings about financial reward through motivation:

> *"I set my development goal and look at where I want to work in a stable company, and I bought myself a car for achieving that. When it comes to rewards you also get rewarded by the compliments from people. It's rewarding when someone comes to you and says congratulations you have done this". (P12)*

Motivation is a mental development emanating from communication between a person and his environment. People are motivated by what they see in their environment (Clark, Newbert & Quigley, 2018:220). Self-motivation is very important in employees'

continuous discharge of their duties, advancement in their duties, and ingenuity in carrying out their duties (Chua & Avoko, 2019:21).

3.3.3.4 Category 4: Being balanced between own and work life

Setting goals and planning can help directly with the employees' behaviour and focus on ensuring accelerated behaviour changes that create a healthy balance between work and personal life (Fredrix, Mcsharry, Flannery, Dinneen & Bryne, 2018:955).

It was mentioned that having equilibrium in work and private life improved competency and prevented confusion of roles:

> *"For me what I do is I first prepare myself because I have a work-life and social life. I separate my work life and social life and balance it; I check what aspect of my social life is affecting my work goals, I make a schedule on what needs to be done. Most of the time I check what is happening in my life and goals. I combine it and look at it and then decide on how to balance it. Some medicals need to be done to declare workers fit to work for example I try to create a schedule for that to make sure that workers receive their certificate of fitness".*
> *(P9)*

Work-life balance is the habit of sustaining the equilibrium between personal and professional life. The capability of balancing work life, family obligations, and personal life is a very daunting task for every leader. Work-life balance can look like an act that is never-ending between private and professional life (Esparza, 2021:1). OHN practitioners are most times faced with complicated loads in their workplaces comprising of increased nurse-to-patient ratio, increase in managerial duties, internal aspects of the job as well as ever-increasing personal and family obligations (Raffi, Trivedi, White & Murase, 2020:13).

A participant believed in going the extra mile in balancing work-life to achieve the set goal:

> *"I always do my very best, not just my best I try to do more, it gives me great satisfaction to do what is expected of me and even if it means extra time to be able to help people. It gives me satisfaction to help people beyond the normal duties". (P2)*

The participant further mentioned that she went out of her way to ensure that her clients were taken care of, which gave her great satisfaction, even sometimes putting in extra time. Working beyond duty includes tasks meant to realise the organisational mission and the tasks aimed at developing oneself or for the good of the clients and sometimes putting in extra time to achieve that (Bozek & Malinowska, 2020:127).

It was assumed that planning enables participant's achievement of own work-life balance:

> *"To get through work, you have to have a schedule to accommodate various things that need to be done, in this particular clinic we have to allocate time between medical surveillances and other tests that needs to be done., sometimes I have a set schedule based on what needs to be done using a calendar, outlook calendars, and electronic calendars to remind you, book appointments, you also work according to your fixed working hours". (P10)*

Nurses are the largest part of health professionals looking after patients in the hospital. Constant irregular work schedules can cause an imbalance in both the work life and personal life of nurses. To prevent this work schedule should be adjusted (Oh & Cho, 2020:0242379). Planning in self-leadership is a pre-emptive approach used by practitioners to promote the ongoing evaluation and development of nurse leaders in their workplace (Phillips, 2021:32).

Self-care is inherent to achieving work-life balance for OH nurses. A participant spoke about looking after herself first before looking after others, as she needs to be able to give her best:

> *"If I don't look after myself, am not able to give to others (my patients) if I can't look after myself, if I am in a bad space my patients would get it, they won't get the possible best service that I can give laughs. It's like in your family as well, they said you can't pull out of an empty cup. Yeah, I must first look after myself that am happy, that I feel am developing and learning, that is what makes me thick, so if I am feeling well, I can give more to my patients and clients." (P11)*

Practitioners can develop burnout due to a lack of self-care. Burnout is experienced when there is a protracted reaction to constant psychological and relational stressors in one's job (Adimando, 2018:304). The nursing profession involves a lot of stressors due

to the multiple added responsibilities of the nurse. Nurse leaders can be psychologically and mentally drained as a result and need self-care for a successful work-life.

3.3.4 *Theme 4: Focussing on the purpose of occupational health nursing*

Reminding yourself of the importance of the purpose of your job is crucial in assisting you to remain focused on what you want to achieve. Individuals forget to do things occasionally, and the consequences depend on what was forgotten. The remedy is to remind oneself of prospective tasks (Horsch, Spruit, Lancee, Van Eijk, Jan Beun, Neerincx & Brinkman, 2017:173).

It was mentioned that one should always remind yourself that your goal is to prevent illness rather than providing preventive care to help clients keep and maintain a healthy status:

> *"That OH is there to help them keep healthy and not cure them. Laughs" I always tell them that am there to help healthy people keep healthy and not to make them wealthy". (P3)*

Taking care of the employee's well-being can inhibit work-related issues and accelerate viable improvement. The well-being of employees is very important to both employees in upholding good health and the employers, as a lack of well-being can have negative effects on output and its execution (Senthil, 2021:27). Well-being has been proven to be connected to employees' health, and output, the employees that are healthy psychologically, mentally, and emotionally are in a better position to perform well in their jobs than those who are not. Employees' working environment can also affect their well-being both physically, mentally, and otherwise. Hence OH nurses need to be aware of the existing nursing practices to provide preventive care and obtain healthy clients (Adams, 2019:583). There is a growing demand to ascertain how OH nurses' effort to promote workplace health and well - being affects their clients. Through health assessment efforts of occupational health practitioners, illnesses, burnout, accidents, and other chronic illnesses like hypertension are prevented, enabling an increase in job output (Georgenyi- Hegyes, Nathan & Fekete- Farkas, 2021:55).

Reminding oneself of the purpose of Occupational Health Nursing	
• Being aware of the resources needed to lead yourself	
• Strategic thinking of what is lying ahead	

3.3.4.1 Category: Being aware of the resources needed to lead yourself

Self-leadership is a procedure influenced by the "self" through which practitioners attain positive conduct by directing and inspiring themselves (Zhang & Xu, 2021:257). It can also be seen as various approaches. Nursing practitioners use in directing their behaviours toward their employer's advantage. To attain self-leadership, participants must be aware of the available resources and how to get those resources (Bracht et al., 2021:636085).

A participant highlighted that she had access to online facilities to meet other colleagues in a meeting to obtain the latest information on Occupational health nursing:

> *"There are no restrictions on the internet. I am in SASOHN chat line, and we get updates from there and study case studies". (P2)*

Digital technologies have become progressively important in the nursing care profession. Examples include the internet, social media, visual models of care, and so on. All levels of OH nurse leadership should promote and invest resources in digital technology. The nursing profession should continue to improve and support OH nurses using digital ways of interaction to increase the hi-tech effect on healthcare (Booth, Strudwick, McBride, O'Connor & Solano Lopez, 2021:373).

It seemed that the meetings of SASOHN provided relevant teaching material, such as case studies, to ensure that the OH nurse could lead herself related to new developments:

Continuous professional development through professional meetings is a very important trait for increasing nurses' knowledge and keeping up to date with trends in the profession. Meetings enable OH nurses to stay abreast of the latest developments in their profession. It is the responsibility of OH nurses to attend sessions and vigorously participate in knowledge sourcing through different modes of learning like courses or

workshops, prescribed learning, as well as informal office learning to uphold increased standards of nursing care through proficient practice (Mlambo et al., 2021:62).

Awareness of one's professional image could be seen as a resource for self-identity and daily appreciation by the public. A participant expressed her disgust that the occupational health nurses did not treasure the reason for wearing a uniform to demonstrate professionalism in nursing:

> *"Reward as professional is devices "You must present yourself as professionals every day of the week. It's so appalling to me that OH nurses are not identifying themselves with their devices, most times they wear plain clothes so how do you identify yourself as a professional, I asked some of the nurses working with me to put on white coats and epaulettes to see what the reaction will be and there was more respect and professionalism". (P3)*

Uniforms are important in explaining occupational boundaries and establishing professional distinctiveness in healthcare. Uniforms indicate the wearer's role as the clients can assess the caregiver's identity. Professionalism is usually portrayed by the way nurses look, with the uniform seen as the key feature, especially in their interaction with patients (Wills, Wilson, Woodcock, Abraham & Gillum, 2018:30). Azemian, Ebadi and Afshar (2021: 327) and Wills, Wilson, Woodcock, Abraham & Gillum (2018:30) state that professionalism in nursing is usually depicted through understanding and actions, such as dressing in a uniform. The nursing uniform has changed in time into a traditional image of nursing, and it assists other healthcare workers and patients in identifying nurses (Diagle, 2018:5).

It was mentioned that practitioners had to prepare for audits. However, it seemed as if the audits were viewed as a process to be correctly prepared for rather than a resource in which findings could assist them afterwards in going forward:

> *"If it comes, I don't compromise I do what I have to do for audit sessions". (P4)*

Lately, distinction and well-being issues have become increasingly significant in nursing care, following the great emphasis on patient contentment and scientific outcomes. Audits are imperative in promoting excellence enhancement in hospital settings. Audits can be either external or internal (Hut-Mossel, Ahauss, Welker & Gans, 2021:2). Nurse leaders have the responsibility to their clients/patients to create

procedures for the quality of care rendered to improve patient upkeep and competence of the organisation; hence the established audit procedure has to be thorough, workable, broad, and applicable (Ramukumba & Amouri, 2019:1121).

The same participant went further and said:

> *"For audits purposes, I don't care what she says, I just do it". (P4)*

Audit sessions could be viewed as a resource to guide nurses in effectively delivering care. A clinical audit is a tool used to manage healthcare quality. It can be defined as a universal procedure used to evaluate care rendered to the patient alongside distinct and established standards to enable recognition of the breach of practice. The care rendered is recorded in medical records, showing the information transfer between healthcare professionals. It enables communication and institutes evidence of care given to prevent unfavourable occurrences or duplication of treatment (Ramukumba & Amouri, 2019: 1121). Nangoli, Muhumuza, Tweyongyere, Nkurunziza, Namono, Ngoma and Nalweyiso (2020:823) state that an individual's participation in activities is enhanced by integrity to have the best interest of an outcome, like the findings of an audit, in mind.

3.3.4.2 Category: Strategic thinking of what is lying ahead for the oh nurse

Strategic thinking is needed for the competent running of an organisation. It can be defined as an important part of strategy development, a philosophical, intellectual, and subject-focused practice that has the drive to create new approaches which may occur during, later, or prior to planning. It supports an institution's energy, resources, and activities to work toward a shared goal (Dioniosio, 2017:44; Weston, 2022:152). Strategic planning is a "more or less formalised, periodic process that provides a structured approach to strategy formulation, implementation, and control" (Henning & Liedka, 2018:134). Strategic thinking is necessary for the OH nurse to convince the management to provide the needed resources, allowing the OH nurse and the institution to achieve their goals. Strategic planning followed by reporting is very important for OH nurses to achieve their set goals in leading themselves (Paletta, Basyte & Alimehmeti, 2020:123).

Participants explained that OH nurses must be strategic in their thinking and should share a diversity of ideas in finding the best solution for the future:

"You have to think differently, you have to think production, you have to think differently. If you show them that if you buy this machine, for example, you will be able to keep more workers healthy and more at work increasing production, they will listen to you." (P3)

Through strategic thinking, one can influence the direction of an organisation for a given period through deliberate and emerging strategic decisions (Henning Buhering & Liedtka, 2018:134).

It was mentioned that the OH nurses should strategically think about finances towards improved production and less absenteeism:

"When it comes to management, they listen to profit, so you have to show them that they need to spend money to make money. Happy employee's happy work, progress more production. Or you explain to them that the absenteeism and sick leave isn't going to be too much". (P3)

Safeguarding employees' health is a very important venture that every manager should see as having a lasting result (Orvitz, 2018:64). Constant physical, health, and wellness assessments of employees should be planned as they are very important for better productivity and reduction of absenteeism.

It seemed that ideas that OH nurses had could assist in better strategic planning with a manager:

"You have to have, plans, reporting comes in you have to share your plan with your manager. It can't just be in your head, in my mind there has to be a paper and you stick it up on the wall". (P3)

Strategic plans are important to enhance results with the potential of improving future-oriented practices that embrace the institution's business plan. OH nurses need to communicate their plans with the management to add value to the overall achievable outcomes of the organisation (Dennis, 2019:32).

Sharing future strategic plans with managers of the company were seen as being accountable for responsibilities, although input into these plans was not always valued:

"That is where your reporting comes in because you got to share your plans with your managers why you are doing what you are doing. It enables you to

become responsible. If you find that what you need to do is necessary, you've got to be able to explain why it is necessary. Sometimes the management doesn't listen to you". (P3)

Responsibility as an OH nurse in strategic planning is reacting to the necessities and wishes of the interested parties, which include employers, clients, colleagues, and the community at large. It means being a shared partner in activities to be executed prospectively (Maier, 2018:27).

A self-leadership competency is associated with the capability to formulate a tactical vision and future objectives and communicate them professionally to management and clients to influence them with the correct information (Vainieri, Ferrè, Giacomelli & Nuti, 2019:306).

Another participant mentioned that to think strategically around actions. Targets are reached by developing an appropriate plan:

"I have a target to achieve, there are so many medicals that need to be done and am driven trying to achieve them. I have a plan; the management wants you to have a plan". (P10)

Effective communication following strategic thinking is essential for the OH nurses and managers to work alongside one another to achieve their common goals that are reducing occupational risks (Lee & Li, 2021:2). The OH nurses should endeavour to find plans that can accomplish most of the goals with the available resources for the benefit of the clients (Garcia-Olaya, De la Rosa & Borrajo & 2021:414).

3.3.5 Theme 5: Needed traits of personal leadership

Personal leadership traits are optimal for the determination of a leader's style of leadership. Leadership traits refer to personal abilities that describe effective leaders, which include active communication, long-standing thinking, self-motivation, people-focused, self-reliance, emotional balance, commitment, and accountability (Anon, 2021).

It was mentioned that leading and advancing people are needed for personal leadership

"For me, it means guiding and taking people forward – characteristics". (P4)

Nurse leaders should direct excellent patient-focused care that is harmless, impartial, timely, and competent. For nurse leaders to achieve this and lead their subordinates and patients successfully, they need to possess certain characteristics, including good interactions, emotional astuteness, passion for work, social skills, and active communication (Joseph, Edmonson, Godfery, Liebig &Weybrey, 2020:27).

Needed traits of personal leadership	
• Being a mature professional, despite what happens	
• Taking responsibility for own decision-making	
• Self-motivation having an ethical foundation	Internal motivation

3.3.5.1 Category: Being a mature professional despite what happens

We live in an evolving society with new trends emerging continuously; hence the demands in nursing are becoming more complex. The OH nurses are expected to adapt to the changes and seek career maturity that reflects their individual level of mental maturity (Sunzi, Lei, Pan & Ju, 2020:2).

OH nurses need to be advanced in rendering their professional services to patients, according to one of the participants:

> *"Firstly, what is important to me is your behaviour towards your duty and professional maturity. For me is p you have to be mature enough to manage people's challenges which can be physical or psychosocial because of the work that we do, we need to take care of all the workers of our firm and take care of the workers that are sick". (P9)*

For leaders to attain professional maturity in their organisations, they need constant self-assessment. Self-assessment enables leaders to evaluate, re-evaluate their work and correct any deviation from personal and organisational objectives diagnosed during the process. This ensures professional excellence and maturity and increases the financial and non-financial function of the organisation (Lasrado 2021:106).

> *"What is important is professional maturity. You need to understand your responsibility and understand why you are here, advocate support, and be*

accountable for your decisions. We need to make sure that we make the right decisions". (P9)

A participant mentioned that behaviour determines one's professional maturity and that practitioners should be mature enough to manage people's challenges.

It was assumed that one's conduct and professional development aid in looking after clients in OH:

"Firstly, what is important to me is your behaviour towards your duty and professional maturity. For me, if you have to be mature enough to manage people's challenges which can be physical or psychosocial because of the work that we do, we need to take care of all the workers of our firm and take care of the workers that are sick". (P9)

It is globally anticipated that nurses are obligated to assist others with assurance and commitment; hence, all OH nurses and other professional nurses are projected to act professionally and morally according to ethical cyphers of practice and behaviour. Undesirable behaviour can affect the well-being of nurses as well as interpersonal relationships with other nurses (Ashipala & Shaluwawa, 2021:16).

Keeping oneself informed and having peer support were seen as an important aspect of professional maturity:

"In the private sector, you work independently, have the qualifications that are required. You don't have to have someone constantly stand behind your back reminding you on what to do. You have to update yourself, have contact with others in the same profession, you have ethics and your own time which you have to ensure to use in". (P10)

OH nurses are responsible for always informing themselves about the legislations, laws, and ethics guiding their profession as they mostly work independently. Continuous professional (CPD) development is the key to nurses' constant learning and comprises important traits for maintaining nurses' knowledge and proficiencies. CPD is needed in nursing to update skills and maintain nursing licensure in countries like the United Kingdom, though not officially instituted by SANC (Mlambo et al., 2021:62).

A participant argued that nurses should be thorough and positive in discharging their duties toward their clients:

> *"An occupational nurse should be open-minded and try to stay positive, hardworking and be able to achieve a specific of keeping employees well. Must have a sixth sense and always alert". (P5)*

For OH nurses to display positivity in their work and patient care, they have to be aware of nursing values. Values are crucial in nursing as they impact nurses, conduct, approaches, and sentiments. These values include empathy and esteem for others, which foster patient understanding of care and well-being (Dunning, Louch, Grange, Spilsbury & Johnson, 2021). For OH nurses to be thorough in their work, they need different progressive steps, drive and thrive at work, enabling them to work hard in achieving their goals. Thriving can be seen as exploiting through supportive interactions and allowing practitioners to attain their possibility for progress and expansion (Garmy & Forsberg, 2020:49).

A participant pointed out as well in the same quote that open-mindedness and positivity are very important in taking care of clients:

> *"An occupational nurse should be open-minded and try to stay positive, hardworking and be able to achieve a specific of keeping employees healthy. Must have a sixth sense and always alert". (P5)*

As OH nurses, open-mindedness and positivity in decision-making are the methods of choosing between solutions. The selected choice must resolve an anticipated difficulty and launch the establishment (Beauvais, 2019:195).

Being open-minded allows the practitioners to collaborate with other practitioners and their clients to share and acquire more knowledge that will enable them to respond to challenges and solve them faster (Michna & Kmieciak, 2020:9041). OH practitioners should be able to envisage what is to happen and plan strategically toward it.

It was mentioned that there is a need to care for and advocate for clients in decision-making:

> *"I am a caring and a people's person and care specifically for suffering people. I am always the voice between ill workers and management". (P8)*

Nurses are dependable for caring for and promoting the interest of their patients through advocacy. Nurses are a link between patients and physicians and often must negotiate with doctors and patients regarding their treatment as they understand more, especially when patients are concerned about their treatment (The Importance of Nursing Advocacy, 2021).

It seems that professional maturity is very important, which needs to reflect on the way nurse's dress and act:

> *"Nurses must always be professional especially on the mode of dressing to work, there needs to be guidance on dress code. Must dress professionally e.g., trousers, safety booths, and so on. Finally, they must always act professionally and set an example". (P5)*

Nurses need to dress in their uniforms to look professional. The patients and the public have known and associated nurses' professionalism with their uniforms. An organisation's standard is affected by safety and how its employees look, which can be associated with uniforms and other distinguishing devices. Hospitals must make clear rules and techniques to stipulate the expected professional behaviours for nurses to build lasting organisational values and professional patient care (Diagle, 2018:555).

3.3.5.2 Category: Taking responsibility for own decision

Leaders always have the responsibility of making decisions for themselves and others. Decision-making for others can be seen as a segment of leadership idea as a leader is responsible for making decisions and being accountable for decisions (Ertac, Gumren & Gudal, 2019:1).

OH nurse leaders use their information to decide how to solve the problems in their practice. To make decisions that will benefit their clients, OH nurses need to relate with them to discover evidence of their needs, ensuring the correct application of relevant information in their work environment (Yanar, Amick, Lambraki & D' Elia, 2019:245).

It seems that keeping a record is integral to taking responsibility in decision-making:

> *"Well, you are keeping records of all the medical surveillance that you need to do with spreadsheets". (P10)*

Functional record-keeping and documentation is a very important part of OH nurses' duty and can sustain the delivery of non-dangerous excellent patient care. Record-keeping can showcase the evaluations and interventions carried out, expediting the patient's continuous care as it informs healthcare givers of what was done and what still needs to be done (Brooks, 2021:31).

It was experienced that there is a need to influence a corporation's decisions for the client's advantage:

> *"We need a round table decision with our companies, we need to influence decisions to the benefit of our clients". (P9)*

OH nurses usually find themselves in a decision-making dilemma where they have to make treatment decisions that will benefit their clients and the management. Sometimes these decisions have no clear strategy. However, these will depend on the patient's values and acceptance of treatment. Hence such decisions need shared decision-making between the OH nurses, and the management, where the OH nurse has the ultimate role in influencing decisions (Bos-van den Hoek, Thode, Jongerden, Van Laarhoven, Smets, Tange, Henselmans & Pasman, 2020:296).

It was further mentioned that OH nurses have an all-encompassing role and duty to both clients and employers in ensuring the accomplishment of tasks:

> *"Here we are working in OH, and you have to provide service from bottom to the top and you have to make sure that you carry out all your assessments, we are basically in control of OH service, so you run the program from the ground up, so you have to ensure that you do assessments to determine what is needed. Most of the leaders are also dependent on you and you also are an adviser to them and if you don't advise them correctly on the right things to do, they are". (P10)*

OH nurses have a comprehensive role that is interdependent and complementary in nature which includes advisory, management, coordinating, specialist, health educator, counselling, clinician, researcher, etc. OH nurses are experienced listeners and can obtain information from their clients and employers due to their self-determining role in dealing with and discussing issues concerning their client's well - being (WHO, 2011).

3.3.5.3 Category: Self-motivation having an ethical foundation

Ethical leadership is all about practitioners having proper behaviour by having regard for principles and morals as well as others' rights and self-respect. This motivates people to achieve the company's goals and objectives, hence increasing their organisation's worth. An ethical leader ensures an environment of ethical philosophy. Ethical principles involve uprightness, fairness, respect, community, and veracity (Indeed editorial team, 2021). Ethical behaviour is the extent to which behaviour, judgment, or implementation result adapt to an organisation's spoken moral standards and advocated morals. For OH nurses to act ethically, they need self-motivation.

Self-motivation rejuvenates people to behave ethically, withstanding moral objectives and referring them to ethical substitutes (Scholl, Scholl & Mederer, 2016:1).

It was highlighted:

> *"You have to practice ethics in things like confidentiality, dealing with your employer and clients in honesty. Be aware of ethics. You have to be aware of it at all times and kind of practice in an honest way". (P10)*

Confidentiality and truthfulness are crucial parts of ethics in the patient-nurse relationship. Management of information in healthcare is optimal for professional and good patient care, and OH nurses are obligated not to disclose confidential patient information in their practice. This is very crucial as employers are looking for more profit, and revealing such information can endanger patients' employment and lead to OH nurses losing the trust of their patients (Varkey, 2021:17). OH nurses need to be truthful to their patients and employers as not doing so will lead to a lack of trust from their patients. An autonomous patient has the right to disclosure and non-disclosure, but the OH nurse must always know what the patient always wants (Varkey, 2021:17).

3.3.5.3.1   Sub-category: Internal motivation

Internal motivation can be defined as the type of motivation whereby a task is accomplished as a result of inborn gratification instead of an independent effect. OH nurses that are internally motivated tend to carry out tasks based on their internal aspirations and individual self (Shahid & Paul, 2021: 102531).

Being thorough and having an optimistic attitude was seen as needed traits for internal motivation:

> *"I am very meticulous with my job and self-motivated, I remind myself to stay positive and stay on time". (P5)*

Nurse leaders aim to attain the personal goals and objectives of their organisations. They need to have a positive attitude and be self-motivated (Kapur, 2021:1)

Self-motivation brought positive outcomes of being independent and understanding other people:

> *"I am self-driven my motivation is the satisfaction and, good feedback and smiles on my client's faces. Also being able to earn a living and look after myself". (P12)*

OH nurses need self-motivation to be productive and independent in their workplace. It also ensures OH nurses' ability to be innovative and achieve their goals to the benefit of their organisation because of their great trust in themselves (Matahela & Van Rensburg, 2022:2)

Another participant echoed the same sentiment on motivation and expanded on relationship building with both clients and employees as a needed trait for OH nurses:

> *"For me, it's all about your own motivation, understanding your environment, building relationships with people, obviously people get to know you and vice versa". (P10)*

Interpersonal relationship between OH nurses, clients, management, and other employees is pertinent for goal achievement, continuity and success of the nursing profession. Practical interpersonal relationship skills are important to collective interaction as well as building and maintaining relationships (Ibrahim & Ahamat, 2018:99). A good interpersonal relationship between patients and OH nurse is a very important aspect that has so many benefits like reducing the number of day's patient's sick leave and improving the quality and satisfaction of patients. The nurse-patient relationship is an interaction between a patient and a nurse grounded on the patient's self-sufficiency in making informed choices after heeding the advice of specialists (Molina-Mula & Gallo-Estrada, 2020:835).

Reminding yourself to stay positive through self-discipline, support, and a focus on the result, was seen as essential:

> *"I am very meticulous with my job and self-motivated, I remind myself to stay positive and stay on time". (P5)*

Self-control is the application of control of oneself by self to overcome urges, impulsive propensities, feelings, and actions (Muller & Niessen, 2019:883).

Participants also spoke on self-motivation and reiterated networking and peer support as tools needed to increase internal motivation:

> *"You have to have self-discipline, core value, ethical commitment to serve people, competence, and self-motivation. Those factors will have to be considered. No one is checking up on you, so if you are not going, to be honest, or motivated you are not going to achieve your aim. So, it takes self-motivation to work on your own". (P10)*

> *"Well, you need to keep yourself motivated and hardworking, you need a network of support, communicate, SASOHN is a very good support, hard work". (P11).*

Values are goals and principles that create behaviour and provide a ground for OH nurses' decision-making. The core ethical values are most common within the international nursing community, which is the image of the human and spiritual methodology of the nursing profession (Poorchangizi, Borhani, Abbaszadeh, Mirzaee & Farokhzadian, 2019:1). OH nurses need to be disciplined, self-driven to ethically lead themselves by seeking for peer support from their senior and more experienced counterparts

Peer support is emotional or educational backing and giving a listening ear to others in a peer group through shared experience, for example, support from other OH nurses (Cowie, 2020:10). OH nurses that receive more peer support mostly perform better in their workplace than those that work in isolation. The relationship of peer support is a continuous process that is formed, suspended, and conserved for a long time to receive peer support. There is a need for OH nurses to network with other colleagues working in other industries. Networking can be defined as a pre-emptive way of generating entrance to professional knowledge and resources, which is important for OH nurses to

advance in their careers without depending entirely on their organisational structure, which is not usually available, its simply pre-emptive attempts by OH nurses to improve and uphold personal and professional interactions with others, for the reason of shared advantage in their job or vocation (Jacobs, De Vos, Stuer & Van der Heijden, 2019:2055).

Several participants viewed motivation as a lifestyle to add value to achieve goals:

> *"Am happy with what I do and not comparing with others (motivation), I am self-driven and motivated." (P12)*

> *"It's part of my life, I almost enjoy it every day. I want to give a safe environment, you know (Smiles again) I want to set an example, I teach people how to have a better safe environment". (P12)*

> *"It's your own self-pride in wanting to achieve your target and render a good service (self-motivation). Be able to prove your value, provide feedback". (P10). "I think you have to have a passion to get out of bed every day to do your work." (P10)*

Motivation influences our daily decisions. The decisions that OH nurses take daily are determined by the level of their personal motivations (Murayama, 2018:146). Being motivated can enable OH nurses to achieve their set goals. To do so, they need to have a good work ethic which involves being resourceful and industrious also being shrewd. An increase in future professional motivation and adopting motivation as a lifestyle to encourage goal attainment depends on the determinations of the OH nurses, their organisation, and clients as well. Self–leadership is closely linked with motivation, and the leadership style enables practitioners to attain set goals. To ensure a high level of motivation, certain individual qualities are involved, which include willpower, dedication, suppleness, perseverance, self-discipline, and success protection as stipulated in self-assessment motivation output (Shcherbak, Drozhyk, Boichuk, Nizhevska & Prokopenko, 2021:247).

Praise is a reward and motivator:

> *"I have never thought of a reward but think the positive response from your clients is a reward". (P5)*

There is a wide-range belief that a worker's motivation is essential in increasing his/her output and job implementation. Workers get inspired to perform further by acknowledging their work which can be turned into basic rewards. Via these rewards, OH nurses may be motivated and achieve their full competence (Manzoor, Wei & Asif, 2021:2691). Intrinsic rewards are situations where employees enjoy emotional gratification and are compensated mentally. It is known as well as non-fiscal or non-monetary rewards. This type of reward cannot be equated but can motivate employees to perform more tasks and achieve goals to offer lasting benefits to their establishment. These include recognition for work, growth prospects, work milieu, self-sufficiency, involvement in management decisions, or participation in a project (Anjum, Islam, Choudhury & Saha, 2021:47).

3.3.6 Theme 6: Moving into the future

OH nurses need to display stronger self-leadership by compelling extra obligation and accountability to enhance the quality of healthcare and patients' well-being, especially in an industrial environment where practitioners have to lead themselves to achieve their set goals (Den Breejen-de Hooge, Van Os-Medendorp & Hafsteinsdóttir, 2021:118). Self-leadership not only profits the goals of the patient and their relatives but also enables the nurse to indirectly achieve their own goals (Mustriwati et al., 2021:5).

Nurses have an influential role in health policy formulation and contributing to the effectiveness of health and social care systems was called upon by the first State of the World's Nursing Report recently published by the World Health Organisation (WHO, 2020). Hence the need for strategic planning for the way forward in the self-leadership of nurses working in OHN.

Theme: Moving into the Future	
• Focusing on power-sharing between role-players in a team spirit	• Being able to influence a team setting
• Acknowledging the importance of the own role of the OH nurse	
• Moving to embrace knowledge to stay ahead	• Own role in self-development
	• Available courses
• Staying current in a changing healthcare environment	
• Following a mentorship programme	• Mentorship others towards self-leadership
• Balancing Occupational health with primary care	
• The active role of professional bodies and forums	

3.3.6.1 Category: Focusing on power-sharing between role-players in a team spirit

Power is a multifaceted and broad perception in nursing and is assumed to be valuable for team efficiency. It ensures regular communication between members, refines intra-team coherence, and decreases disagreements (Sinha, Chiu & Sirinivas & 2021:649). Power-sharing can be defined as an evolving team possession that's a welfare consequence of sharing leadership authority through numerous team members, for example, the distribution of power between the OH nurses, their clients, and management (Edleman, Boen & Fransen, 2020: 582894).

3.3.6.1.1 *Sub-category: Being able to influence a team setting*

Teamwork is a very important aspect of nursing care to ensure quality, professional and safe nursing care for patients. In OHN, OH nurses need to work together with other interdisciplinary members as a team to achieve their goals, like the health and safety

representative, the management, clients, and other employees (Gor, Ser, Cooper, Cheng & Liaw, 2021:3802).

Participants mentioned that there is a need for the multidisciplinary team to understand how the OH nurse can influence the setting under specific legislation that differs from their own:

> *"Think is very important that the managers, not the medical staff, they need to be sensitized around the health professionals work and policies, they need to understand how they work, because there are legislations that might be contravened which is illegal". (P9)*

A multi-disciplinary team approach is essential in healthcare settings to ensure productivity and awareness of required legislation and policies to accomplish their required duties. This team approach can be defined as an active process that includes two or more healthcare professionals from different disciplines with corresponding training and proficiencies that share mutual health goals and work together towards the achievement of better patient care which can be achieved by collaboration, mutual decision-making and communication (Doulougeri & Montgomery, 2019:343). OH nurses advocate for ethical and just practices by crafting a lasting environment that maintains a professional practice of the required standard and ensures adherence to legislation (ANA, 2016;1). Another participant mentioned the different professional frameworks that the nurse and doctor used to influence the setting:

> *"Yes, I think as health people we use a lot of health language which is difficult for people trying to understand what you have to say. You always have this thing of him thinking as a manager and you thinking like a nurse and to get the two to marry is always a challenge". (P7)*

Inter-professional collaborations are essential in improving healthcare services rendered to clients in the OH setting. To achieve this, there is a need for constant negotiations, good communication and respecting the capabilities and contributions of other team members, which can also pose a challenge as expertise and professional views are different (Vatn & Dahl, 2021:186). Differences in training, problem-solving methods, values and comprehension of important issues are some of the challenges that OH nurses have to overcome during inter-professional collaborations (Zajac, Woods, Tannenbaum, Salas & Holladay, 2021:1).

A participant mentioned the ethical framework of which team members need to be informed and comply with through training to influence the healthcare system of the future:

> *"Especially when it comes to audits, the multidisciplinary teams need to be involved. They are not ethical and willing to manipulate the system, so the audits need a disciplined person and need to be compulsory. Workshops and in-services need to be done for people to understand to comply." (P9)*

An organisation must achieve its objectives through its employees. They need to build and manage a successful team which is the core responsibility of the OH nurses as the team leader in the management of patient care coordination (Lajcin & Porubcanova, 2021:1).

The OH nurse could influence others through participation in a team that is representative of all stakeholders:

> *"I think it's important to work as a team, which needs to, involve all departments especially health and safety and HR because we have health and safety officer, we have occupational doctor, ehm we need to promote teamwork. If we can all work together it will be nice, but I don't think that is possible." (P4)*

The multi-disciplinary team in OH includes members, mainly nurses' assistants, but incorporates nurses, dieticians, management, rehabilitation therapy staff, recreational therapists, social services staff, housekeeping staff, maintenance staff, safety officers, OH doctors, and other relevant members. Decision-making in OH is usually complicated due to a diverse workforce, ever-emerging technology, and diverse and changing work environment, but luckily there are legislations, professional codes of conduct, and ethical principles (Rogers & Schill, 2021:10030).

An OH nurse can influence a situation when she has assessed the situation and have the background to discuss a future plan with another team member:

> *"You assess what hazards there is in your environment, in conjunction with the medical practitioner you sit down and plan on what is needed ". (P10)*

Reliance on the current healthcare delivery model in OHN is likely to exert more pressure on the OH nurses due to the evolving work environment, diverse patient group,

the pressure to make a profit, and cut expenditure by management hence the need for OH nurses to change the care given with the changing environment and plan ahead in preventing disasters or adverse events by for example preventing a patient with high blood pressure from climbing up the ladder and falling (Perroux, Contandriopoulos & Duhoux, 2018:1).

The influence of the OH nurse was acknowledged in the mentioning of the need to involve her in meetings:

> *"You know what in the company meeting, I think they must get OH nurses to attend". (P4)*

OH nurses are motivated to be involved in decision and policy making because they have a close relationship with patients and relatives and better understand the predicaments. Every decision or policy affects nurses directly, and nurses perform a very important part in proficiency advancement. They can add to making crucial decisions and developing relevant and competent health guidelines (Hajizadeh, Zamanzadeh & Kakemam, 2021:128).

> *"For me, I apply and live by example, and I involve and get everyone's input that is leadership, you have to live by example (she said this emphatically nodding her heard)". (P13)*

Nurse leaders are exceptionally trained and qualified to spearhead interpersonal teams in the healthcare system. Inter-professional relationships, personal values and team dynamics can either encourage or deter collaboration and provision of care to their clients. OH nurses need to live by example and lead the way in performing their respective duties (Stucky, Wymer & House, 2022:1).

3.3.6.2 Category: Acknowledging the importance of the own role of the oh nurse

OH is a speciality branch of healthcare that focuses on the working population's health and well-being and the safety of their work environment. OH nurses have an important role within an institution in strategizing and rendering the welfare and public health plans, which add to the corporate ideas of the institution. The roles are guided by policy and legislation that includes a data-centred method that should emphasize the expertise and practice of the OH nurse's vocation (Mlambo et al., 2021:1).

3.3.6.2.1 Sub-category: Awareness of the role

The nursing profession is changing swiftly to sustain the encounters and prospects emanating from the continuous changes compelled by technology in healthcare distribution and the transforming setting of healthcare needs, and the nursing role keeps changing with the changing times (Tsai, 2021:147). Nurse leaders can motivate others to work together to achieve a common goal of improving patient care. An effective OH nurse leader has some personal characteristics, which include honesty, bravery, capability to handle stressful situations, resourcefulness, analytical thinking, setting goals and communicating them adeptly, and working together with other members of the multidisciplinary team (Pakhide &Verma, 2021:07). OH nurse leaders are confronted daily with several challenges like resource distribution, innovative planning and goal setting, refining quality processes, budget effectiveness, reporting to the management, and ensuring that those demands are fulfilled (Pakhide & Verma, 2021:7).

It was mentioned that it's essential to create awareness of OHN:

> *"I think more work needs to be done to promote awareness of OH nurses". (P4)*

OH nurses have an opportunity to create awareness about their occupation through so many means like social media, roadshows, seminars, and occupational campaigns. They have a distinctive role in using the advantage of social media and other campaigns to advance their careers, circulate information about their profession, improve communication and advance their worker's and clients' health (Siegmund, 2020:408).

It was mentioned that nurses need to stay updated to fulfil their comprehensive roles:

> *"And you wear many hats (Laughs). If you are not doing your own updating and keeping in contact, no one is going to do it for you." (P10)*

Constant updating of nurses' competencies is vital to fulfilling their comprehensive roles and an important feature of keeping their learning up–to–date (Mlambo et al., 2021:1).

It appears nurses also have an all-encompassing role toward clients and employees:

> *"here we are working in OH, and you have to basically provide service from bottom to the top and you have to make sure that you carry out all your assessments, we are basically in control of OH service, so you run the program*

from the ground up so you have to ensure that you do assessments to determine what is needed. Most of the leaders are also dependent on you and you also are an adviser to them and if you don't advise them correctly on the right things to do, they are" (P10)

OH nurses have comprehensive roles. Their nursing responsibilities go above and beyond providing care to patients that are in line with best practice and clinical criteria to involvement in larger organisational structural value. They are charged with customer-oriented care within structures and procedures that encourage making decisions collectively, open discovery, care stability, and mindfulness towards patients' ethical requirements and clients' knowledge of their health (Odland et al., 2019:7).

3.3.6.3 Category: Moving to embrace knowledge to stay ahead

When OH nurses increase their personal knowledge, they have the privilege of comprehending in a personified manner their identity as tools of care (Manankil-Rankin, Schwind, Aksenchuk, 2021:1).

CPD is a personal effort or commitment to improving one's knowledge, abilities and proficiencies in one's career. This encompasses a broad range of staff development activities that are both formal and informal that is intended to address the individual development needs of the OH nurse (Mwila, Namuchana, Lufungulo, Onwubuya, Mudenda, Mangwatu & Hikaambo, 2022:104).

One participant mentioned that enlightening oneself is essential for nurse leaders:

"To me, education is an integral part of leadership". (P13)

Continued Professional Education (CPD) allows nurses to be informed and refurbish their knowledge and competencies in the healthcare setting. CPD is the practice of continuing education and progress of healthcare experts, from preliminary education that led to their certification and for the period of professional existence to uphold proficiency to exercise and expand their specialized expertise and skill (Mlambo et al., 2021:62).

3.3.6.3.1 Sub-category: Own role in self-development

To achieve personal and professional goals, OH nurses need to create a personal impact development plan dedicated to what and on whom to have an influence and the required proficiencies to do so. Personal Development Plans (PDPs) are usually dependent on personal ambition, planned goals, and objectives of the company, as well as available and scarce resources. The PDP involves developmental activities like on-the-job training, collaborating with experts, and evaluating prescriptive willingness (Aguinis & Gabriel, 2021:818).

It seems that keeping oneself well-inform is inherent to being well-informed of the trends in one's career:

> *"They work according to set criteria to make sure that people are kept up to date, it is the responsibility of the individual to make sure that they attend different pieces of training to make up for the shortfall. I mean SASOHN is making it possible for OH nurses working on their own to be updated. (P7)*

Personal development is not only a fundamental individual need but also an important obligation for organisational accomplishment. However, workplace interpolations meant to motivate employees' individual development are still limited. In the present society, nurses are faced with the task of being innovative and constantly appraising their skills and proficiencies (Van Woerkom & Meyers, 2019:98).

Other two participant's mentioned that OH nurses operate on their own and hence have the dual responsibility for their personal development:

> *"I think as an OH nurse you should work on your own, it's your responsibility to actually ensure your development, because the company is not going to do that, because the company is not focused on self-development and we know that there are training things that must happen, in reproductive health, you must have an update every two years, and audiometry update every two years, dispensing license every year. There are somethings because you work on your own and you are as a professional have to do". (P7)*

> *"It's your responsibility to ensure your development because the company is not going to do that because it is not focussed on self-development. (P6)*

With the evolving healthcare environment, the roles of OH nurses, especially in the private nursing environment, are changing as more care is being rendered beyond their nursing roles. OH nurses need to expand their roles through continuous learning practices as there is a need to have diverse practitioners to ensure the needs of our diverse population are met (Brunt & Morris, 2021:2).

Networking was seen as essential toward own development

"I do go to conferences, when possible, went to medical care conferences on Friday very interesting, I do read a lot on leadership, I have friends that are in business and leadership coaching to help me. I talk to them a lot as well; my husband also coaches me. Yeah, so reading, the conferences, subscribe to Medscape, med nurse, I get those emails to get updated, I attend SASOHN". (P11).

Another participant enjoyed self-development:

"To develop myself is very important, I love teaching training, and developing myself. We learn more about OH every day. I have my own personal assistant, which is very important, you need someone who is more experienced than you to help you in your development. You learn every day about OH". (P11)

The participant has the desire and will to improve himself and become an improved version of himself daily. It's a long-term activity to improve one's own performance through prescribed and relaxed methods. Self–development, an individual procedure and idea, needs subtle teamwork and a listening approach for effective self-growth (Jain, Daniel & Ellis, 2015:41). OH nurses need to be involved in teamwork to achieve their goals and personal self-development.

3.3.6.3.2 Sub-category 2: Available courses

The availability and incorporation of OHN education-based competency into nursing education curricula promotes the level of knowledge and skills of OH nurses working in the private industrial environment (Rajaguru, Oh & Im, 2022:14).

"I have just done with OH 2015 and I think some of the shortcomings because of my age, is that it's not quite interesting in class as most nurses have not been exposed to the industries, they are still thinking as nurses and it's not a bad

thing, but they are not thinking as production managers and there is a disconnect there as well. You need to think not just as a nurse but also as a production manager. Happy employees more hard work, more production. They are effectively productive". (P3)

Continuous learning and proficiency are the backbones of nursing practice. Clients and employers envisage OH nurses to be proficient in their practice and the care rendered. OH team members rely on their co-workers' abilities and informed skills (Fossum, Opsal & Ehrenberg, 2021:1).

3.3.6.4 Category: Staying current in a changing healthcare environment

Healthcare establishments are continually shifting because of scientific progressions, aged populations, altering illness patterns, new innovations for dealing with sicknesses, and dogmatic restructurings and policy ingenuities. Changes can be stimulating as they challenge individuals' basic needs for a steady milieu (Nilsen, Seing, Ericsson, Birken & Schildmeiger, 2020:147).

Participants mentioned that nurses need a moral compass to stay current in an evolving healthcare environment:

"I think they need to be educated, ethical, professional, experienced, update themselves to avoid being stagnant, they need to go for courses and seminars. Sometimes people can stay in one place and become stagnant without improving themselves.   (P3)

OH nurses must be educated and professional and maintain nursing ethics in their duties. Ethical values are very important among healthcare personnel. Ethics can be described as moral values that control how nurses, or a group of nurses will act or comport themselves. The emphasis relates to what is veracious and immoral with regard to actions, and it includes the method of decision-making influencing the eventual results of those events (Haddad & Geiger, 2021:1).

It was mentioned that evolving legislations demand knowledge updates for OH nurses to remain proficient in their profession:

"We all know that legislation keeps changing; if you don't attend the updates, seminars, workshops, those types of things, you will never be up-to-date. You

> *need to develop yourself; you must update yourself often. Ensure own development, must attend seminars in-service training to keep yourself updated." (P7)*

OH nurses must trail the changes in the healthcare legislations and settings to guarantee the continuous production of high-quality, safe and efficient services to their clients. Legislation makers and educators must constantly evaluate the emerging trends and needs in OH (Fawaz, Hamdan- Mansour & Tassi, 2018:110).

It was mentioned that different work environment brings different challenges which require nurses to constantly update themselves:

> *"You might be working in different companies that is slightly different from the one you were working with previously, then all of a sudden it turns out that you have a different goal, you would one of your goals should be by reading more of the regulations to and also attend specific training on that to be able to know what you have to do or meet your peers to find out what they are doing, in other words, you need to attend training sessions, be up to date with legislation". (P7).*

Nurses are often confronted daily with ethical dilemmas and must make moral choices due to their knowledge and beliefs of "good" to recognise the greatest sequence of action concerning the patient (Giannetta, Villa, Pennestrì, Sala, Mordacci & Manara, 2021:7565).

Ethics are crucial to healthcare workers as they need to identify dilemmas in the healthcare system and make suitable decisions centred on their principles but retain the laws that govern them (Haddad & Geiger, 2021:1).

It seems that having experience and on-the-job training before speciality training is needed to ensure being informed on OH:

> *"For nurses entering to do OH, they are mostly lost for the first six months so SANC should make it compulsory that they must have worked certain hours in the industry before being accepted to do the course". (P3)*

Nurses training for OHN portrays poor competence in integrating their understanding, skills, and proof-based practice into their work. The pupil OH nurses require backing

and guidance to fasten their comprehension and adaptation to OHN and expand their retention. Consistent six months of training is important for all aspiring OH specialist nurses as it will ensure comprehension in the modification concerning school education and clinical nursing work (Xu, Ma, Wang, Yu, Li, Zhou, Zhang & Cao, 2021:1). Hassan, Elshemy and Fathy (2019:34), further states that effective training and development are very important because it can help to improve their performance as well as organisational output

Performance appraisal was mentioned as one of the tools to encourage continuous learning in OHN:

> *"When you sit for your performance appraisal the managers access you on this. You start with short-term goals and there are opportunities that the managers will also advise you on short courses available". (P9)*

Performance appraisal is one of the crucial instruments used to measure the job performance and output of the employees and can be defined as a way through which employers evaluate and determine employees' performance (Balu & Erappa, 2022:1). Continuous professional development was seen to lead to proficiency in practice.

> *"You have to also keep yourself updated at all times. You ensure best practice for both employer and employee ". (P10)*

It was also mentioned that there is a need for rules and commercial guidance for OH nurses in private practice:

"Occupational nurses who set up own practices are not enlightened on how to manage a private practice. There is no hard and fast rule on what the OH nurse must do. In the OHN course, there is also no attention given to the business part of it, I think the curriculum needs to be adapted regarding nurses, how to put prices, how to manage clients, how to mark it, and so on". (P13)

To practice competently with integrity, nurses, like all healthcare professionals, must have stipulated regulations and guidance within the profession, especially nurses working in the private industrial sector (Haddad & Geiger, 2021:1). In OHN, there are differences in the services rendered irrespective of overall acknowledgement of the significance of the evidence-grounded practice. This is especially in OHN in private and in hospital practice. No specific rules and legislation guide the nurses in private

practice except the same general rules that guide all OH nurses. However, to expand OH practice in the private sector, the guidelines need to be modified to the perspective and training of OH nurse professionals. Guidelines can be described as scientifically established declarations to support OH nurses' and patient choices about suitable healthcare for certain situations (Schimdt, Holtermann, Jorgensen, Svendsen & Rasmussen, 2021:103520). An example of an adequate guideline that inspires transformations in OH practice is the interventions in district community health centres in Canada which were satisfactorily planned and have assisted epicentres to work more evidence-cognisant (Van Dijk & Caraballo-Arias, 2021:6).

3.3.6.5 Category 5: Following a mentorship programme

Newly qualified OH nurses often meet a challenging learning curve that usually makes them feel unprepared, apprehensive, and inadequate for the task in front of them. Hence there is a need for mentorship programmes to prevent professional difficulties like poor proficiency and inadequate interaction abilities (Krofft & Stuart, 2021:152). Mentorship can be defined as a person-to-person occurrence designed to develop the welfare of the neophyte via unofficial and official meetings. These meetings ensured that the neophyte Oh nurse is directed, guided, and advised by a role prototype and an expert who shares knowledge with him (Hookmani, Lalani, Sultan, Zubairi, Hussain, Hassan & Rasheed, 2021:175).

A participant mentioned the need for leadership development after completing a qualification in OHN:

> *"There is a need for paid leadership programs for six months in industries after graduation". (P3)*

Work-integrated learning (WIL) enables new OH nurses to observe and work with experienced nurses. Working together with experienced nurses allows the newly qualified to absorb the method of making instant decisions and how to prioritise and select which is the best alternative in a dilemma situation. Such learning can be motivated by incentives and structured to a certain period (Rusznyak & Bertram, 2021:34). Jackson and Collins (2018:403) stress the need for great focus on producing graduates that are ready and have the experience to work in higher education. The aim is for them to satisfy the desires of the healthcare system and create nurses that can

positively motivate innovation and lead the healthcare system in a constantly changing world.

3.3.6.5.1 Sub-category: Mentoring others towards self-leadership

The mentor-mentee association is a fundamental approach to emerging, assisting, and keeping an organisation's workers while developing future leaders (Sarabipour, Hainer, Arslan et al., 2022:1374).

Mentoring is defined as a method through which an individual (mentee) builds a rapport with a qualified co-worker (mentor) that characteristically adds to the expansion and career progress of both (Blake-Beard, Shapiro & Ingols, 2021:6465). Nursing mentors are usually nursing personnel with higher proficiencies and comprehension whose obligation is to offer ascending motion and career support to their nursing mentees by providing coaching, exposure and visibility, sponsorship, access to challenging assignments, protection and a good research environment (Murray, Barnabe, Foster et al., 2021).

It was experienced that self-development and having a mentor are needed for own self-development:

> *"I read a lot; I want to be up-to-date with new ways of doing things like in Covid 19 we have to develop a better way of doing things. In OH we must not forget the wellness of a person; I use the holistic approach". (P11)*

The role of a mentor in a mentee's life is to assist the mentee in developing personal and professional growth. Hence a collaborative approach is needed where the mentor involves the mentee in resolving their own anxieties and problems to encourage a supportive environment for learning (Tinoco-Giraldo, Torrecilla Sánchez & García-Peñalvo, 2022:1). It is the responsibility of the mentee to seek for mentors that will assist them in their personal and career development, set up regular meetings, manage their relationship pro-actively in a positive manner and evaluate their progress and seek feedback from your mentors (Sarabipouret al., 2021:1374).

It was mentioned that structured mentorship is needed in an evolving healthcare system to lead oneself:

> *"They need to speak to their managements to allow them to attend courses like there is a mini-workshop on writing skills coming up soon. Postgraduate course for mentors. They need to have some form of educational background. They also need a management background as well. Maybe one year is not long enough for occupation–curriculum health, maybe there should be a six-month mentorship course more detailed on legislation and how to use it effectively after. Mentors are very important, and nurses need to be active in SASOHN". (P5)*

Research in nursing stated that there is a better possibility of achievement among prospective nurses when properly mentored in all phases of their education, both in the beginning and after graduation, hence there is a need for an intellectual approach when designing and implementing mentoring programs (Desselle, Chang, Fleming, Habib, Canedo & Mantzourani, 2021:441).

Proper guidance and reporting seem to be needed in addressing inter-professional role gaps:

> *"Most safety officers don't understand occupational, health, and auditing they know mostly the safety side. In the company you most times find it difficult to get someone who understands OH and basically you have to train and guide them on what OH is all about. Your report writing can also be in such a way that they can understand what you are trying to tell, you write it in a simple language, and there is no need to write medical terms that they don't know".(P7)*

Safe and effective OH client services depend on the professionals' multidisciplinary teamwork. Obstacles to these teams are differences in training, professional values, ways of solving problems, and understanding of precarious issues (Zajac et al., 2021:1). These can be overcome by harnessing the different unique personality traits, values, and communication preferences in order to achieve to reach shared goals (de Jong, Wisse, Heesink & van der Zee, 2019:1720).

It was mentioned that structured mentorship should be implemented for effective mentorship.

> *"I also think that there should be a one-year post-graduate programme on mentorship, the person can either have an educational background, not OH.*

When I did OH, one year was only on management, but the management of OH should be more specific. Maybe one year is not enough, I think one year should be focusing on OH and six months on mentorship, more details, and finance, more in-depth on legislation and how to use it effectively". (P3)

Mentoring programmes can be formal and non-formal in approach, but there is a need for OH nurses to attend post-graduation mentoring programs for an extended period to enable their integration into the nursing practice (Desselle et al., 2021:441). In Malaysia, the Ministry of Health then improved the mentoring programme for new nurses by initiating a mandatory one-year mentorship programme. Experienced nurses mentored novice nurses to be proficient in their roles (Fong, Hassan, Kasa, Balang & Abdullah, 2021:124).

It was also mentioned that mentorship enables nurse's compliance, understanding, and implementation of guidelines:

"OHN is you develop your skill by working in the environment, I think if you start out as an OH nurse practitioner having someone with experience in the field to like a mentor and guide you because the current OH course is not enough to fully equip you. It's not that the course is not good, but they need more time to cover basically everything, they need to be guided while working with colleagues". (P10)

Mentorship programs are very important as they increase compliance and the number of nurses retained at work and improve role and guideline understanding (Hookmani et al., 2021:175). These mentoring programmes can justifiably reinforce the nursing workforce from inside the vocation itself. This can be achieved through instituting the acknowledged part of the in-service nurse guidance and directing focus on other gaps detected (Hoover, Koon, Rosser, Rao, 2021:520).

Comprehension and compliance with guidelines and legislation seem to be needed for good mentorship:

"I think a lot of occupational health nurses do not understand the gravity of not sticking with the guidelines. I think the ethics are there but if the nurses and middle management don't understand the gravity of what they are doing. Those guidelines come from mentors, if your mentors are good especially when you

are doing your OH training practical side and you have a good mentor, hopefully, that's where you will learn your self-leadership. Good mentorship is needed ". (P3).

Proper comprehension of the perceptions and constructs in the OH regulatory framework is synonymous with the appropriate application of the requirements of its provisions. This will ensure homogeneousness of purpose and accomplishment of the emphasised vision (Suleiman, 2017:483).

Compliance and comprehension of OH practices are synonymous with effective mentorship fostered by these crucial distinct and interactional factors that include regularity amongst mentors' and mentees' views and anticipations of the rapport; adequate and reliable stages of interaction and person-to-person interaction; eagerness and approachability of the mentor; and pertinent and prior experience of the mentor (Davey, Jackson & Henshall, 2020:992).

3.3.6.6 Category 6: Balancing occupational health with primary healthcare

Primary healthcare is the new focus in which nursing programmes are offered. PHC is based on practical, scientifically acceptable methods accessible to the whole community through their full involvement at every development stage through self-responsibility (Alma Ata Declaration on PHC, WHO-UNICEF, 1978). On the other hand, OH services are those assigned with the fundamental goal of guiding an organisation's employees to ensure a safe work environment that promotes employees' optimal physical and mental health in fulfilling their duties (Jain et al., 2021:3632). Only some OH services provide PHC support to employees to have access to diagnosis and treatment of minor illnesses (Stacey, Mirelman, Kreif, Suhrcke, Hofman & Edoka, 2021:1543).

Participants were not always enthusiastic about focusing on the auditing tools as it seems that it was more focused on PHC rather than on in the OH care environment:

"My duty is to manage the PHC and OH clinics. I work with the international health calendar. 3 x monthly blood donations, annual HIV testing. I think we need to focus more on OH as the current tool focus more on PHC. More worried about medications, we recommended that they be changed. We do a lot of OH, but the auditing tool is more of PHC than OH". (P4)

However, the integration of OH and PHC as a prototypical is highly endorsed by WHO as a way of rendering services to influence more workers through education on early detection of occupational-related illnesses, financial arrangements around workers' health, and promotion of a research agenda (Buijs, Gunnyeons & Weel, 2012:623).

It seems as if PHC was viewed negatively, as it was seen as an avenue for sick letters and treatment of illnesses which should not be part of the OH care scenario:

> *"PHC should be left out of OH care people come to work sick and want occupational health nurses to book them off and give them medication. Nurses should not be doing that except in an emergency. Occupational healthcare nurses should advise not to treat". (P5)*

The OH and safety Act 83 of 1993 states that employers must provide and sustain a safe and risk-free working environment for their employees and other persons visiting their establishment, hence OHS professional practice comprises health, well - being, and safety of all, which aims to provide a healthy and safe working environment and not for (PHC) curing of illnesses (Cloete, Yassi & Ehrlich, 2020:10).

Another participant mentioned that workers with non-related illnesses in the workplace should be referred to PHC clinics:

> *"In our clinic, we don't do PHC, we see and refer workers to relevant doctors or clinics. We advise them to use their medicals". (P9)*

> *"You need to educate the management on the need for the proposed test. I also think that primary health care should be left out of occupational health clinics". (P6)*

OH care is a unique speciality related to workplace changes, technological innovations, and socioeconomic features, and its main purpose is health assessments (workers' ability to work) of workers referred by employers (Lalloo, Gallagher, Macdonald & McDonnell, 2021:352).

The main types of OH services are rendered in public hospitals, the private industrial sector, and non-profit organisations, and these employers differ by their sizes, type of work done, and goal orientation (Aeschbacher & Addor, 2021:2).

OH nurses play different roles in different industries:

"There are certain functions that you need to perform as an occupational nurse, and it all depends on the industry that you are working for, but the most important thing is the medical surveillance". (P7)

"You must be able to plan your medical surveillance in such a way that it meets the set criteria. Some people will submit yearly, monthly, and two years intervals; you need to plan those. (P6).

According to Lappalainen, Leino, Osterman and Nissinen (2020:2053), the OH nurse sector impacts their roles and workload as it appears that the nurses in the private sector have more workload than those in the public sector.

OHN and PHC are compared in many ways. OH nurses in the private sector are viewed as working longer hours without adequate leaves and remuneration, with clients more in control of things.

3.3.6.7 Category 7: The active role of professional bodies and forums

Professional organisations are responsible for safeguarding society by encouraging professional growth and socialisation, and they intermittently assess and modify their roles and drive to certify that they continuously associate with the needs of society and the profession (Esterhuizen & Van Rensburg, 2021:100290).

The active role of professional bodies is to provide guidelines for practice:

"I will say SASOHN's guidelines, guidelines, all your good practices that are legislated, various legislations and SANC scope of practice. So, if you've got that am sure that you have all the guidelines that you have to make meaningful decisions". (P7)

Human beings tend to gather and discuss among themselves and campaign for their causes, as was demonstrated by the scope and depth of the different nursing organisations that pursue to improve the work of nurses generally and in their speciality areas (Ramphal & Rajcoomar, 2019:29; Mathews, 2012:3). Professional bodies are different from regulatory bodies, and they differ in their organisation, scope, power and participation in their field which shows in their involvement in OH and this case SASOHN (Harvey & Mason, 2014:2).

Participants expected a more active role of professional bodies to improve their circumstances:

> *"SANC needs to play a role, like a roadshow or seminars to sensitise people, SASOHN also needs to do more awareness and work more with the department of labour. When there are challenges or new things, they engage the department of labour". (P9)*

The role of professional nursing organisations is to develop resources to assist nurses in their personal and professional development, providing nurses with the avenue to relate with other nursing professionals through a series of mechanisms and effect policy at national and global levels (Morin, 2021:1). OH nurses believe these roles are not being fulfilled by the current professional bodies and should be addressed.

It was mentioned that the multi-nursing organisations each have a role in ensuring that the nursing profession is well-mentored:

> *"I don't think one specific organisation has the responsibility, its responsibility of all, and make SASOHN aware that we need mentors. At a time, you must make people in SASOHN aware that we need mentors. You need to give encouragement to the young nurses". (P11)*

Multi-nursing organisations refer to different professional bodies with varied but complimentary experiences and visions that contribute to the achievement of different nursing goals and objectives, as well as the provision of resources to assist nurses in their personal and career development (Doulougery & Montgomery, 2019:76). International trends stipulate that professional nursing organisations or national nursing organisations play crucial roles in bringing nurses together as a collective entity. It requires collaboration with other organisations locally and globally. Some of these organisations include; DENOSA, SASOHN, SANC, and ICN (Conco, Mulaudzi, Seekoe & Netshikweta, 2014:1).

It was mentioned that the professional forum should have more authority in a leadership capacity:

> *"I think that SASOHN should have more statutory power than they have for OH nurses to perform to their maximum capacity. In the current legislation". (P2)*

Inclusive leadership is "an ongoing cycle of learning through collaborative and respectful relational practice that enables individuals and collectives to be fully part of the whole, such that they are directed, aligned, and committed toward shared outcomes, for the common good of all, while retaining a sense of authenticity and uniqueness" (Gotsis & Grimani, 2023:1).

Networking in a professional body seemed to be a recommendation for obtaining information:

> *"You are not going to get information if you don't go out for it. You need to be involved with SASOHN to be able to get information or assistance that you want, you know the doctors are a very good source of information, they can also guide you on what needs to be done". (P7)*

> *"You can phone SASOHN telephonically, email them or go physically for assistance; also, remember that SASHON has a chat line from which you can get help. You can post your question on the chat line and get nationwide information. (P6)*

According to the South African qualification authority (SAQA, 2021:19) information, networking is essential for further education and sharing thoughts on common interests (Chetty & Mokwele, 2021:19). OH nurses are required to have a sound knowledge base, practical nursing skills, client-facing skills, and polite behaviour. (Lappalainen et al, 2020:2053).

CPD is also linked with the category of following a mentorship program.

CPD can be defined as a process of improving and recording the knowledge, proficiency, and competencies of professionals, both professionally and non-professionally, beyond any preliminary qualifying training. It can involve methods such as seminars, conferences, workshops, e-learning and events to upgrade competencies. (Ahmed, 2019:131).

Participants mentioned that implementing CPD points by statutory bodies could ensure that OH nurses are continuously informed:

> *"SANC must pull their finger out of their backside and implement laws guiding CPD's and making sure that they update themselves. And you know, with SASOHN here in the Western Cape all their training is CPD accredited". (P7)*

For the regulatory bodies, CPD certifies that nurses and midwives uphold their proficiency and protect professional standards, thereby shielding patients from harm. For the employer, it creates expert and proficient workers, increases employees' morale and motivation, and ensures that patients receive expert services and care (Bwanga, 2020:4720).

It was mentioned that regulatory bodies and nurses are not living up to expectations in implementing CPD:

> *"I feel that my personal feeling, I feel like the statutory body has failed occupational nursing by not implementing continuous education years and years ago. (Frowns the face, with drooped shoulder). There is no excuse for people not to be up to date, that is best practice, especially when you are working in OH, and you have to be disciplined". (P2)*

CPD is compulsory in some European countries like the UK and Australia and for nurses to continue to keep their licenses. However, in some other countries like Sweden, the Netherlands, and Ireland, nurses participate in their own personal decision (Mlambo et al., 2021:2). For nurses to improve themselves professionally, organisations have the responsibility to encourage their employees by allocating them time to study and also support them financially to study privately (Mlambo et al., 2021:2). Statutory bodies need to stipulate compulsory CPD in order for nurses to attain the required competence by the profession and the healthcare users (Baloyi & Jarvis, 2020:2214).

SANC has created a CPD framework for all registered nursing practitioners (SANC, 2005). The developed framework has not been officially implemented but is currently under the pilot level. According to their statements, practitioners believe that SANC should have implemented CPD earlier. According to SANC news 2021, the organisation is meeting with the department of health to determine the implementation plan (SANC, 2021:6).

Kemei and Etowa (2021:121) stipulate that the responsibility for CPD is not solely on regulatory bodies but also nursing practitioners. Nurses have the responsibility to decide their learning requirements and uphold and constantly engage in quality assurance programs to update their proficiency (Kemei & Etowa, 2021:121).

3.4   Conclusion

Findings from 14 participants that underwent semi-structured interviews were presented. The six themes addressed the study's objective, which was to explore the lived experiences of OH nurses on their self-leadership behaviour in an industrial work environment in Cape Town. The themes also corresponded with the theoretical framework of a behavioural-focused strategy used for this study. The behavioural strategy involves self-cues (backgrounds that inspire, motivation like posters), goal setting, self-reward, self-punishment (which is limited to lessons learned through mistakes and positive criticism), self-motivation and self-understanding, which allows an individual to understand to capture negative thoughts and behaviour (Mayfield et al., 2021:31). The emerging themes from participant interviews showed that the participants were consciously and unconsciously practising behavioural strategies in leading themselves in their workplace. The study's first four themes addressed the behavioural strategy's different tasks. Theme one addressed self-observation, theme two self-goal setting, theme three was self-rewards, and theme four was self-reminders. The last two themes addressed the traits practitioners need to lead themselves and the future of self-leadership.

CHAPTER 4

CONCLUSIONS, GUIDELINES, RECOMMENDATIONS, LIMITATIONS AND SUMMARY

4.1   Introduction

Chapter 4 concludes on the guidelines as pointed out in the second research question on; "How can a professional nurse in the industrial setting be guided towards self-leadership behaviour in an industrial work environment in Cape Town"?

4.2   Conclusions

Six themes emerged from the study. The OH nurse needed self-awareness and self-observation to understand their actions in a clinic's external environment, which could enhance confidence in leading themselves while accepting their own distinctive personal characteristics.

It can be stated that the OH nurse must be goal-orientated in their actions to achieve specific outcomes. Prioritising time was needed to reach set goals in their work environment. This is linked with proactive thinking that was seen as essential in OH, enabling the OH nurses to plan and have contingency measures in planning for future eventualities to achieve their set goals. It seemed that OH nurses wanted to take ownership and hardship to prepare for implementing successful processes. In taking ownership, they needed a lot of facts and recollection to plan and evaluate the successful completion of their tasks.

OH nurses experienced that they obtained positive outcomes and needed to receive credit for work well done. Despite the lack of incentives, participants felt satisfied with completing their goals and achieving success. In getting recognition from others, the OH nurse level flourishes with positive self-esteem. Suggestions of motivators were pointed out, and being financially rewarded was a positive motivator, while concerns around balance in the work life and own life were raised.

OH nurses need to remind themselves of the purpose of OHN by being fully aware of the resources needed to lead themselves in their industrial-related work environment,

as they have to work alone and be obligated to achieve certain goals. Being aware of them will assist them in strategically thinking of what is lying ahead in their practice.

Possessing certain personal leadership traits enabled them to lead themselves in achieving their goals while also maturing professionally, despite what happened in their environment. Taking responsibility for ownership of decision-making in carrying out their duties was seen as essential, and having an ethical foundation laid an obligation on them to practise self-motivation in acting professionally.

Lastly, participants' focus moved to the future, for which the support of employers or other role players was needed to lead the way into better-improved OHN. This could enhance nurses leading themselves better. Important suggestions were power-sharing between role-players in a team spirit and acknowledging the importance of the own role of the OH nurse to prevent role confusion. Knowledge should be embraced to stay ahead in practice by searching for available courses in pursuit of self-development. Practitioners should stay current in a changing healthcare environment through a structured mentorship programme to bridge the knowledge and skills gap, mostly affecting OH nurses working in self-isolation in the OH private environment. The contrast between OH and PHC should be further debated in future. The active role of professional bodies and forums was seen as very crucial for building an ethically, professionally orientated environment. The CPD point system is one of the future initiatives that will bring change in the development of practitioners toward self-ownership.

4.3   Guidelines

The six (6) rich themes obtained from the data analysis served as the guidelines developed for the OH nurses (Table 4.1). For each of the guidelines, a rationale is described, followed by the necessary actions to be taken to implement the guideline.

Table 4.1: Final guidelines

THEMES	GUIDELINES
Theme 1: Self-awareness (self-observation) to understand their actions in the external environment	*Guideline 1:* OH nurse leaders should become self-aware and observe their own actions in their workplace.
Theme 2: Directing oneself in a goal-orientated way towards a specific set outcome.	Guideline 2: OH nurses should be proactive and reach out to others in search of knowledge to become proficient in their workplace. The OH nurse must be self-directed in a goal-orientated way towards a specific outcome
Theme 3: Receive credit for work well-done and Reaching goals through incentives.	Guideline 3: Motivating employees' confidence and better performance through incentives that leads to job satisfaction.
Theme 4: Self-remind - leaders to think about what they want to always achieve	Guideline 4: OH nurses should strategically think of their set goals and strive to achieve them successfully
Theme 5: Needed traits of personal leadership.	Guideline 5: OH nurses should possess personal traits of personal leadership
Theme 6: Moving into the future.	Guideline 6: OH nurses should have future strategic plans for better self-leadership and professional client care

4.3.1 Guideline 1: OH nurses should become self-aware and observe their own actions in their workplace

Introduction

OH nurses need to be aware of their actions and the environment in which they work. Being unaware leads to incompetence and a lack of confidence. Being unaware of one's strengths and actions and lack of confidence is a very challenging aspect of working in the industrial OH environment. Self-awareness is crucial for OH nurses to advance in proficiency and have confidence in nurse-patient relationships and patient care (Younas et al., 2020:398).

Rationale

Most OH nurses working in the industrial environment mentioned experiencing challenges in portraying the needed confidence and being aware of what is needed of them. However, self-awareness should be a continuous, methodological, intra-personal, interpersonal, additional personal and relative process of self-encounter (Rasheed, Rasheed, Younas & Sundus, 2019:2).

The nursing practice environment, according to Poku, Donkoor and Naab (2022:9), should support quality care and make nursing appealing to promote confidence and retention of excellent nursing staff. Self-awareness enables nurses to confidently cope with the challenge of working in a healthcare environment on their own and enabling them to provide proficient nursing care for clients (Younas et al., 2019:398). It is a crucial nursing competency that boosts decision-making and analytical thinking ability amongst OH nurses enabling holistic and patient-focused care (Rasheed et al., 2021:36).

Action

OH nurses should take the following remedial actions towards Guideline 1:

- strive towards self-confidence in their work and a self-awareness of their personal traits. They should focus on their strengths, such as assertiveness.
- do self-checking, which involves continuous checking one's performance by analysing the right and wrongs of one's actions for better performance (Andrade, 2019:1).
- take steps to improve their self-confidence, which will assist them in leading themselves irrespective of their locus, e.g. being aware of performing tasks correctly.
- motivated to be up-to-date with regulations guiding OH, by continuously reading new literature.
- strive for more training to develop self-confidence by requesting funding to attend sessions of crucial importance.
- learn the skill of participating in decision-making, especially in co-operate environments where strategic decisions are taken.
- develop the art of Assertiveness in their working environment through interactions in debates and problem-solving opportunities.

Assertiveness is a very crucial aspect of nursing required for better nurse-client relationships. An assertive nurse portrays confidence and good listening skills in dispatching her duties (Bushra, 2018:272).

- OH nurses should learn to accept and maximise personal traits to enable them to understand their professional roles. They should believe in the power of knowledge and share it with the team members.

Embracing personal traits enables OH nurses to be aware of their roles in managing their clients with Integrity (Younas et al., 2020:398).

- Should endeavour to portray self-discipline and a positive approach to life in their quest for self-leadership.
- More senior nurses should be encouraged to share their expertise with others, especially newly qualified nurses. This should be done continuously, and it should be on an ongoing basis.

Confidence and personal traits are very important for OH nurses, and they should be self-awareness of their role in their working environment. Awareness of one's role enables nurses to develop relationships with their patients and patient care. It brings a proliferation of nursing confidence in managing difficult circumstances and delivering culturally knowledgeable care to patients from various ethnic and devout backgrounds (Younas et al., 2020:398).

4.3.2   Guideline 2: OH nurses should be proactive and reach out to others in search of knowledge to become proficient in their workplace

Rationale

OH nurses who work in the industrial setting of OH mostly work in isolation and with personnel who are not knowledgeable about OH regulations. Knowledge and effective leadership are essential in the OH industrial environment. However, OH nurses face the challenge of working with uninformed managers (Agyemang-Prempeh, Ndaago, Setordzi et al., 2021:2).

Action

The following remedial steps should be taken by the OH nurses towards addressing Guideline 2:

OH nurses should:

- take the initiative and ownership of their own professional development. Health professional education is intended to equip graduate nurses for practice with the capabilities crucial to safe and high excellent care (Oldland et al., 2019:150). CPD is essential in an environment of rendering holistic, person-centred care to their clients by acquiring important knowledge and skills (King, Talpur, Jackson, Manley, Ashby, Tod & Ryan, 2020:10452). Continuous professional development (CPD) programmes are essential to nurses' constant learning;

- endeavour to create and locate a professional network for their professional development, e.g. being part of SASOHN and using the information on their database and other related organisations to increase their proficiency;

- reach out to senior colleagues in their area of speciality who are well advanced for guidance and mentorship to enable proficiency improvement in OHN practice;

- set both long- and short-term goals to enable them to achieve optimum competency in their industrial environment. This requires reminders to ensure the completion of set goals using both manual and electronic means. Goal-setting tools can be obtained through formal and informal ways. Informal can include visual aids like posters, cell phone reminders, diaries, motivational notes, and posters and telling a colleague to remind you of tasks to be done (Meade, 2021:1);

- learn how to prioritise their set goals and the capacity to prioritise their clients' health assessment and administrative duties;

- Goal setting is essential to the management of every organisation, it is a greatly essential model in work planning and assessment, so any organisation or practitioner without it is deficient in dynamic direction for their industry (Ogbeiwi, 2018:1);

- always watch for emerging trends in occupational health to improve their knowledge of occupational-related diseases and injuries;

- management should also play a role in addressing guideline 2

- endeavour to employ general managers who are aware of OH regulations to ensure professionalism in the workplace. Professional leadership in OH directly affects the functioning of occupational safety management, resulting in

improved compliance with regulations and reduced accidents with injuries (May, Batiz & Montero, 2019: 405); and

- make provisions for in-service and other training to educate their personnel on laws and regulations guiding OH.

However, according to research, certain organisational factors can pose a barrier to nurses' continuous learning, including lack of funding and time to engage in continuous learning, which is attributed to staff shortages. In conclusion, nurses believe that the motivation to learn lies with individual nurses, which can be catalysed by easy access to CPD programs, being supported by employing organisations, and ensuring that courses are in close proximity to employees, which in turn creates opening and enhancement of networking with other peers in the profession (Mlambo et al., 2021).

- there should be a guiding regulation stipulating that leadership of OH should be only by personnel with qualifications in OH.
- the management should stipulate mandatory regulated risk assessment.

4.3.3   Guideline 3: Motivating employees' confidence and better performance through incentives that lead to job satisfaction

Rationale

Employees who are motivated in their workplace through incentives have confidence and perform better in their respective jobs. Staff who are motivated and happy will be dedicated in their approach to organisational objectives, and organisations need to reciprocate their obligation toward employee objectives (Varma, 2018: 10).

Action

The following remedial steps should be taken by the OH nurses towards addressing Guideline 3:

OH nurses should:

- be self-aware and assertive in their jobs to increase motivation and self-esteem. Self-esteem is an individual approach towards oneself that is assessed over a long period and received as acceptable or unacceptable concerning one's value. An increase in self-esteem ensures an enhancement in job satisfaction, health and social relationship (Jung, Kang, Park, & Jang, 2022:3874).

116

- strive to set goals and achieve their set goals as it brings a feeling of satisfaction, using the available resources provided by the employers.
- learn to set their own personal visions and plans on how to achieve them, enriching their authority with clear actions to be implemented.
- create a work-life balance which is balancing work-life and personal life to prevent burnout and demotivation. Individual power is in the choices they make in decision-making.
- continue to strive for CPD through being focused and self-motivation.

According to King et al., 2020, several features can influence the effect of CPD, which include self-motivation, positive culture, strong leadership, workplace learner ship, and workplace learning

4.3.4 Guideline 4: OH nurses should remind themselves of their purpose and strategically think of their set goals and strive to achieve that

Rationale

Being aware of the purpose of one's job and personal goals and having plans to achieve them is very important in assisting OH nurses to remain focused on their job

Reminders and setting strategic goals can enable leaders to be retrospective in achieving both their professional and personal goals and their purpose (Zhang and Tullis, 2021:645). Self-goal setting can be described as setting a goal for oneself and making sure that the set goal is achieved. It is also crucial for self-leaders to keep track of the set goals, which is self- cueing by making notes and keeping diaries that can be paper-based or electronic to ensure that set goals are completed (Bracht et al., 2021:635085).

Action

The OH nurses should take the following remedial steps to address Guideline 4:

OH nurses should:

- use electronic tools for self-reminders like computers, cell phones and so on;
- use your authority to share strategic plans with staff and clients to prevent accidents before they occur;

- create a proper communication channel to influence others working in the private industrial environment in reading OHN regulations with them;

- understand the aim of occupational health, which is preventative, promotive and maintenance of health and decipher between occupational health and primary health care to self-lead themselves.

- focus on the well-being of clients and safety above profit.

- fulfil their role in OH, which is preventing illness and potential accidents with the knowledge (power) they have gained during experiences and training.

- strive for awareness of the resources needed to lead oneself and how to obtain that as OH nurses (Bracht et al., 2021:636085).

- be strategic in thinking about the best solution for their personal and professional future. Through strategic thinking, one can influence the direction of your own future and reach organisation and professional (Henning Buhering & Liedtka, 2018:134).

- network with peers to ensure sharing of creative, strategic ideas and to develop new strategies to use in changing OH environment.

- portray their self-leadership in focusing on and making occupational health their priority even when being forced towards primary health care by employers who are unaware of the difference

- master the skill of effective communication to interact with others to reach their own goals and lead themselves better (Lee & Li, 2021:2).

- ensure proper reporting and auditing to accomplish their organisation's goals and objectives in keeping with OH legislation.

4.3.5 Guideline 5: OH nurses should possess personal traits of personal leadership

Rationale

Personal leadership traits are important in determining how OH nurses' self–lead themselves in their environment (Orukwowu, 2022: 1).

To cultivate personal leadership traits needed to lead oneself, effect change in their organisation and better management of their clients. Leadership is essential in OH to

ensure exceptional and quality nursing care, and the personal traits of a leader affect their effectiveness in leading themselves (Orukwowu, 2022: 1).

Actions

The following remedial steps should be taken by the OH nurses towards addressing Guideline 5:

They should:

- embrace an environment that is conducive to inter-professional and intra-professional collaborations and growth.
- use opportunities for continuous professional development and networking by motivating oneself to deliver professionally.
- maintain maturity in staying knowledgeable in their profession in rendering services to their clients in all aspects irrespective of the circumstances. Maturity ensures professional excellence and increases the organisation's service excellence (Lasrado, 2021:106).
- strive for excellence, be open-minded and display positive attitudes in leading themselves while rendering their services to their clients (Garmy & Forsberg, 2020:49).

Open-mindedness ensures collaboration with other practitioners and clients in sharing knowledge that leads to the professional care of patients and in leading oneself (Michna & Kmieciak, 2020:9041).

- always advocate and strive for excellence in nursing while influencing themselves to give the best care.
- in leading oneself, take ownership and responsibility for own decisions, acts and omissions.

It is expected for OH nurses and other professional nurses to act in a professional and moral way according to ethical codes of practice and behaviour in dispatching their duties (Ashipala & Shaluwawa, 2021:16).

- believe in cultivating a strong ethical foundation to stay focussed on the right things to do.

Self-motivation enables one to ethically achieve goals and objectives according to the stipulated guidelines for OH care (Scholl, Scholl & Mederer, 2016).

- to internally motivate oneself to successfully lead oneself and to be assertive in accomplishing one's own and company goals.
- strive for networking and peer support which are the tools for internal motivation of the self.
- be proactive to improve self-leadership and share their ideas with their organisation for improvement.
- possess the skill of effective communication and human resource skills for effective self-leadership.
- possess strong emotional intelligence that will enable her to lead herself by managing her emotions and those around her. Emotional intelligence has been described as having the capability to comprehend and achieve optimal control of one's emotions and others (Daud, 2021:1).
- have self-efficacy that will enable them to believe in their own proficiencies to plan and accomplish their goals.
- self-regulate themselves exhibiting positive values and honesty in their actions while executing their duties.

4.3.6 Guideline 6: OH nurses should have future strategic plans for better self-leadership and professional client care

Rationale

Nurses influence health policy formulation, decision-making and excellent patient care (WHO, 2020). Strategic planning is a personal ability to project, visualize, sustain flexibility, and be intentional in working with others to effect feasible changes for their work organisations (Tao, He, Wang & Ke, 2021: 439).

Actions

OH nurses should take the following remedial steps towards addressing Guideline 6:

OH nurses should:

- focus on using their power in the form of knowledge to believe in their own role in assisting others. They can share with all relevant parties also to lead themselves.

Power sharing involves having power in a relationship between different nurses. They also share some power or control between them, such as engaging in intellectual activities (Oxlemark, Ulin, Chaboyer, Bucknall & Ringdal, 2018:612).

- cultivate the skill of influencing decisions in a team setting to lead themselves and others.

Influencing decisions involves increasing others' intellectual abilities, which enables them to steer in a specific direction (Oh, Gu & Sok, 2022: 2).

- strive to commit to the ethical framework of their practice and maintain it to enable them to influence the future of OH.
- always participate in problem-solving with the stakeholders where decisions can be influenced concerning their clients and future self-leadership.
- acknowledge their authority to lead themselves in OH.
- be aware that it is their own role to create their own personal development plan that should be informed of the trends in their career.
- encourage OH nurses to be aware of their own potential to act as a mentor to others and as matured OH nurses engage in mentoring neophyte nurses to attain self-leadership.
- strive to balance OH with PHC as per their employing organisations.
- see auditing as an important tool they need to engage in for improved self-leadership and adherence to legislation.
- ensure their membership with professional and regulatory bodies like SASOHN and SANC for guidance and knowledge; if in private practice, reach out for mentorship and seek rules guiding their practice; have the quality of a team leader and promote team participation in leading herself.

4.4 Recommendations for nursing education, nursing practice and research

4.4.1. Nursing education

Nursing education greatly affects OH nurses' and other caregivers' knowledge and proficiencies. Nurses who qualify for OHN are well-equipped to handle OH-related issues (Fawaz et al., 2018:105). Nursing in higher education is linked with associated with the creation of graduates with an extensive knowledge base having the capability to lead themselves (Zwane & Mtshali, 2019:3). It is inherent that training institutions:

- design OH modules that include the importance of self-leadership in OHN set-up and costing in private occupational health settings;
- design modules that will include self-leadership during the post-graduate occupational nursing program.
- implement a newly designed OHN short course in self-leadership.

4.4.2 Nursing practice

Nursing is perceived as a profession that functions mainly in the clinical background. There is a predisposition to recognise the nursing profession as prevailing mainly inside hospitals. There is a need to create awareness that nursing can exist in non-hospital settings. This study examined OH nurses' self-leadership behaviour in the private industrial environment. The following recommendations were suggested to guide the nursing practice. Nursing should:

- create a mentorship program and train mentors to supervise the newly qualified OH nurses to become self-leaders.
- implement a structured short-course programme of at least six months for OH nurses to gain practical experience through paid learnership in self-leadership.
- have a study guide for self-leadership for nurses in OHN.

4.4.3 Research

There was a general lack of research on self-leadership in OH nurses globally and none in SA about OH nurses working in the private industrial environment. This study was conducted among a few OH nurses in the metropolitan area of Cape Town. It will be of

great importance and beneficial for more studies to be done on this topic or in the area of OHN in a private environment.

A study could be conducted on the following:

- the perceptions of OH nurses on practising self-leadership working in private practice SA inclusive and beyond.
- the perceptions of OH nurses on the best self-leadership strategy being supported in an OHN setting.
- an in-depth study on the experiences of OH nurses in lacking self-leadership in an OHN setting.
- the relationship between self–leadership and lack of self-leadership in accomplishing goals amongst OH nurses in the private industrial environment.
- the link between financial incentive as a motivator for self-leadership amongst OH nurses in the private industrial environment.
- a survey on the self-leadership awareness amongst newly qualified OH nurses in South Africa.

4.5   Challenges and limitations of the study

A study could have limitations outside the researcher's control, linked with the selected research design, statistical model controls, funding limitations, or other related factors (Theofanidis & Fountouki, 2018:156).

The study was conducted in one geographical area in Cape Town to the broader population of OH nurses. The researcher struggled to get appointments with OH nurses working in the industrial sector due to unavailability during certain times due to duty rosters. Some of the nurses declined participation. Due to the Covid-19 pandemic, conducting interviews was challenging as more OH nurses were afraid of contracting Covid-19.

The study was done at various industries in Cape Town's urban area. Therefore, these findings could not be generalised to other OH clinics in the hospital setting. The findings can be transferred to a similar OH setting if needed. The study was conducted in English; some nurses were more Afrikaans-speaking. Time was also a factor. Interviews were sometimes rescheduled as the researcher was employed full-time and

could only interview on her off days. The study only focussed on lived experiences of OH nurses working in the private industrial sector with a small sample of participants. However, data saturation was achieved.

4.6   Summary

A phenomenological design was chosen to explore the lived experiences of OH nurses on the phenomenon of self-leadership. It was an appropriate approach being qualitative in nature, using 14 individual interviews. The industrial sector was approached, and participants voluntarily partook in interviews during tight time frames. On reflection, the purpose of the study was fulfilled by describing essential guidelines for OH nurses to strengthen their self-leadership to reach their potential. The study's objective was clear, and the methodology was fully explained. The study benefits the broader population of OH nurses in the Western Cape.

REFERENCES

Abtahi, A. & Valladao, L. 2022. Effects of self-esteem and confidence on mental and physical health. *Reviewed Neurobiology paper.* Pp. 1-13.

Abuhamda, E., Ismail, I.A. & Bsashrat, T.R.K. 2021. Understanding quantitative and qualitative research methods: A theoretical perspective for young researchers. International *Journal of Research*, 8(2): 71-87. Available: http://dx.doi.org/10.2501/ijmr-201-5-070. [Accessed 13 January 2021].

Abutabenjeh, S. & Jaradat, R. 2018. Clarification of research design, research methods, and research methodology: A guide for public administration researchers and practitioners. *Teaching Public Administration*, 36(3):237-258. Available: https://doi.org:10.1177/0144739418775787. [Accessed 08 August 2019].

AceUp. 2021. How to increase motivation in the workplace 2021. Available: https://www.masstlc.org/how-to-increase-motivation-in-the-workplace-in-2021. [Accessed 26 July 2022].

Acutt, J. & Hattingh, S. 2016. *Occupational health: management and practice for health professionals*. 5th ed. Kenwyn: Juta.

Adams, J.M. 2019. The value of worker well-being. *Public Health Reports*, 134(6): 583–586. Available: https://doi.org:10.1177/0033354919878434. [Accessed: 12 August 2020].

Adedoyin, O. 2020. Research methodology. Available: https://www.researchgate.net/publication/340594200_Research_Methodology. [Accessed 20th May 2022].

Adimando, A. 2018. Preventing and alleviating compassion fatigue through self-care: an educational workshop for nurses. *Journal of Holistic Nursing,* 36(4): 304–317. Available: https://doi.org/10.1177/0898010117721581. [Accessed 08 January 2019.

Aeschbacher, R. & Addor, V. 2021. Competitive employer positioning through career path analysis: the case of the Swiss nursing sector. *Human Resources Health*, 19(47). Available: https://doi.org/10.1186/s12960-021-00586-z. [Assessed 04 December 2021].

Afridi, F., Jan, S., Ayaz, B. & Irfan, M. 2021. Self-leadership, self-efficacy, and students adaptive online learning performance during the covid-19 crises. *International Journal of Innovation, Creativity and Change*, 15(6):371. Available: https://www.ijicc.net/. [Assessed 04 December 2021].

Aguboshim, F.C. 2021. Adequacy of sample size in a qualitative case study and the dilemma of data saturation: a narrative review. *World Journal of Advanced Research and Reviews,* 10(03): 180-187. Available: https://doi.org:10.30574/wjarr.2021.10.3.0277. [Accessed 03 2022].

Aguinis, H. & Gabriel, K.P. 2022. If you are serious about impact, create a personal impact development plan. *Business & Society Journal*, 61(4):818-826. Available: https://doi.org:10.1177/00076503211014482. [Accessed 19 September 2022].

Agyemang- Prempeh, C., Ndaago, A.I., Setordzi, M., Abu, P., Tia, M., Aboba, T. & Nyinaku, E. 2021. *Challenges to effective nursing leadership: a systematic review*. Available: https://doi.org:10.21203/rs.3.rs-948602/v1. [Accessed: 18 January 2022].

Ahmad, S., Wasim, S., Irfan, S., Gogoi, S., Srivastava, A. & Farheen, Z. 2019. Qualitative v/s quantitative research. *Journal of Evidence Based Medicine and Healthcare,* 6(43):2828-2832. Available: https://doi.org:10.18410/jebmh/2019/587. [Accessed 12 April 2020].

Ahmed, I. 2019. Continuing professional development: a need of time. *Israeal Medical Journal,* 11(3):131-132. Available: https://www.researchgate.net/publication/339263886_Continuing. [Accessed: 06 February 2021].

Alcover, C.M., Chambel, M.J. & Estreder, Y. 2020. Monetary incentives, motivational orientation and affective commitment in contact centres. A multilevel mediation model. *Journal of Economic Psychology*, 81:102307. Available: https://doi.org/10.1016/j.joep.2020.102307. [Accessed 03 December 2020].

Ali, M. & Hussain, J. 2020. Sampling and differences between probability and non-probability sampling techniques. Department of Psychology, Hazara University Mansehra Pakistan. *Academia.edu*. Available: https://www.academia.edu/44643166/Sampling_and_differences. [Accessed 13 December 2020].

Alrashidi, H., Almujally, N., Kadhum, M., Quqandi, E., Ullmann, T. D. & Joy, M. 2022. How to assess reflective writing in computer science education? a critical analysis. In: 2022 45th Jubilee *International Convention on Information, Communication and Electronic Technology (MIPRO), IEEE,* 677–682.

Amankwaa, L. & Amankwaa, L. 2016. Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, 23(3):121-127. Available: http://search.proquest.com/docview/2031421453/. [Accessed: 19 February].

American Association of Occupation Health nurses (AAOHN). 2019. *What is occupational & environmental health nursing?*. Available on: http://aaohn.org/page/what-is-occupational-and-environmental-health-nursing. [Accessed 20 June 2022].

Anand, T., Ratan, S. & Ratan, J. 2019. Formulation of research question – stepwise approach. *Journal of Indian Association of Paediatric Surgeons*, 24(1):15. Available: https://doi.org:10.4103/jiaps.JIAPS_76_18. [Accessed 09 August 2022].

Andrade, H.L. 2019. A Critical review of research on student self-assessment. *Frontiers in Education*, 4(87):13. Available: https://www.frontiersin.org/articles/ 10.3389/feduc. 2019.00087/ful. [Accessed 20 April 2022].

Anjum, N., Islam, M.A., Choudhury, M.A. & Saha, J. 2021. Do intrinsic rewards matter on motivation? *SEISENSE Journal of Management*, 4(1):47-58. Available: https://doi. org/10.33215/sjom.v4i1.534. [Accessed 4 September 2022].

Anon, 2021. *Leadership traits: what makes an effective leader?* Available: https://corporatefinanceinstitute.com/resources/careers/soft-skills/leadership-traits-list/ [Accessed 26 July 2021].

AONE. 2018. Nursing trends forecast for 2018. *AONE*, The voice of nursing leadership. Available: http://www.aone.org/news/nursing-trends-forecast-for-2018. [Accessed 28 June 2019].

Arkadiusz, W., Joseph, W.S., Diego, A.P.R. & Annelies, G.B. 2020. Integrating probability and nonprobability samples for survey inference. *Journal of Survey Statistics and Methodology*, 8 (1):120-147. Available: https://doi.org/10.1093/jssam/ smz051. [Accessed 21 July 2022].

Ary, D., Ary, D., Jacobs, L. C., Sorensen, C. & Razavieh, A. 2018. *Introduction to Research in Education*. 8th ed. Wadsworth: Cengage Learning. Pp. 1- 653.

Asenahabi, B. 2019. Basics of research design: a guide to selecting appropriate research design. *International Journal of Contemporary Applied Research*, 6(5):76-89.

Ashikali, T., Groeneveld, S., & Kuipers, B. 2021. The role of inclusive leadership in supporting an inclusive climate in diverse public sector teams. *Review of Public Personnel Administration,* 41(3): 497–519. Available: https://doi.org/10.1177/0734371 X19889722. [Accessed 20 July 2020].

Ashipala, D.O. & Shaluwawa, S.I. 2021. Factors contributing to unprofessional behaviour among nursing students at the university of Namibia. *Africa Journal of Nursing and Midwifery,* 23(1):16. Available: https://doi.org:10.25159/2520-5293/7981. [Accessed 23 June 2022].

Aspers, P. & Corte, U. 2019. What is qualitative in qualitative research? *Journal of Qualitative Sociology,* (42):139-160. Available: https://doi.org/10.1007/s11133-019-9413-7. [Accessed 20 August 2020].

Astedt-Kurki, P. & Kaunonen, M. 2018. Ethics in nursing research and research publications. *Scandinavian Journal of Caring Sciences*, 32(2):449-450.

Asurakkody, T.A. & Kim, S.H. 2020. Effects of knowledge sharing behaviour on innovative work behaviour among nursing students: mediating role of self-leadership. *International Journal of Africa Nursing Sciences*. Available: https://doi:10.1016/j.ijans.2020.100190. [Accessed: 12 June 2021].

Ataro, G. 2020. Methods, methodological challenges, and lesson learned from phenomenological study about OSCE experience: overview of paradigm-driven qualitative approach in medical education. *Annals of Medicine and Surgery, 49:19-23.*

Aung, K., Razak, R.A & Nazry, N.N.M. 2021. Establishing validity and reliability of semi-structured interview questionnaire in developing risk communication module: a pilot study. Edunesia: *Journal Ilmiah Pendelikon*, (2):600-606. Available: https://doi.org:10.51276/edu.v2i3.177. [Accessed 20 April 2020].

Azemian, A., Ebadi, A. & Afshar, L. Redefining the concept of professionalism in nursing: an integrative review. *Frontiers of Nursing*, 8 (4):327–340.

Azizi, S.M., Heidarzadi, E., Sorouch, A., Janatolmakan, M. & Khatony, A. 2020. Investigation of the correlation between psychological empowerment and assertiveness in nursing and midwifery students in Iran. *Nurse Education in Practice*, 42:102667. Available: https://doi.org/10.1016/j.nepr.2019.102667. [Accessed 09 December 2020].

Back, L. & Karlström, A. 2020. Developing confidence during midwifery training: The experience of Swedish final year students. *Journal of the Swedish Association of Midwives*, (25): 100535. https://doi.org/10.1016/j.srhc.2020.100535. [Accessed 25 March 2021].

Bakir, S.N. & Haji, H.H. 2019. The use of emoticons among university students: a pragmatic study. *Zanco Journal of Humanity Sciences*, Available: https://doi.org: 23.10.21271/zjhs.23.1.19. [Accessed 01 June 2020].

Bakker, A.B., Breevaart, K., Scharp, Y.S. & de Vries, J.D. 2021. Daily self-leadership and playful work design: pro-active approaches of work in times of crisis. *The Journal of Applied Behavioural Science*. Pp. 1-23. Available: https://doi.org:10.1177/002 18863211060453. [Accessed 02 December 2021].

Baloyi, B. O. & Jarvis, M. 2020. Continuing professional development status in the World Health Organisation, Afro-region member states. *International Journal of Africa Nursing Sciences,* (13): 2214. Available: https://doi.org/10.1016/j.ijans.2020.100258. [Accessed 01 May 2021].

Balu. L. & Erappa.S.K. 2022. Benefits of performance appraisal system in higher education institutions: a conceptual study. *Conference: 8th International Conference on Managing Human Resources at the Workplace*. Pp. 1-5.

Barrow, J.M., Brannan, G.D. & Khandhar, P.B. 2021. *Research ethics*. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.

Baruah, P. & Gogoi, K. 2021. Goal setting: its impact on employee outcome. SCMS *Journal of Indian Management*, 30:76-86. Available: https://www.researchgate.net/ publication/350896028_Goal_Setting_Its_Impact_on_Employee_Outcome. [Accessed 12 February 2022].

Beauvais, A.M. 2019. *Leadership and management competence in nursing practice: competencies, skills, decision-making*. New York: Springer Publishing Company.

Belu, D. 2020. The importance of fluency and self-confidence in the field of leadership. *Review of the Air Force Academy*, 18(1):67-74.

Benedictine University. 2018. *The best strategies for leadership in nursing*. Available: https://online.ben.edu/programs/msn/resources/the-best-strategies-for-nursing-leaders. [Accessed 20 June 2020].

Bhardwaj, P. 2019. Types of sampling in research. *Journal of the Practice of Cardiovascular Sciences*, 5 (3):157- 163. https://doi.org:10.4103/jpcs.jpcs_62_19. [Accessed 31 July 2021].

Bhattacharya, S., Pradhan, K.B., Bashar, M.A., Tripathi, S., Thiyagarajan, A., Srivastava, A. & Singh, A. 2020. Salutogenesis: A bona fide guide towards health preservation. *Journal of Family Medicine and Primary Care,* 9(1):16-19. Available: https://doi.org/10.4103/jfmpc.jfmpc_260_19. [Accessed 28 June 2021].

Bjerkan, J., Valderaune, V. & Mari, R.M. 2021. Patient safety through nursing documentation: barriers identified by healthcare professionals and students. *Frontiers of Computer Science Journal,* 3(1):1-11. Available: https://doi.org/10.3389/fcomp.2021.624555. [Accessed 10 June 2022].

Blake-Beard, S., Shapiro, M. & Ingols, C. 2021. A model for strengthening mentors: frames and practices. *International Journal of Environmental Research and Public Health,* 18(12):6465. https://doi.org/10.3390/ijerph18126465. [Accessed 8 April 2022].

Bohlmann, C., Rudolph, C.W. & Zacher, H. 2021. Effects of pro-active behaviour on within-day changes in occupational well-being: the role of organisational tenure and emotion regulation skills. *Occupational Health Science*, (5):277-306. Available: https://doi.org/10.1007/s41542-021-00089-2. [Accessed 28 June 2022].

Bolt, M., Ikking, T., Baaijen, R. & Saenger, S. 2019. Occupational therapy and primary care. *Journal of Primary Healthcare Research and Development, 20, E27*. Available: https://doi.org:10.1017/S1463423618000452. [Accessed 20 February 2020].

Booth, R.G., Strudwick, G., McBride, S.O., Connor, S. & Solano Lo'pez, A.L. 2021. How the nursing profession should adapt for a digital future. *BMJ Journal*, 373:1190 https://doi.org:10.1136/bmj.n1190. [Accessed 24 September 2022].

Boru, T. 2018. Chapter five research design and methodology 5.1. Introduction citation: Lelissa T.B. 2018. *Research Methodology*, University of South Africa, PhD Thesis. Available: https://doi.org:10.13140/RG.2.2.21467.62242 . [Accessed 20 June 2019].

Bos, J. 2020a. Confidentiality. *Research ethics for students in the social sciences*.145-173. Available: https://doi.org:10.1007/978-3-030-48415-6_7. [Accessed 21 May 2021].

Bos, J. 2020b. Research ethics step by step. In: *Research ethics for students in the social sciences.* Springer, Cham, Pp. 227-273. Available: https://doi.org/10.1007/978-3-030-48415-6_10. [Accessed 20 June 2021].

Bos-van den Hoek, D.W, Thode, M. Jongerden, P.J., Van Laarhoven, H.W.M., Smets, E.M..,Tange, D., Henselmans I. & Pasman, H.R. 2020. The role of hospital nurses in shared decision-making about life-prolonging treatment: A qualitative interview study. 77(1):296-307. Available: https://doi.org/10.1111/jan.14549. [Accessed 4 August 2021].

Bozek, A. & Malinowska, D. 2020. The measurement of stage engagement in actions beyond basic professional duties. Medycyna Pracy. 71 (2): 127-136.

Bracht, E.M., Keng-Highberger, F.T., Avolio, B.J. & Huang, Y. 2021. Take a "selfie": examining how leaders emerge from leader self-awareness, self-leadership, and self-efficacy. *Frontiers in Psychology,* 12:1. Available: https://doi.org/10.3389/fpsyg.2021.635085. [Accessed 8 July 2022].

Brink, B., Vander Walt, C. & Van Rensburg, G. 2018. Fundamentals of research methodology for healthcare professionals, 4th ed. Lansdowne: Juta.

Brooks, N. 2021.How to undertake effective record- keeping and documentation. *Nursing Standard,* 36(8):31-33. https://doi.org:10.7748/ns. [Accessed 13 June 2022].

Brunt B.A. & Morris, M.M. *Nursing professional development.* [Updated 2021 Sep. 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.

Budreviciute, A., Kalediene, R. & Petrauskiene, J. 2018. Priorities in effective management of primary healthcare institutions in Lithuania: Perspectives of managers of public and private primary healthcare institutions. *PLOS ONE,* 13(12): 1-17. Available: https://doi.org:10.1371/journal.pone.0209816. [Accessed 8 February 2020].

Buijs, P., Gunnyeon, B. & van Weel, C. 2012. Primary healthcare: what role for occupational health? *The British Journal of General Practice: The Journal of the Royal College of General Practitioners*, 62(605): 623–624. Available: https://doi.org/10.3399/bjgp12X659141. [Accessed 08 June 2021].

Busetto, L., Wick, W. & Gumbinger, C. 2020. How to use and assess qualitative research methods. *Neurological Research & Practice*, (2):14. Available: https://doi.org/10.1186/s42466-020-00059-z. [Accessed 22 November 2021].

Bushra, M. 2018. Assertiveness in nursing. *COJ Nursing & Healthcare*, 3(3):272. Available: https://doi.org:10.31031/COJNH.2018.03.000561. [Accessed 12 March 2021].

Bwanga, O. 2020. Barriers to continuing professional development (CPD) in radiography: a review of literature from Africa. *Health Professions Education*, 6(4):472-480. Available: https://doi.org/10.1016/j.hpe.2020.09.002. [Accessed 30 September 2021].

Cable, S. & Graham, E. 2018. Leading better care: An evaluation of an accelerated coaching intervention for clinical nursing leadership development. *Journal of Nursing Management*, 26 (5), 605–612. Available: https://doi:10.33215/sjom.v2i2.121. [Accessed 17 March 2020].

Campbell, S Greenwood, M. & Prior, S.2020. Purposive sampling: complex or simple? Research case examples. *Journal of Research in Nursing*, 25(8):652-661. Available: https://doi.org:10.1177/1744987120927206. [Accessed 23 February 2020].

Carlzon, B. 2021. *How to improve your facility report with healthcare reports*. Available: https://www.datapine.com/blog/healthcare-report-benefits-and-examples/ [Accessed 09 March 2021].

Carman, T. 2009. Merleau-Ponty and the Mystery of Perception. Philosophy Compass, 4: 630-638. Available: https://doi.org/10.1111/j.1747-9991.2009.00221.x. [Accessed 09 March 2020].

Casteel, A. & Bridier, N.L. 2021. Describing populations and samples in doctoral student research. *International Journal of Doctoral Studies,* 16:350-361.

Castellano, S., Chandavimol, K., Khelladi, I. & Orhan, M.A., 2021. Impact of self-leadership and shared leadership on the performance of virtual R&D teams. *Journal of Business Research,* Elsevier. 128(C):578-586.

Casula, M., Rangarajan, N. & Shields, P. 2021. The potential of working hypotheses for deductive exploratory research. *Quality and Quantity Journal* 55, 1703–1725. Available: https://doi.org/10.1007/s11135-020-01072-9. [Accessed 16 September 2021].

Chetty, Y. & Mokwele, T. 2021. *SAQA: A survey by the South African Qualifications Authority on the roles and responsibilities of bodies in South Africa*. Available: https://www.saqa.org.za/sites/default/files/2021-05/The-roles-and-responsibilities-of-prof-bodies-in-SA-min.pdf. [Accessed 22 December 2021].

Chivango, S.Y & Monyai, P.B. 2021. Back to basics: qualitative research methodology for beginners. *Journal of Critical Reviews*, 8(2):11-17. Available: http://www.jcreview.com/fulltext/197-1616242095.pdf. [Accessed 19 January 2022].

Chua, J. & Ayoko, O.B. 2019. Employees' self-determined motivation, transformational leadership and work engagement. *Journal of Management & Organisation*, Pp. 1–21.

Ciubotariu, I.I. & Bosch, G. 2022. Improving research integrity: a framework for responsible science communication. *BMC Res Notes,* (15):177 Available: https://doi.org/10.1186/s13104-022-06065-5. [Accessed 08 June 2022].

Clark, K. D., Newbert, S. & Quigley, N. 2018. The motivational drivers underlying for-profit venture creation: Comparing social and commercial entrepreneurs. *International Small Business Journal*, 36(2):220-241.

Cloete, B., Yassi, A. & Ehrlich, R. 2020. Repeat Auditing of Primary Health-care Facilities against Standards for Occupational Health and Infection Control: A Study of Compliance and Reliability. *Journal of Safety and Health at Work*, 11(1):10. Available: https://doi.org/10.1016/j.shaw.2019.12.001. [Accessed 29 June 2021].

Collins English dictionary. 2018. 13th edn. London: Collins

Conco, D., Mulaudzi, F., Seekoe, E. & Netshikweta, L. 2014. Professional Development and Organisation. *Trends in Nursing*, 2(1). Available: https://doi.org:10.14804/2-1-31. [Accessed 20 February 2020].

Cowie, H. 2020. Peer support in school. Msida: University of Malta. *Centre for Resilience and Socio-Emotional Health*. Available: https://www.um.edu.mt/library/oar/bitstream/123456789/62474/4/Helen%20Cowie%20Peer%20Support%20in%20School%20final%20Online.pdf. [Accessed 03 July 2021].

Cranmer, G. A., Goldman, Z. W. & Houghton, J. D. 2019. I'll do it myself: self-leadership, proactivity, and socialization. *Leadership & Organisation Development Journal*, 40(6), 684-698. Available: https://doi.org/10.1108/LODJ-11-2018-0389. [Accessed 04 May 2020].

Crossman, A., 2020. What Is a Pilot Study in Research? Available: https://www.thoughtco.com/pilot-study-3026449 [Accessed 10 July 2021].

Daigle A. 2018. Professional Image and the Nursing Uniform. Journal of continuing education in nursing, 49(12):555–557. Available: https://doi.org/10.3928/00220124-20181116-06. [Accessed 20 August 2020].

Daigle, A. 2018. Professional Image and the Nursing Uniform. *Journal of continuing education in nursing,* 49(12): 555-557. https://doi.org:10.3928/00220124-20181116-0. [Accessed 10 February 2021].

Das, D. 2018. Leadership and management of safety. *Monograph*. Available: https://www.researchgate.net/publication/329442816_Leadership_and_Management_of_Safety. [Accessed 04 August 2019].

Daud, Y. 2021. Self-leadership and its application to today's leader a review of literature. *Journal of Human Resources & Leadership*, (8):1-11. Available: https://www.researchgate.net/publication/348096647. [Accessed 05 May 2022].

Davey, Z., Jackson, D. & Henshall, C. 2020. The value of nurse mentoring relationships: Lessons learnt from a work-based resilience enhancement programme for nurses working in the forensic setting. *International Journal of Mental Health* Nursing, 29:992-1001. Available; https://doi.org/10.1111/inm.12739. [Accessed 09 May 2021].

De Chesnay, M. 2015. (Red). Nursing research using phenomenology. 4th ed. Springer: New York.

De Coning, J.A., Rothmann, S. & Stander, M.W. 2019. Do wage and wage satisfaction compensate for the effects of a dissatisfying job on life satisfaction? *SA Journal of Industrial Psychology,* 45 (1):1-11. Available: https://doi:10.4102/sajip.v45i0.1552. [Accessed 23 May 2020].

De Jong, N., Wisse, B., Heesink, J. & Van der Zee, K.I. 2019. Personality Traits and Career Role Enactment: Career Role Preferences as a Mediator. *Front. Psychol*, 10:1720. https://doi.org:10.3389/fpsyg.2019.01720. [Accessed 29 September 2020].

Debsaka, G., Gorzkowicz, B., Forys, Z. & Kilanska,D. 2020. Continuous professional development of nurses and ICNP® introduction in Poland. *International Journal of Occupational Medicine and Environmental Health,* 33(3):353-363.

DeJonckheere, M. & Vaughn, L.M. 2019. Semi structured interviewing in primary care research: a balance of relationship and rigour. *Journal of Family Medicine and Community Health*, 7(2):57. Available: https://doi.org:10.1136/fmch-2018-000057. [Accessed 19 July 2020].

Den Breejen-de Hooge, L.E., Van Os-Medendorp, H. & Hafsteinsdóttir, T.B. 2021. Is leadership of nurses associated with nurse-reported quality of care? A cross-sectional survey. *Journal of Research in Nursing*, 26(1-2):118-132. https://doi.org:10.1177/1744987120976176. [Accessed 2 August 2022].

Denge, T. & Rakhudu, M., 2022. Perceptions of nurses on occupational health hazards and safety practices in Ditsobotla public hospitals in North-West province. *Curationis*, 45(1):2220. https://doi.org/10.4102/curationis.v45i1.2220. [Accessed 5 August 2022].

Dennis, C. 2020. Strategic planning: A health system operational perspective. *Journal of Hospital and Health Policy,* (3):32. Available. https://doi.org:10.21037/jhmhp.2019.10.03. [Accessed 2 July 2022].

Dent B. 2018. *Characteristics of a Good Nursing Manager*. Available: https://www.nurse.com/blog/2018/03/21/aone-leader-describes-characteristics-of-a-good-nurse-manager. [Accessed 20 October 2020].

Dery, J., Ruiz, A., Routhier, F., Ganon, M., cote, A., Ait- Kati, D. Belanger, B., Deslauriers, S. & Lamontagne, M. 2019. Patient prioritization tools and their effectiveness in non-emergency healthcare services: a systematic review protocol. *Systematic Reviews in Pharmacy*, 8, 78. https://doi.org/10.1186/s13643-019-0992. [Accessed 2 August 2022}.

Desselle, S.P., Chang, H., Fleming, G., Habib, A., Canedo, J. & Mantzourani, E. 2021. Design fundamentals of mentoring programs for pharmacy professionals (Part 1): Considerations for Organisations. *Journal of Research in Social and Administrative Pharmacy*, 17(2):441-448. Available: https://doi.org/10.1016/j.sapharm.2020.04.015. [Accessed 4 April 2022].

Dierdorff, E. C., Fisher, D. M. & Rubin, R. S. 2018. The power of percipience: Consequences of self-awareness in teams on team-level functioning and performance. *Journal of Management*, 45(7): 2891–2919. https://doi.org:10.1177/0149206318774622. [Accessed 4 July 2021].

Dind, J. & Petitpierre, G. 2022. Development and preliminary validation of the Self-Awareness Situation-Based Observation Lists for children with Profound Intellectual and Multiple Disabilities. *Research in developmental disabilities*, 121: 1- 13. Available: https://doi.org/10.1016/j.ridd.2021.104153. [Accessed 8 August 2022].

Dionioso, M. A. 2017. Strategic thinking: the role in successful management. *Journal of Management Research*, 9(4):44-56. https://doi.org:10.5296/jmr.v9i4.11448. [Accessed 6 February 2020].

Doulougeri, K. & Montgomery, A. 2019. Multidisciplinary team working. In: *Cambridge Handbook of Psychology*, Health and Medicine. 3rd Ed. Chapter: 76:343-347. Cambridge: Cambridge University Press.

Doyle, L., McCabe, C., Keogh, B., Brady, A. & McCann, M. 2020. An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, 25(5):443-455. Available: https://doi.org/10.1177/1744987119880234. [Accessed 5 May 2021].

Duda, S., Warburton, C. & Black, N. 2020. Contextual research. *User Research Methods*. Pp. 33-49. Available: https://doi.org:10.1007/978-3-030-49059-1_3. [Accessed 7 August 2021].

Dunning, A., Louch, G. Grange, A. Spilsbury K. & Johnson. J. 2021. Exploring nurses' experiences of value congruence and the perceived relationship with wellbeing and patient care and safety: a qualitative study. *Journal of Research in Nursing*, 26(1-2):135-146. https://doi.org:10.1177/1744987120976172 . [Accessed 7 August 2021].

Edleman, C.M., Boen, F. & Fransen, K. 2020. The power of empowerment: predictors and benefits of shared leadership in organisations. *Frontiers in Psychology*. Available: https://doi.org/10.3389/fpsyg.2020.582894. [Accessed 9 January 2021].

Elmadag, A.B. & Ellinger, A.E. 2018. Alleviating job stress to improve service employee work affect: the influence of rewarding. *Service Business*.12 (1):121-141.

Eltarhuni, A. & Alaqeli, E. 2020. Impact of incentives on physicians' performance at paediatric hospital in Benghazi. *Journal of Nursing and Health Sciences*, 6 (4), 32-35. Available: https://www.researchgate.net/publication/ [Accessed 3 August 2021].

Ertac, S. Gumren, M. & Gurdal, M.Y. 2019. Demand for decision autonomy and the desire to avoid responsibility in risky environments: experimental evidence. *Journal of Economic Psychology*, 77(3):1. https://doi.org/10.1016/j.joep.2019.102200. [Accessed 8 August 2020].

ESENER, 2010. European survey of enterprises on new and emerging risks – summary. *European Agency for Safety and Health at Work*. Available: https://osha.europa.eu/en/publications/european-survey-enterprises-new-and-emerging -risks-summary. [Accessed 20 March 2020].

Esparza, A. 2021. *Two sides of the same coin: Work-life balance strategies for employers and employees*. Available: https://snacknation.com/blog/importance-of-work-life-balance/ [Accessed 26 July 2021].

Esterhuizen, J.M. & Van Rensburg, G.H. 2021. The historical influence of nursing organisations on the development of the nursing profession in South Africa. *International Journal of Africa Nursing Sciences,* (14):100290, Available: https://doi.org/10.1016/j.ijans. [Accessed 1 February 2022].

Faccio, E., Turco, F. & Ludici, A. 2019. Self-writing as a tool for change: the effectiveness of psychotherapy using a diary. *Research in Psychotherapy*, 22 (2):378-378.

Fain, J. 2017. *Reading, Understanding and Applying Nursing Research*, 5th ed. Philadelphia: F.A. Davis Company.

Farrugia B. 2019. Sampling in qualitative research. *Journal of Early Human Development*, (133): 69-71. Available: https://doi.org/10.1016/j.earlhumdev.2019.03.016. [Assessed 09 June 2020].

Fawaz, M.A., Hamdan-Mansour, A.M. & Tassi, A. 2018. Challenges facing nursing education in the advanced healthcare environment. *International Journal of Africa Nursing Sciences*, (9):105-110. Available: https://doi.org/10.1016/j.ijans.2018.10.005. [Accessed 19 April 2021].

Fernandez, L.H. 2020. The right to withdraw from controlled human infection studies: Justifications and avoidance. *Bioethics*, (34):833-848. Available: https://doi.org/10.1111/bioe.12704. [Accessed 9 July 2021].

Fibuch, E. & Robertson, J.J. 2018. Bringing value: leading by coaching and mentoring others. *Physician Leadership Journal*, 5(6):56.

Figueroa, C.A., Harrison, R., Chauhan, A. & Meyer, L. 2019. Priorities and challenges for health leadership and workforce management globally: a rapid review. *BMC Health Services Research Journal,* (19):239. Available: https://doi.org/10.1186/s12913-019-4080-7. [Accessed 20 June 2020].

Fong, T. S., Hassan, Z., Kasa, M., Balang, R.V. & Abdullah, S.M. 2021. Exploring Mentoring Skills to Assist New Nurses: Mentors' and Mentees' Perspectives. *International Journal of Academic Research in Business and Social Sciences*, 11(14):124-141.

Fossum, M., Opsal, A. & Ehrenberg, A. 2022. Nurses' sources of information to inform clinical practice: An integrative review to guide evidence-based practice. *Worldviews on Evidence-Based Nursing*, Pp. 1–8. Available: https://doi.org/10.1111/wvn.12569. [Accessed 20 July 2022].

Fredrix, M., Mcsharry, J., Flannery, C., Dinneen, C. & Bryne, M. 2018. Goal setting in diabetes self-management: A systematic review and meta-analysis examining content and effectiveness of goal-setting interventions. *Journal of Psychology & Health,* 33(8):955-977.

Freund, A.M. & Tomasik, M.J. 2021. Managing conflicting goals through prioritization? The role of age and relative goal importance. *PLoSONE*, 16(2):1- 20. Available: https://doi.org/10.1371/journal.pone.0247047. [Accessed 8 November 2021.

Fusch, P., Fusch, G.E. & Ness, L.R. 2018. Denzin's paradigm shift: revisiting triangulation in qualitative research. *Journal of Social Change*, 10(1):19-32. Available: https://doi:10.5590/JOSC. [Accessed 9 June 2019].

Fuster, D. 2019. Qualitative research: hermeneutical phenomenological method. *Propósitos Representaciones,* 7(1): 201-229. Available: http://dx.doi.org/10.20511/pyr2019.v7n1.267. [Accessed 08 April 2020].

Gallagher, S 2010. Merleau-Ponty's Phenomenology of Perception. *Topoi,* 29(2):183-189. Available: http://dx.doi.org/10.1007/s11245-010-9079-y. [Accessed 20 August 2022].

Galperin, B.L., Punnett, B.J., Ford, D. & Lituchy, T.R. 2022. An emic-etic-emic research cycle for understanding context in under-researched countries. *International Journal of Cross-Cultural Management*, 22 (1): 7-35. https://doi:10.1177/14705958 221075534. [Accessed 20 August 2022].

Garcia-Olaya, De laRosa,T. & Borrajo, D.. 2021. Selecting goals in oversubscription planning using relaxed plans. *Artificial intelligence*, 291 (1): 414. Available: https://doi.org/10.1016/j.artint.2020.103414. [Accessed 5 July 2022].

Garmy, P. & Forsberg, A. 2020. The career core of successful scientific leaders in nursing: Their motivators and strategies. *Journal of Healthcare Leadership*, 2020(12):49-57. Available: https://doi.org/10.2147/JHL.S255093. [Accessed 4 June 2021].

Giannetta, N., Villa, G., Pennestrì, F., Sala, R., Mordacci, R. & Manara, D.F. 2021. Ethical Problems and Moral Distress in Primary Care: A Scoping Review. International *Journal of Environmental Research and Public Health*, 18(14):7565. https://doi.org/10.3390/ijerph18147565. [Accessed 19 August 2022].

Giessner, S.R., Stam, D., Kerschreiter, R. Verboon, D. & Salama, I., 2020. Goal-setting reloaded: The influence of minimal and maximal goal standards on task satisfaction and

goal striving after performance feedback. *Organisational Behaviour and Human Decision Processes*, Elsevier, 161(C):228-241.

Goldsby, M.G., Goldsby, E.A., Neck, C.B., Neck, C.P., Mathews, R. 2021. Self-leadership: a four-decade review of the literature and trainings. *Administrative Sciences*, 11(1):25. Available: https://doi.org/10.3390/admsci11010025. [Accessed 15 January 2022].

Goleman, D. 2021. Leadership blindspots. *Leader to leader*, 2021:22-25. https://doi.org/10.1002/ltl.20564. [Accessed 2 January 2022].

Gor, P.Q.R., Ser, T.F., Cooper, S., Chen, L.G. & Liaw, S.Y. 2020. Nursing teamwork in general ward settings: A mixed-method exploratory study among enrolled nurses and registered nurses. *Journal of Clinical Nursing*, 29:3802-3811. Available: https://doi.org/10.1111/jocn.15410. [Accessed 29 July 2021].

Gorgenyi-Hegyes, E., Nathan, R.J. & Fekete-Farkas, M. 2021. Workplace health promotion, employee wellbeing and loyalty during Covid-19 pandemic – large scale empirical evidence from Hungary. *Economies*, (9):55. https://doi.org/0.3390/economies902005. [Accessed 19 December 2021].

Gotsis, G. & Grimani, K.A. (eds). 2023. Embracing inclusive leadership for collaborative healthcare work environments: Fostering wellness in ambivalent situations. In: J. Marques (ed.). *The Palgrave Handbook of Fulfilment, Wellness and Personal Growth at Work*. London: Palgrave MacMillan.

Gray, D.E. 2022. *Doing research in the real world*. London: SAGE Publications Ltd.

Gray, J.R., Grove, S.K & Sutherland, S. 2018. *Understanding Nursing Research e-book: Building Evidence Based Practice*. St Louis: Elsevier.

Gunel, I. 2021. The Effect of Self-esteem on leadership orientation: a study on students of Sports Management Department. *Asian Journal of Education and Training*, 7(1): 91-95. http://doi.org:10.20448/journal.522.2021.71.91.95. [Accessed 20 August 2022].

Guzzo, T., Ferri, F. & Grifoni, P. 2022. What factors make online travel reviews credible? the consumers' credibility perception-concept model. *Societies,* 12(2):50. https://doi.org/10.3390/soc12020050. [Accessed 8 July 2022].

Haddad, L.M. & Geiger, R.A. 2021. Nursing ethical considerations. *PubMed*, Pp. 1-8. Available: https://pubmed.ncbi.nlm.nih.gov/30252310/ [Accessed 20 January 2022].

Hajizadeh, A., Zamanzadeh, V., Kakemam, E., Bahreini, R. & Khodayari-Zarnaq, R. 2021. Factors influencing nurse's participation in the health policy-making process: a systematic review. *BMC nursing*, 20(1):128. Available: https://doi.org/10.1186/s12912-021-00648-6. [Accessed 20 February 2022].

Han, S., Harold, C.M. & Cheong, M. 2019. Examining why employee pro-active personality influences empowering leadership: The roles of cognition- and affect-based trust. *Journal of Occupational and Organisational Psychology*, 92(2):352-383.

Haradhan, G.H. 2018. Qualitative Research Methodology in Social Sciences and Related Subjects. *Journal of Economic Development, Environment and People*, 7 (01):23-48.

Harari, M.B., Williams, E., Castro, S.L. & Brant, K.K. 2021. Self-leadership: A meta-analysis of over two decades of research. *Journal of Occupational and Organisational Psychology*, 94(2):1-33 Available: http://dx.doi.org/10.1111/joop.12365. [Accessed 8 January 2022].

Harunavamwe, M., Nel, P. & Van Zyl, E. 2020. The influence of self-leadership strategies, psychological resources, and job embeddedness on work engagement in the banking industry. *South African Journal of Psychology*, 50(4):507–519. https://doi.org:10.1177/0081246320922465. [Accessed 21 August 2021].

Harvey, L., Mason, S. & Ward, R. 2014. *The role of professional bodies in higher education quality monitoring.* Birmingham: Queen Elizabeth Hospital.

Hassan, S., Elshemy, H. & Fathy, N. 2019. On-the-Job versus off Training of Nurses in Documentation of Nursing Practice. *Egyptian Journal of Healthcare*, 10:34-49. https://doi.org:10.21608/ejhc.2019.26748. [Accessed 10 June 2021].

Heinen, M., Van Oostveen, C., Vermeulen, H., Peters, J. & Huis, A M. 2019. An integrative review of leadership competencies and attributes in advanced nursing practice. *Journal of Advanced Nursing,* 75 (11):2378-2392.

Henning Buehring, J. & Liedtka, J. 2018. Embracing systematic futures thinking at the intersection of Strategic Planning, Foresight and Design. *Journal of Innovation Management,* 6(3):134-152.

Hennink, M. & Kaiser, B. 2019. Saturation in qualitative research. In: *Paul Atkinson, ed., Year Research Methods Foundations.* London: SAGE Publications, Ltd. Available: https://dxdoi.org/10.4135/9781526421036822322. [Accessed 3 May 2022].

Heotis, E. 2020. Phenomenological research methods: extensions of Husserl and Heidegger. *International Journal of School and Cognitive Psychology* 7(2):221. Available: https://doi.org:10.35248/2469-837.19.6.221. [Accessed 14 August 2021].

Hofmeyer, A. & Taylor, R. 2021. Strategies and resources for nurse leaders to use to lead with empathy and prudence so they understand and address sources of anxiety among nurses practicing in the era of Covid-19. *Journal of Clinical Nursing*, 30:298-305. Available: https://doi.org/10.1111/jocn.15520. [Accessed 20 July 2022].

Holroyd, J. 2015. *Self-Leadership and Personal Resilience in Health and Social Care*. London: SAGE Publications Ltd.

Holtzblatt, K. & Beyer, K. 2014. *Contextual Design: Evolved*. New York: Megan & Claypool Publishers.

Hookmani, A.A., Lalani, N., Sultan, N., Zubairi, A., Hussain, A., Hassan, B.S. & Rasheed, M.A. 2021. Development of an on-job mentorship programme to improve nursing experience for enhanced patient experience of compassionate care. *BMC Nursing,* (20):175. Available: https://doi.org/10.1186/s12912-021-00682-4. [Accessed 20 December 2021.

Hoover, J., Koon, A.D., Rosser, E.N. & Rao, K.D. 2020. Mentoring the working nurse: a scoping review. *Human Resourses for Health Journal*, 18(52):520. Available: https://doi.org/10.1186/s12960-020-00491-x. [Accessed 30 June 2021].

Hornberger, B. & Rangu, S. 2020. Designing inclusion and exclusion criteria. *Healthcare Scholarly Commons*. Available: https://repository.upenn.edu/crp/. [Accessed 20 January 2021].

Horsch, C.H. Spruit, S., Lancee, J., Van Eijk, R., Jan Beun, R, Neerincx, M. & Brinkman WP. 2017. Reminders make people adhere better to a self-help sleep

intervention. *Journal of Health and Technology*. 7(2-3):173-188. Available: https://doi.org/10.3912/OJIN.Vol17No01Man03. [Accessed 16 July 2019].

Houghton, 2000. Nursing institute/global nursing policy. Available: http://www.icn.ch/.../global. [Accessed 20 July 2020].

Huber, L.D. 2018. *Leadership: Nursing care management*. 6th ed. Missouri: Elsevier.

Hussain, S.D., Khaliq, D.A., Nisar, Q., Kamboh, A. & Ali, S. 2019. The impact of employees' recognition, rewards, and job stress on job performance. *Strategic Management Journal,* 2(2):69-82.

Hut-Mossel, L., Ahaus, K., Welker, G. & Gans, R. 2021.Understanding how and why audits work in improving the quality of hospital care: A systematic realist review. *PLoSONE,* 16(3):2. Available: https://doi.org/10.1371/journal.pone. [Accessed 9 June 2021].

Ibrahim, Y. & Ahamat, A. 2019. Interpersonal communication skills of nurse- managers and nursing performance. *International journal of management studies,* 26 (1): 99-145. http://doi.org:10.32890/ijms.26.1.2019.10515. [Accessed 12 January 2020].

Indeed, 2021a. *Complete guide to ethical leadership: with examples*. Available: https://www.indeed.com/career-advice/career-development/ethicalleadership. [Accessed 28 July 2021].

Indeed, 2021b. *16 tips for meeting deadlines*. Available: https://www.indeed.com/ career-advice/career-development/meet-the-deadline. [Accessed 23 February 2021].

Irikefe, P. 2018. Roles, importance and benefit of time management in achieving organisational objectives. *Department of Accounting*. Pp. 35-43

Jackson, D. & Collings, D. 2018. The influence of work-integrated learning and paid work during studies on graduate employment and underemployment. *High Education*, 76(3):403-425. Available: https://doi.org/10.1007/s10734-017-0216-z. [Accessed 10 June 2021].

Jacobs, S., De Vos, A., Stuer, D. & Van der Heijden, B. 2019. *Knowing me, knowing you:* the importance of networking for freelancers' careers: examining the mediating role of need for relatedness fulfilment and employability-enhancing competencies.

Frontiers in Psychology. Available*:* https://doi.org/10.3389/fpsyg.2019.02055. [Accessed 20 December 2019].

Jain, A., Hassard, J., Leka, S., Di Tecco, C. & Iavicoli, S. 2021. The role of occupational health services in psychosocial risk management and the promotion of mental health and well-being at work. *International Journal of Environmental Research and Public Health.* 18(7): 3632. Available: https://doi.org/10.3390/ ijerph18073632. [Accessed 20 April 2022].

Jain, C., Appel, D. & Ellis, W. 2015. What is self-growth? *International Journal of Process Education,* 7:41-52. Available: https://www.researchgate.net/publication/ 281973099. [Accessed 21 April 2021].

Jilcha, Kassu. 2019. Research design and methodology. *Intechopen,* 27. Available: https://doi.org:10.5772/intechopen.85731. [Accessed 4 May 2020].

Johnson, J. & Adkins, D. & Chauvin, S. 2019. Quality indicators of rigor in qualitative research. *American Association of Colleges of Pharmacy.* Available: https://www.ajpe.org/content/ajpe/early/2019/12/10/ajpe7120.full.pdf. [Accessed 12 May 2020].

Johnson, J. & Adkins, D. & Chauvin, S. 2020. A review of the quality indicators of rigor in qualitative research. *American journal of pharmaceutical education*, 84 (1): 7120. https://doi.org:10.5688/ajpe7120. [Accessed 12 May 2021].

Jolley, J. 2020. Introducing research and evidence-based practice for nursing and healthcare professionals. 3rd ed. London; Routledge.

Jooste K. 2016. *Nursing dynamics: health dynamics for the specialist professional nurse.* Lansdowne: Juta Legal and Academic Publishers.

Jooste, K. & Frantz, J. 2017. Self-leadership traits of academics to conform to a changing academic environment. *African Journal of Health Professions Education*, 9(4):199-202. https://doi.org:10.7196/ajhpe.2017.v9i4.823. [Accessed 12 June 2020].

Jooste, K. 2017. *Leadership in health services management*. 1st ed. Lansdowne: Juta and Company (Pty) Ltd.

Jooste, K., Arunachallam, L., Ahanohuo, L., Rashe, H., Julie, H., Willemse, J., Bimray, P. & Essa, I. 2015. The meaning of self-leadership for nursing academics in the context

of a leadership programme at a higher education institution in South Africa. Africa *Journal of Nursing and Midwifery*. (18):1-14.

Joseph, M.L, Edmonson, C., Godfery, N., Liebig, D. & Weybrey, K. 2020. The nurse leader's role: A conduit for professional identity formation and Sustainability. *Nurse Leader*. 19(1):27-31. Available: https://doi.org/10.1016/j.mnl.2020.10. [Accessed 20 July 2021].

Jung, Y.H., Kang, S.H., Park, E.C. & Jang, S.Y. 2022. Impact of the acceptance of disability on self-esteem among adults with disabilities: a four-year follow-up study. *International Journal of Environmental Research and Public Health*, 19(7):3874. Available: https://doi.org/10.3390/ijerph19073874. [Accessed 15 June 2022].

Kabeyi, M.J.B. 2019. Organisational strategic planning, implementation and evaluation with analysis of challenges and benefits for profit and non-profit organisations. *International Journal of Applied Research*. 5(6):27-32.

Kakilla, C. 2021. *Strengths and weaknesses of semi-structured interviews in qualitative research: a critical essay*. Pp. 1- 4. https://doi.org:10.20944/preprints 202106.0491.v1. [Accessed 10 July 2022].

Kamal, S. S. L. B. A. 2019. Research paradigm and the philosophical foundations of a qualitative study. *People: International Journal of Social Sciences*. 4(3): 1386-1394.

Kankam, P. K. 2019. The use of paradigms in information research. *Library & Information Science Research*, 41 (2):85-92. Available: https://doi.org/10.1016/j.lisr.2019.04.003. [Accessed 8 July 2020].

Kapur, R. 2021. Positive attitude and motivation: fundamental factors in leading to development of one's personality. Available: https://www.researchgate.net/publication/ [Accessed 3 January 2022].

Kemei, J. & Etowa, J. 2021. Continuing professional development: perspectives of Kenyan nurses and midwives. *Open Journal of Nursing*, 11(03):121-131. https://doi.org:10.4236/ojn.2021.113011. [Accessed 11 February 2022].

Kim, H. & Kim, K. 2019. Impact of self-efficacy on the self-leadership of nursing preceptors: The mediating effect of job embeddedness. *Journal of Nursing*

Management, 27(8):1756-1763. https://doi.org:10.1111/jonm.12870. [Accessed 15 June 2022].

Kim, S.Y., Kim, E.K., Kim, B., Lee, E. 2016. Influence of nurses' self-leadership on individual and team members' work role performance. *Journal of Korean Academy of Nursing*, 46(3):338-48.

King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., Tod, A., Ryan et al. 2020. Factors that optimise the impact of continuing professional development in nursing: A rapid evidence review. *Nurse Education Today*, 98(2):104652. https://doi.org:10.1016/j.nedt.2020.104652. [Accessed 23 April 2021].

Kivunja, C. & Kuyini, A.B. 2017. Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5):26-41.

Klykken, F. 2021. Implementing continuous consent in qualitative research. Qualitative Research. 1-16. https://doi.org:10.1177/14687941211014366. [Accessed 15 July 2022].

Konradt, U. Andreben, P. & Ellwart, T. 2009. Self-leadership in organisational teams: A multilevel analysis of moderators and mediators. *European Journal of Work and Organisational Psychology*, 18(3):322-346. Available: https://doi.org:10.1080/ 13594320701 693225. [Accessed 25 January 2020].

Korstgenes, I. & Moser, A. 2018. Practical guidance to qualitative research. Part 4: Trustworthiness and Publishing. *European Journal of General Practice* 20(1):120-124. Available: https://doi.org/10.1080/13814788.2017.1375092. [Accessed 18 May 2019].

Krauss, S., & Orth, U. 2021. Work experiences and self-esteem development: a meta-analysis of longitudinal studies. *European Journal of Personality*, 0(0):1-21. Available: https://doi.org/10.1177/08902070211027142. [Accessed 3 December 2021].

Krofft, K. & Stuart, W. 2021. Implementing a mentorship program for new nurses during a pandemic. *Nursing Administration Quarterly*, 45(2):152-158. https://doi.org:10.1097/NAQ.0000000000000455. [Accessed 10 March 2022].

Krstic, M., Obradovic, V., Terzic-Supic, Z., Stanisavljevic, D. & Todorovic, J. 2018. Leadership and motivation among employees in health-care facilities in Serbia. *Management: Journal of Sustainable Business and Management Solutions in Emerging*

Economies, 24(1):33-43. https://doi.org:10.7595/management.fon. [Accessed 18 May 2021].

Kumatongo, B. & Muzata, K. 2021. Research paradigms and designs with their application in education. *Journal of Lexicography and Terminology*, 5(1):16 – 32. Available: https://journals.unza.zm/index.php.jlt. [Accessed 23 January 2023].

Kusdinar, D. & Haholongan, R. 2019. The influence of self-leadership on innovative behaviour. In: *5th Annual International Conference on Management Research (AICMaR 2018).* 97-100. Atlantis Press. Available: https://doi.org/10.2991/aicmar-18.2019.22. [Accessed 20 August 2020].

Kwon, J. 2016. Nursing performance and innovative behaviours as factors affecting the self-leadership of geriatric hospital nurses. *The Korean Journal of Health Service Management,* 10(1):53-66.

Kyngas, H., Kantse, O., Polkki, T., Utriainen, K., Kaarianene M.& Elo, S. 2020. The trustworthiness of content analysis. In: *The Application of Content Analysis in Nursing Science Research.* 41-48. https://doi.org:10.1007/978-3-030-30199-6_5. [Accessed 5 May 2021].

Lajcin, D.& Porubcanova, D. 2021. Teamwork during the COVID-19 Pandemic. *Emerging Science Journal.* (5):1-10. https://doi.org:10.28991/esj-2021-SPER-01. [Accessed 25 April 2022].

Lal, M.M. 2020. Why you need a nursing strategic plan. *The Journal of Nursing Administration*, 50(4):183-184. https://doi.org:10.1097/nna.0000000000000863. [Accessed 10 July 2022].

Lalloo, D., Demou, E., Kiran, S., Gaffney, M., Stevenson, M. & Macdonald, E. 2016. Core competencies for UK occupational health nurses: A Delphi study. *Occupational Medicine (Oxford, England).* 66(8):650-655. Available: https://doi.org/10.1093/occmed/ kqw089. [Accessed 3 July 2019].

Lalloo, D., Gallagher, J., Macdonald, E. and McDonnell, C. 2021. Clinical case complexity in occupational health. *Journal of Occupational & Environmental Medicine*, 63(6):352–361. https://doi.org:10.1097/jom.0000000000002215. [Accessed 31 July 2022].

Lappalainen K, Leino T, Osterman P, Nissinen S. 2020. Comparison of performance targets of public and private sector Occupational Health Nurses in Finland. *European Journal of Occupational Health Nursing*, 1: 4-16.

Lasrado, F.2018. Self-assessments: conducting an excellence maturity assessment for an organisation, management for professionals. In: *Achieving Organisational Excellence*. Pp. 103-120*, Springer.* https://doi.org:10.1007/978-3-319-70075-5_6.

Laughland, A. & Kvavilashvili, L. 2018. Should participants be left to their own devices? comparing paper and smartphone diaries in psychological research. *Journal of Applied Research in Memory and Cognition*, 7(4):552-563. https://doi.org:10.1016/j.jarmac.2018.09.002. [Accessed 20 June 2020].

Lee, Y. & Li, Q. J. 2021. The role of communication transparency and organisational trust in publics' perceptions, attitudes and social distancing behaviour: A case study of the COVID-19 outbreak. *Journal of Contingencies and Crisis Management*, 29 (1):2. https://doi.org:10.1111/1468-5973.12354. [Accessed 28 March 2022].

Lenhardt, U. & Beck, D. 2016. Prevalence and quality of workplace risk assessments – Findings from a representative company survey in Germany. *Safety Science*, (86):48-56. Available: https://doi.org/10.1016/j.ssci.2016.02.017. [Accessed 16 June 2019].

Lepold, A., Tanzer, N., Bregenzer, A. & Jiménez, P. 2018. The efficient measurement of job satisfaction: facet-items versus facet scales. *International Journal of Environmental Research and Public Health,* 15(7):1362. https://doi.org:10.3390/ijerph15071362. [Accessed 13 February 2020].

Lev-On, A. & Lowenstein-Barkai, H. 2019. Viewing diaries in an age of new media: An exploratory analysis of mobile phone app diaries versus paper diaries. Methodological Innovations, 12(1). https://doi.org:10.1177/2059799119844442. [Accessed 15 March 2021].

Li, Chen, Zheng, Wu & Fan, C.Y. 2022. Development and validation of an autonomy questionnaire for chinese adolescents from the perspective of network culture. *Frontiers in Psychology*, (13):1-12. Available: https://doi.org:10.3389/ fpsyg.2022.810140. [Accessed 10 August 2022].

Li, G., Park, E.-M. & Jin, S. J. 2019. The impacts of personal traits on knowledge discovery behaviours via mobile SNS. *Personal and Ubiquitous Computing*. https://doi.org:10.1007/s00779-019-01240-1. [Accessed 19 April 2020].

Lichtman, M. 2017. Qualitative research for the social sciences. London: SAGE Publications Ltd.

Lincoln, Y. S. & Guba, E. G. 1985. Naturalistic Inquiry. Newbury Park, CA: Sage Publications.

Liu, J., Chitpakdee, B. & Akkadechanunt, T. 2020. Self-leadership of nurses in tertiary hospitals, Yunnan Province, People's Republic of China. *Nursing Journal*, 47(4):497-509.

LoBiondo-Wood, G. & Haber, J. 2018. *Nursing research: methods and critical appraisal for evidence-based practice*. 9th edition. St. Louis, Missouri: Elsevier.

Luthans, F., Luthan, B.C. & Luthans, K.W. 2021. *Organisational behaviour: an evidence-based approach.* 14th ed. Information age publishers: Charlotte, North Carolina.

Mack, S. 2018. *What Is the difference between the target population and the experimentally accessible population?* Available: https://smallbusiness.chron.com/difference-between-target-populationexperimentally-accessible-population-70637.html. [Accessed 13 July 2020].

Mackay, J. 2018*. Effective goal setting: Practical advice for setting, measuring, and hitting your goals*. Available https://rescuetime.wpengine.com/effective-goal-setting/ [Accessed 22 May 2020].

Magnusson, E. & Marecek, J. 2015. Doing interview based qualitative research: a learners guide. Cambridge University press: United Kingdom.

Maier, R. 2019. Self-responsibility: transformations. *American Behavioural Scientist*, 63(1):27-42. https://doi.org:10.1177/0002764218816802. [Accessed 14 June 2021].

Maison, D. 2018. Qualitative marketing research: understanding consumer behaviour. Abingdon, Oxon: Routledge.

Majid, U. 2018. Research fundamentals: study design, population, and sample size. *Undergraduate Research in Natural and Clinical Science and Technology (URNCST) Journal*, 2(1): 1-7. https://doi.org:10.26685/urncst.16. [Accessed 16 July 2020].

Makri, C. & Neely, A. 2021. Grounded theory: a guide for exploratory studies in management research. *International Journal of Qualitative Methods*, 20: 1-14. https://doi.org:10.1177/16094069211013654. [Accessed 17 August 2022].

Maksimovic, J.Z. & Osmanović, J.S. 2019. Teachers' self-concept and its benefits for science education. *Journal of Baltic Science Education*, 18(1):105-116. Available: https://doi.org:10.33225/jbse/19.18.105. [Accessed 12 June 2020].

Malmqvist, J., Hellberg, K., Möllås, G., Rose, R. & Shevlin, M. 2019. Conducting the pilot study: a neglected part of the research process? methodological findings supporting the importance of piloting in qualitative research studies. *International Journal of Qualitative Methods,* (18):1-11. Available: https://doi.org:10.1177/1609406919878341. [Accessed 06 April 2020].

Manandhar, N. & Joshi, S.K. 2020. Importance of consent in the research. *International Journal of Occupational Safety and Health,* 10(2):89-91. Available: https://doi:10.8991.10.3126/ijosh.v10i2.33284. [Accessed 16 March 2021].

Manankil-Rankin, L., Schwind, J.K. & Aksenchuk, S. 2021. Understanding how nursing students experience becoming relational practitioners: a narrative inquiry. *Canadian Journal of Nursing Research*. https://doi.org:10.1177/08445621211034358. [Accessed 24 June 2022].

Manganari, E.E. & Dimara, E. 2017. Enhancing the impact of online hotel reviews through the use of emoticons, Journal of Behaviour & Information Technology, 36:7:674-686. https://doi.org:10.1080/0144929X.2016.1275807. [Accessed 12 July 2019].

Manti, S. & Licari, A. 2018. How to obtain informed consent for research. Breathe (Sheffield, England), 14(2):145-152. Available: https://doi.org/10.1183/20734735.001918. [Accessed 15 February 2020].

Manzoor, F., Wei, L. & Asif, M. 2021. Intrinsic rewards and employee's performance with the mediating mechanism of employee's motivation. frontiers in psychology.

(12):2691. Available: https://www.frontiersin.org/article/10.3389/fpsyg. [Accessed 30 September 2021].

Maree, K. 2019. *First Steps in Research*. 3rd ed. Hatfield: Van Schaik.

Maritz, R.T. 2020. *The emergence of child abuse diagnostic education in emergency care: a common concern*. Unpublished Master's Thesis, Cape Peninsula University, Cape Town.

Marques-Quinteiro, P., Vargas, R., Eifler, N. & Curral, L. 2019. Employee adaptive performance and job satisfaction during organisational crisis: The role of self-leadership. *European Journal of Work and Organisational Psychology*, 28(1):85–100. Available: https://doi.org/10.1080/1359432X.2018.1551882. [Accessed 24 October 2020].

Marx-Gómez, J. & Mouselli, S. 2018. *Modernizing the academic teaching and research environment methodologies and cases in business research*. 1st ed. Cham: Springer International Publishing.

Mashuri, S., Rasak, M.SA., Alhabsyi,F. & Syam, H. 2022. Semi-structured Interview: A Methodological Reflection on the Development of a Qualitative Research Instrument. *Journal of Research and Method in Education*, 12(1):22-29.

Mason, D. & Winget, L. 2019. *Do business better: traits, habits, and actions to help you succeed*. 1st ed. Hoboken, New Jersey: Wiley.

Matahela, V.E. & Van Rensburg, G.H. 2021. Self-leadership practices of nurse educators at south african nursing education institutions. *The Open Nursing Journal*, 15:423. Available: https://doi.org:10.2174/1874434602115010422. [Accessed 7 July 2022].

Matahela, V.E. & Van Rensburg, G.H. 2022. *Motivation as a facilitator of self-leadership in nurse academics*. 8:2. *Heliyon*. https://doi.org:10.1016/j.heliyon.2022.e09580. [Accessed 10 July 2022].

Mattick, K., Johnston, J. & de la Croix, A. 2018. How to write a good research question. *The Clinical Teacher*, 15(2):104-106. Available: https://doi.org:10.1111/tct.12776. [Accessed 13 August 2020].

Maxwell, E. 2017. Good leadership in nursing: what is the most effective approach? Available: https://www.nursingtimes.net. [Accessed 9 June 2018].

May, N., Batiz, E. & Montero, R. 2019. Assessment of leadership behaviour in occupational health and safety. *Occupational Safety and Health*. 63(3):405-413. Available: https://doi.org:10.3233/WOR-192946. [Accessed 7 August 2021].

Mayfield, J., Mayfield, M. & Neck, C.P. 2021. Speaking to the self: how motivating language links with self-leadership. *International Journal of Business Communication*, 58(1):31-54. Available: https://doi.org/10.1177/2329488417731861. [Accessed 11 May 2022].

Mazonde, N.B. & Carmichael, T. 2020. The African context, cultural competence and emic aspects of qualitative research, *Journal of African Business*, 21(4):476-492. Available: https://doi.org/10.1080/15228916.2020.1785248. [Accessed 17 May 2021].

McGrath, C., Palmgren, P.J. & Liljedahl, M. 2019. Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41(9):1002-1006. Available: https://doi.org:10.1080/0142159X.2018.1497149. [Accessed 9 March 2020].

Meade, E. 2021. Goal setting exercises, tools and games: including pdf worksheets. Available: https://positivepsychology.com/goal-setting-exercises/. [Accessed 15 July 2022].

Megheirkouni, M. 2018. Self-leadership strategies and career success: Insight on sports organisations. Sport, Business and Management: *An international Journal*, 8(2):393-409. https://doi.org:10.1108/SBM-02-2018-0006. [Accessed 30 January 2020].

Merriam, S.B. & Grenier, R.S. eds., 2019. *Qualitative research in practice: Examples for discussion and analysis.* John Wiley & Sons.

Michell, K. & Rispel, L. 2018. The quality and governance of occupational healthcare services in South Africa: what lessons for universal health coverage*? Occupational Environmental Medicine*, 75:12-13. https://doi.org:10.1136/oemed-2018-ICOHabstracts.38. [Accessed 3 May 2020].

Michna, A. & Kmieciak, R. 2020. *Open-Mindedness Culture, Knowledge-Sharing, Financial Performance, and Industry 4.0 in SMEs*. 12(21):9041. Available: https://doi.org:10.3390/su12219041. [Accessed 8 April 2021].

Miller, A., Koola, J.D., Matheny, M.E., Duncom, J.H., Slagle, J.M., Groess, J. A., Minter, F.F., Garvin, J.H. et al. 2018. Application of contextual design methods to inform targeted clinical decision support interventions in sub-specialty care environments. International *Journal of Medical Informatics*, 117:55-65. Available: https://doi.org/10.1016/j.ijmedinf. 2018.05.005. [Accessed 5 August 2020].

Mlambo, M.S., Silen, C. & McGrath, C. 2021. Lifelong learning and nurses' continuing professional development, a metasynthesis of the literature. *BMC Nursing*, 20(62):1-13. Available: https://doi.org/10.1186/s12912-021-00579-2. [Accessed 14 February 2022].

Mohajan, H. 2018. Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People,* 7 (1):23-48. https://doi.org:10.26458/jedep.v7i1.571. [Accessed 30 June 2021].

Mohajan, H.K. 2021. Quantitative research: a successful investigation in natural and social sciences. *Journal of Economic Development Environment and People,* 9(4):50 – 79. https://doi.org:10.26458/jedep.v9i4.679. [Accessed 26 July 2022].

Molina-Mula, J. & Gallo-Estrada, J. 2020. Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. *International journal of environmental research and public health,* 17(3):835. Available: https://doi.org/10.3390/ijerph17030835. [Accessed 1 April 2021].

Mondal, H. 2020. Overviews of research ethics to make a secure and progressive research. *Conference: National Conference on Research Ethics and Library At*: Barrackpore.

Monday, T. 2020. Impacts of interview as research instrument of data collection in social sciences. *Journal of Digital Art & Humanities*, 1(1):15-24).

Moore, S. 2020. Nurse leadership during a crisis: Ideas to support you and your team. *Nursing Times,* 116(12):34-37. Available: https://cdn.ps.emap.com/wpcontent/uploads/sites/3/2020/11/. [Accessed 1 December 2020].

Morin, K.H. 2021. Editorial: contributions of professional nursing organisations. *Journal of Advanced Nursing*, 77:1-3. Available: https://doi.org/10.1111/jan.14808. [Accessed 3 February 2022].

Moser, A. & Korstjens, I. 2018. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis, *European Journal of General Practice*, 24(1) 9-18, https://doi.org:10.1080/13814788.2017.1375091. [Accessed 30 January 2020].

Motloba, P.D. 2019. Non-maleficence – a disremembered moral obligation. *South African Dental Journal*, 74(1):40-42. Available: http://dx.doi.org/10.17159/2519-0105/2019/v74no1a7. [Accessed 6 January 2020].

Muller, M. E. & Bester, P. 2016. *Nursing dynamics*. 5th ed. Cape Town [South Africa]: Pearson Southern Africa. 1- 422.

Muller, T. & Niessen, C. 2018. Self-leadership and self-control strength in the work context. *Journal of Managerial Psychology*, (1):74-92.

Murayama, K. 2018. Multidisciplinary approaches advance research on the nature and effects of motivation. *American Psychological Association*, (06):146. Available: https://www.apa.org/science/about/psa/2018/06/motivation. [Accessed 19 May 2020].

Murray, A. T., Barnabe, C., Foster, S., Taylor, A.S., Atay, E.J., Henderson,R & Crowshoe, L. 2021. Indigenous mentorship in the health sciences: actions and approaches of mentors. *Teaching and Learning in Medicine.* Available: https://doi.org:10.1080/10401334.2021.1912610. [Accessed 1March 2020].

Murray, E. 2017. *Nursing leadership and management for patient safety and quality care.* Philadelphia: FA Davis Company.

Mustriwati, K., Sudarmika, P. & Candiasa, I. 2021. The impact of self-leadership and organisational commitment on the performance of Covid-19 nurses. *Kontakt,* 23(32):5. Available: https://doi.org:10.32725/kont.2021.005. [Accessed 10 April 2022].

Mwila, K., Namuchana, M., Lufungulo, E., Onwubuya, G.C., Mudenda, S., Mangwatu, D. & Hikaambo, C. 2022. Teachers' continuous professional development in southern african development community: a review of policies, approaches and implementation strategies in enhancing teacher competences. *International Journal of Education Humanities and Social Science*, 05(01):104-124. Available: https://doi.org:10.54922/IJEHSS.2022.0349. [Accessed 18 April 2022].

Nangoli, S., Muhumuza, B., Tweyongyere, M., Nkurunziza, G., Namono, R., Ngoma, M. & Nalweyiso, G. 2020. Perceived leadership integrity and organisational

commitment. *The Journal of Management Development*, 39 (6) 823–834. Available: https://doi.org/10.1108/JMD-02-2019-0047. [Accessed 10 June 2021].

Nayak, S.G. 2018. Time management in nursing – hour of need. *International Journal of Caring Sciences*, 11(3):1997-2000.

Neck, C. P., Manz, C.C. & Houghton. J.D. 2019. Self-leadership: the definitive guide to personal excellence, 2nd ed. Los Angeles and London: *SAGE Publications Inc.*

Neck, C.P & Houghton, J.D. 2006. Self-leadership. Bradford, England: Emerald Group Publishing.

Neck, C.P, Manz, C.C. & Houghton, J.D. 2017. Self-leadership: the definitive guide to personal excellence. Los Angeles: *SAGE Publications Inc*.

Neck, C.P. & Manz, C.C. 2013. Mastering self-leadership: Empowering yourself for personal excellence (6th ed.). Boston: Pearson.

Neck, C.P., Manz, C.C. & Houghton, J.D. 2016. Self-leadership: the definitive guide to personal excellence. Los Angeles: *SAGE Publications Inc*.

Neubauer, B.E., Witkop, C.T. & Varpio, L. 2019. How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2):90-97. Available: https://doi.org/10.1007/s40037-019-0509-2. [Accessed 22 May 2020].

Nikfarid, L., Hekmat, N., Vedad, A. & Rajabi, A. 2018. The main nursing metaparadigm concepts in human caring theory and Persian mysticism: a comparative study. *Journal of Medical Ethics and History of Medicine*, 11:6.

Nilsen, P., Seing, I., Ericsson, C., Birken, S.A. & Schildmeijer, K. 2020. Characteristics of successful changes in healthcare organisations: an interview study with physicians, registered nurses and assistant nurses. *BMC Health Services Research*, 20(1):147. https://doi.org:10.1186/s12913-020-4999-8. [Accessed 7 October 2021].

Nordengren, C. 2019. Goal-setting practices that support a learning culture. Phi Delta Kappan. 101(1):18-23.

Norris, S.E. 2008. An Examination of self-leadership. *Emerging Leadership Journeys*, 1(2):43-61. Available: https://www.regent.edu/acad/global/publications/elj/vol1iss2/ELJ_V1Is2_Norris. [Accessed 11 January 2019].

NursingAnswers.net. 2018. Functions of regulatory bodies in healthcare. Available from: https://nursinganswers.net/essays/functions-of-regulatory-bodies-in-healthcare. [Accessed 26 June 2022].

Nyhan, T. & Howlin, F. 2021. From registered nurse to nursing student - Exploring registered nurses' transition to the nursing student during a post-registration children's nurse programme: A qualitative descriptive research study. *Nurse Education Today*, (105:1-5). Available: https://doi.org/10.1016/j.nedt.2021.105046.[Accessed 15 May 2022].

Ofei, A.M., Paarima, Y., Barnes, T.A. & Kwashie, A. 2019. Planning practices of Nurse Managers in Ghana. *Journal of Health Sciences and Nursing*, 4(10):1-12.

Ogbeiwi, O. 2018. General concepts of goals and goal-setting in healthcare: A narrative review. *Journal of Management and Organisation,* 27(2):1-18. Available: https://doi.org:10.1017/jmo.2018.11. [Accessed 20 November 2021].

Oh, H.K. & Cho, S.H. 2020. Effects of nurses' shift work characteristics and aspects of private life on work-life conflict. *PloS one*, 15(12):0242379.

Oh, S., Gu, M. & Sok, S. 2022. A concept analysis of nurses' clinical decision-making: implications for Korea. *International Journal of Environmental Research and Public Health*, 19(6):3596. Available: https://doi.org:10.3390/ijerph19063596. [Accessed 13 June 2021].

Oldland, E., Botti, M., Hutchinson, A.M. & Redley, B. 2019. A framework of nurses' responsibilities for quality healthcare: exploration of content validity. *Collegian,* 27(2):150-163. Available: https://doi.org/10.1016/j.colegn.2019.07.007. [Accessed 12 June 2021].

Omodan, B. I. 2022. A Model for Selecting Theoretical Framework through Epistemology of Research Paradigms. African Journal of Inter/Multidisciplinary Studies. 4(1): 275-285. Available: https://doi.org/10.51415/ajims.v4i1.1022.

Orukwowu, U. 2022. The impact of effective nurse leadership on quality healthcare outcomes. IPS *Interdisciplinary Journal of Social Sciences,* 1(1):1-6. Available: https://doi.org/10.54117/iijss.v1i1.1. [Accessed 8 April 2022].

Orvitz, K. 2018. Step up: employee safety, wellness & productivity in the workplace. *Journal of Professional Safety*, 63(6):64-64.

Oshodi, T.O., Bruneau, B., Crockett, R. Kinchington, F., Nayar, S. & West, E. 2019. Registered nurses' perceptions and experiences of autonomy: a descriptive phenomenological study. *BMC Nursing,* 18:51. Available: https://doi.org/10.1186/s12912-019-0378-3. [Accessed 18 November 2020].

Osuagwu, L.C. 2020. Research methods: issues and research direction. 9(3):46-55. Available from: https://www.researchgate.net/publication/344586486. [Accessed 15 August 2020].

Oxford Languages. Lexico. 1989. Available: https://www.lexico.com/definition/behaviour. [Accessed 22 September 2021].

Oxlemark, L., Ulin, K., Chaboyer, W., Bucknall, T. & Ringdal, M. 2018. Registered Nurses' experiences of patient participation in hospital care: supporting and hindering factors patient participation in care. *The Scandinavian Journal of Caring Sciences*, 32:612-621. Available: https://doi.org/10.1111/scs.12486. [Accessed 12 May 2022].

Ozek, H. & Ferraris, A. 2018. The role of self-awareness and self-efficacy on career decision-making: an innovative perspective, in innovation and capacity building. Cham: *Springer International Publishing*, 207–229.

Ozyilmaz, A. Erdorgan, B. & Karaeminogullari, A. 2018. Trust in organisation as a moderator of the relationship between self-efficacy and workplace outcomes: A social cognitive theory-based examination. *Journal of Occupational and Organisational Psychology*, 91(1):181-204.

Pakhide, V. & Verma M. 2021. Nursing leadership role in pandemic. *Journal of Public Health Research Public Health Review*, 8(2):07-12. Available: https://doi.org/10.17511/ijphr.2021.i02.01. [Accessed 3 February 2022].

Paletta, A., Basyte Ferrari, E. & Alimehmeti, G. 2020. How principals use a new accountability system to promote change in teacher practices: evidence from Italy, *Educational Administration* Quarterly, 56(1):123–173. https://doi.org:10.1177/0013161X19840398. [Accessed 3 December 2021].

Patel, S. 2015. The research paradigm–methodology, epistemology and ontology-explained in simple language. Available: https://www.salmapatel.co.uk/. [Accessed 10 August 2018].

Patino, C.M. & Ferreira, J.C. 2018. Inclusion and exclusion criteria in research studies: definitions and why they matter. *Brazilian Journal of Pulmonology: official publicity of the Brazilian Society of Pulmonology and Physiology*, 44(2):84. Available: https://doi.org/10.1590/s1806-37562018000000088. [Accessed 15 May 2020].

Pawar, N. 2020. Type of research and type research design. *Social Research Methodology*, 6:52-57.

Pearce, C.L. & Manz, C.C. 2005. The new silver bullets of leadership: the importance of self-and shared leadership in knowledge work. *Organisational Dynamics*, 34(2):130.

Perroux, M., Contandriopoulos, D. & Duhoux A. 2018. Formalisation and subordination: A contingency theory approach to optimising primary care teams. *BMJ Open*. Available: https://doi.org:10.1136/bmjopen. 1. [Accessed 7 December 2020].

Phillippi, J. & Lauderdale, J. 2018. A guide to field notes for qualitative research: context and conversation. *Qualitative Health Research,* 28(3):381-388.

Phillips, L. K. 2021. Succession planning in nursing education. *Nursing Outlook*. 69(1):32-42. https://doi.org:10.1016/j.outlook.2020.08.004. [Accessed 4 July 2022].

Poku, C.A., Donkor, E. & Naab, F. 2022. Impacts of nursing work environment on turnover intentions: the mediating role of burnout in Ghana. *Nursing Research and Practice*, 2022:9. Available: https://doi.org/10.1155/2022/1310508. [Accessed 3 June 2022].

Polit, D.F. & Beck, C.T. 2021. Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 10th ed. Philadelphia: Wolters Kluwer.

Poorchangizi, B., Borhani, B., Abbaszadeh, A., Mirzaee, M & Farokhzadian, J. 2019. The importance of professional values from nursing students' perspective. *BMC Nursing*, 18(26):1-7. Available: https://doi.org/10.1186/s12912-019-0351-1. [Accessed 22 August 2022].

Praveena K.R & Sasikumar S. 2021. Application of colaizzi's method of data analysis in phenomenological research. *Medico Legal Update*, 21(2), 914–918. https://doi.org/10.37506/mlu.v21i2.2800. [Accessed 13 July].

Qutoshi, S. 2018. Phenomenology: A philosophy and method of inquiry. *Journal of Education and Educational Development*, 5(1):215. Available: https://doi.org:10.22555/joeed.v5i1.2154. [Accessed 14 July 2020].

Raffi, J., Trivedi, M.K., White, L. & Murase, J.E. 2020. Work–life balance among female dermatologists. *International Journal of Women's Dermatology*, 6(1):13-19. https://doi.org:10.1016/j.ijwd.2019.07.001. [Accessed 19 October 2021].

Rajaguru, V., Oh, J. & Im, M. 2022. Development and evaluation of the course on global health nursing for indian nursing students. *International Journal of Environmental Research and Public Health*, 19(4):1-14. Available: https://doi.org/10.3390/. [Accessed 17 May 2022].

Rambe, P., Modise, D.L. & Chipunza, C. 2018. The combined influence of self-leadership and locus of control on the job performance of engineering workforce in a power generation utility: An empirical perspective. *SA Journal of Human Resource Management,* 16(0):952. Available: https://doi.org/10.4102/sajhrm.v16i0.952. [Accessed 18 April 2021].

Ramphal, R. & Rajcoomar, A. 2019. A Framework for the management of professional Bodies in South Africa. 2019. *The social sciences*, 1 (14): 29 – 38.

Ramukumba, M.M. & Amouri, S.E. 2019. Nurses' perspectives of the nursing documentation audit processes. *Health SA Gesondheid,* 24(0):1121. Available: https://doi.org/10.4102/hsag.v24i0.1121. [Accessed 2 March 2020].

Rasheed, S. P., Sundus, A.,Younas, A., Fahkar, J. & Shahzad, I. 2021. Development and testing of a measure of self-awareness among nurses. *Western Journal of Nursing Research,* 43(1):36-44. Available: https://doi.org:10.1177/0193945920923079. [Accessed 12 February 2022].

Rasheed, S.P., Younas, A. & Sundus, A. 2019. Self-awareness in nursing: A scoping review. *Journal of Clinical Nursing*, (28):762-774. Available: https://doi.org/10.1111/jocn.14708. [Accessed 20 February 2022].

Reed-Berendt, R., Dove, E.S. & Pareek, M. 2022. The ethical implications of big data research in public health: "big data ethics by design" in the UK-REACH study. *Journal of Ethics and Human Research*, 44:2-17. Available: https://doi.org/10.1002/eahr.500111. [Accessed 18 June 2022].

Riley, J.M., Beal, J.A. & Ponte, P.R. 2021. The exemplary practice life of the nurse. *Journal of Professional Nursing*, 37(5): 1018–1025. Available: https://doi.org/10.1016/j.profnurs. 2021.07.003. [Accessed 9 May 2022].

Rodriguez-Pérez, M., Mena-Navarro, F., Domínguez-Pichardo, A. & Teresa-Morales, C. 2022. Current social perception of and value attached to nursing professionals' competences: an integrative review. *International Journal of Environmental Research and Public Health,* 19(3):1817. Available: https://doi.org/10.3390/ ijerph19031817. [Accessed 14 June 2022].

Rogers, B. & Schill, A.L. 2021. Ethics and total worker health: constructs for ethical decision-making and competencies for professional practice. *International Journal of Environmental Research and Public Health*, 18(19):10030. Available: https://doi.org/10.3390/ijerph181910030. [Accessed 1 May 2022].

Rojas, J. & Rivera, L.N. 2022. Concept analysis of interpersonal skills in nursing. *Aquicha*n, 22(1):2213. Available: https://doi.org/10.5294/aqui.2022.2 2.1.3. [Accessed 22 August 2021].

Rusznyak, L. & Bertram, C. 2021. Conceptualising work-integrated learning to support pre-service teachers' pedagogic reasoning. *Journal of Education*, (83): 34-53. Available: https://dx.doi.org/10.17159/2520-9868/i83a02. [Accessed 4 April 2022].

Rutakumwa, R., Mugisha, J. O., Bernays, A. Kabunga, E., Tumwekwase, G., Mbonye, M. & Seeley, J. 2019. Conducting in-depth interviews with and without voice recorders: a comparative analysis. *Qualitative Research,* 20(5). Available: https://doi.org:10.1177/1468794119884806. [Accessed 16 August 2020].

Sakyi, K. A., Musona, D. & Mweshi, G. 2020. Research methods and methodology. *Advances in Social Sciences Research Journal,* 7(3): 296–302. Available: https://doi.org:10.14738/assrj.73.7993. [Accessed 5 June 2021].

Salazar, K. 2020. Contextual inquiry: inspire design by observing and interviewing users in their context. Available: https://www.nngroup.com/. [Accessed 14 April 2021].

Saldana, M., Pimentel, A. & Posada, A. 2019. Occupational health nursing: Competence and experience to achieve the safety, health and well-being of the working population. *Enfermería Clínica (English Edition),* 29(6). https://doi.org:10.1016/j.enfcle.2019.09.005. [Accessed 25 October 2020].

Salicru, S. 2015. The importance of self-leadership. Available: https://community.mbaworld.com. [Accessed 20 May 2018].

Salicru, S. 2018. Ten leadership capabilities for a VUCA world and beyond. *Project: Refreshing leadership development for the 21st century,* 2-6. Available: https://www.researchgate.net/publication/323995232_Ten_Leadership_Capabilities_for_a_VUCA_World_and_Beyond. [Accessed 2 July 2019].

Salifu, D.A., Gross, J., Salifu, M.A. & Ninnoni, J.P. 2019. Experiences and perceptions of the theory-practice gap in nursing in a resource-constrained setting: A qualitative descriptive study. *Nursing Open*, 6(1):72-83. Available: https://doi.org:10.1002/nop2.188. [Accessed 7 June 2020].

SANC. 2013. Competencies: Occupational health nurse specialist. Available: https://www.sanc.co.za/wp-content/uploads/2020/06/SANC-Competencies-Occupational-Health-nurse Specialist.pdf. [Accessed 30 March 2020].

SANC. 2020. Regulations leading to registration as nurse specialist or midwifes. Available: https://www.sanc.co.za/section-2-regulations-by-type-and-name/ [Accessed 28 December 2020].

Sarabipour, S., Hainer, S.J., Arslan, F.N., de Winde, C.M., Furlong, E., Bielczyk, N., Jadavji, N.M., Shah, A.P. et al. 2022. Building and sustaining mentor interactions as a mentee. *FEBS Journal,* 289:1374-1384. Available: https://doi.org/10.1111/febs.15823. [Accessed 9 July 2022].

Schimdt, K.G., Holtermann, A., Jorgensen, M.B., Svendsen, M.J. & Rasmussen, C.J.R. 2021. Developing a practice and evidence-based guideline for occupational health and safety professionals to prevent and handle musculoskeletal pain in workplaces. *Applied*

Ergonomics, 97(11):103520. Available: https://doi.org/10.1016/j.apergo.2021.103520 [Accessed 2 December 2021].

Schlak, A.E., Aiken, L.H., Chittams, J., Poghosyan, L. & McHugh, M. 2021. Leveraging the work environment to minimize the negative impact of nurse burnout on patient outcomes. *International Journal of Environmental Research and Public Health,* 18(2):610. Available: https://doi.org/10.3390/ijerph18020610. [Accessed 3 June 2022].

Scholl, A., Scholl, R. & Mederer, L. 2016. Motivating ethical behaviour. In: *Global Encyclopaedia of Public Administration, Public Policy, and Governance, 1-15.* Available: https://doi.org:10.1007/978-3-319-31816-5_2368-1. [Accessed 1 March 2017].

Schultz, C. 2021. The relationship between self-leadership, the future of human resource management, and work engagement. *SA Journal of Human Resource Management,* 19(12): A1701. https://doi.org/10.4102/sajhrm.v19i0.1701. [Accessed 16 August 2022].

Schweiger, S. & Cress, U. 2019. Attitude confidence and source credibility in information foraging with social tags. *PLoS ONE,* 14(1):0210423. Available: https://doi.org/10.1371/journal. pone.0210423. [Accessed 25 July 2020].

Sedlatschek, C. 2013. Priorities for occupational safety and health research in Europe: 2013-2020. Available: https://osha.europa.eu/en. [Accessed September 2018].

Seidman, I. 2015. *Interviewing as qualitative research: a guide for research in education & the social science*. 4th ed. New York: Teachers College Press. American Association of Colleges of Nursing. 201. Master's essentials and clinical nurse leader competencies. Washington, DC.

Sene-Mir, A. M., Portell, M., Anguera, M. T. & Chacón-Moscoso, S. 2020. Manual material handling training: the effect of self-observation, hetero-observational and intrinsic feedback on workers' knowledge and behaviour. *International journal of environmental research and public health,* 17(21): 8095. Available: https://doi.org/10. 3390/ijerph17218095. [Accessed 8 July 2021].

Senthil, B.A. 2021. Impact of employee wellbeing on organisational performance in workplace. *Wesleyan Journal of Research*, 14 (30):27-38

Shah P, Thornton, I., Turrin, D. & Hipskind, J. E. 2022. *Informed consent*. In: StatPearls, Treasure Island (FL): StatPearls Publishing.

Shaheen, M., Pradhan, S. & Ranajee, R. 2019. Sampling in qualitative research. *Qualitative Techniques for Workplace Data Analysis*, Pp. 25-51. Available: https://doi.org:10.4018/978-1-5225-5366-3.ch002. [Accessed 11 March 2020].

Shahid, S. & Paul, J. 2021. Intrinsic motivation of luxury consumers in an emerging market. *Journal of Retailing and Consumer Services*, 61(1):102531. Available: https://doi.org/10.1016/j.jretconser.2021.102531. [Accessed 9 July 2022].

Shahzad, K., Raja, U. & Hashmi, S.D. 2021. Impact of big five personality traits on authentic leadership. *Leadership & Organisation Development Journal*, 42(2):208-218.

Shatilo, O. 2020. The impact of external and internal factors on strategic management of innovation processes at company level. *Ekonomika,* (98):85-96. 10.15388/Ekon.2019.2.6. Available: https://www.researchgate.net/publication/338516546_The_Impact [Accessed 5 January 2022].

Shcherbak, I., Drozhyk, L., Boichuk, Y., Nizhevska, T. & Prokopenko, I. 2021. Increasing students' motivation for the health-preserving activities. *Romanian Journal for Multidimensional Education,*13(1):247-261. https://doi.org:10.18662/rrem/13.1/371. [Assessed 6 January 2022].

Shek, D.T.L., Ma, C.M.S., Liu, T.T.& Siu, A.M.H. 2015. The role of self-leadership in service leadership. *International Journal on Disability and Human Development*, 14(4):343-350. Available: https://doi.org:10.1515/ijdhd-2015-0455. [Accessed 12 June 2018].

Shorey, S. & Ng, E. 2022. Examining characteristics of descriptive phenomenological nursing studies: A scoping review. *Journal of Advanced Nursing.* 78 (1):1968-1979. Available: https://doi:10.1111/jan.15244. [Accessed 9 July 2022].

Shung-King, M., Gilson, L., Mbachu, C., Molyneux, S., Muraya, K.W., Uguru, N. & Govender, V. 2018. Leadership experiences and practices of South African health managers: what is the influence of gender? A qualitative, exploratory study. *International Journal for Equity in Health*, 17(1):148. Available: https://doi.org:10.1186/s12939-018-0859-0. [Accessed 18 June 2020].

Siegmund, L.A. 2020. Social media in occupational health nursing: helpful or harmful? *Workplace Health and Safety*, 68(9):408-414. Available: https://doi.org:10.1177/ 2165 079920935779. [Accessed 12 January 2021].

Siklander, P. & Impiö, N. 2019 Common features of expertise in working life: implications for higher education. *Journal of Further and Higher Education*, 43(9):1239-1254. Available: https://doi.org:10.1080/0309877x.2018.1471126. [Accessed 2 November 2020].

Sileyew, K.J. 2019. *Research design and methodology.* In: E. Abu-Taieh, A.E. Mouatasim, I.H. A. Hadid (eds.), Cyberspace, *IntechOpen*, London. Available: https://doi.org:10.5772/intechopen.8573. [Accessed 21 October 2020].

Sim, J. & Waterfield, J. 2019. Focus group methodology: some ethical challenges. *Qualitative, Quantitative, 53*: 3003-3022. Available: https://doi.org/10.1007/s11135-019-00914-5. [Accessed 20 December 2020].

Simons, G. & Baldwin, D.S. 2021. A critical review of the definition of 'wellbeing' for doctors and their patients in a post-Covid-19 era. *International Journal of Social Psychiatry*, 67(8):984-991. Available: https://doi.org:10.1177/00207640211032259. [Accessed 17 August 2022].

Simplelearn, 2021. Performance reporting in the project management. Available: https://www.simplilearn.com/performance-reporting-article [Accessed 26 July 2021].

Singh, A. 2021. An introduction to experimental and exploratory research. Available: http://dx.doi.org/10.2139/ssrn.3789360. [Accessed 16 June 2022].

Sinha, R., Chiu, C. & Sirinivas, S.B. 2021. Shared leadership and relationship conflict in teams: The moderating role of team power base diversity. *Journal of Organisational Behaviour*, 42:649–667. Available: https://doi.org/10.1002/job.2515. [Accessed 1 February 2022].

Sjoblom, K., Juutinen, S., Mäkikangas, A. 2022. The importance of self-leadership strategies and psychological safety for well-being in the context of enforced remote work. *Challenges*, 13 (14):1-16. Available: https://doi.org/10.3390/challe13010014. [Accessed 20 July 2022].

Slambi, J.K. 2021. The effect of self-leadership competencies on the perceived ability of school leaders to cope with Covid-19 pandemic crisis challenges in Jeddah schools, Saudi Arabia. Research & Reviews: *Journal of Educational Studies*, 7(1):1.

Smith, J.A, Flowers, P. & Larkin, M. 2021. *Interpretative phenomenological analysis: theory, method and research*. United Kingdom: SAGE.

South African Nursing Council, 2005. Nursing act regulations: scope of practice for nurses and midwifes. Available: www.sanc.co.za. [Accessed 16 April 2018].

South African Nursing Council. 2021. SANC News December 2021 (5):6. Available: https://www.sanc.co.za/wp-content/uploads/2021/12/SANC-News-DECEMBER-2021.pdf. [Accessed 9 March 2022].

South African Society of Occupational Health Nursing Practitioners. 2003. History of SASOHN. Available: https://www.sasohn.co.za/about/. [Accessed 20 March 2021].

Spencer, S., Bianchi, A. & Buckner, E. 2018. Association development and professional transformation model for nurse leaders. *Journal of Nursing Management*, 26(8):1100-1107. Available: https://doi.org:10.1111/jonm.12642. [Accessed 23 September 2020].

Speziale, H.J. & Carpenter, D.R. 2007. *Qualitative research in nursing: advancing the humanistic imperative*. 4th Edition, Lippincott, Williams and Wilkins, Philadelphia.

Stacey, N., Mirelman, A., Kreif, N., Suhrcke, M., Hofman, K. & Edoka, I. 2021. Facility standards and the quality of public sector primary care: Evidence from South Africa's "Ideal Clinics" program. *Health Economics,* 30(7):1543-1558. Available: https://doi.org:10.1002/hec.4228. [Accessed 12 May 2020].

Stahl, N.R. & King, J.R. 2020. Expanding approaches for research: understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1):26-28. Available: https://files.eric.ed.gov/fulltext/EJ1320570.pdf. [Accessed 23 March 2021].

Stenfors, T., Kajamaa, A. & Bennett, D. 2020. How to assess the quality of qualitative research. *The Clinical Teacher*, 17:596-599. Available: https://doi.org/10.1111/tct.13242. [Accessed 12 August 2021].

Stucky, C., Wymer, J. & House, S. 2022. Nurse leaders: transforming interprofessional relationships to bridge healthcare quality and safety. *Nurse Leader*, 1-6. Available: https://doi.org:10.1016/j.mnl.2021.12.003. [Accessed 1 May 2022].

Sugden, N. & King, N. 2019. A descriptive phenomenological analysis of the experience of blood donation as a regular donor. *Journal of Health Psychology*, 26, (11):1821-1832. Available: https://doi.org/10.1111/tct.13242. [12 February 2020].

Suleiman A.M. 2017. Occupational Safety and Health professionals' work ability concept perception, and comprehension of regulations. Work (Reading, Mass.). 56(3):483-490. Available: https://doi.org/10.3233/WOR-172514. [Accessed 9 September 2018].

Sundler, A.J., Lindberg, E., Nilsson, C. & Palmér, L. 2019. Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open,* (6):733-739. Available: https://doi.org/10.1002/nop2.275. [Accessed 12 January 2020].

Sunzi, K., Lei, C., Pan, J. & Ju, M. 2020. Professional commitment and career maturity of full-time nursing postgraduates in China: a cross-sectional study. 3-8.

Taherdoost, H. 2022. How to conduct an effective interview: a guide to interview design in research study. *International Journal of Academic Research in* Management, 10, (1):39 – 51.

Tajir, G. 2018. Ethical treatment of participants in public health research. *Journal of Public Health and Emergency*, 2(1):1-11. Available: https://jphe.amegroups.com/article/view/4312. [Accessed 7 August 2022].

Tao, Y., He, J., Wang, Y. & Ke. 2021. Strategic leadership: a bibliometric analysis on current status and emerging trends. *International Journal of Organisational Leadership*. 439-458. Available: https://www.news-medical.net/health/What-is-the-Role-of-Regulatory-Bodies-in-Healthcare.aspx. [Accessed 19 May 2022].

Taylor, S. J., Bogdan, R. & Devault, M. 2016. *Introduction to qualitative research methods: a guidebook and resource*, 4th ed. Hoboken, New Jersey: Wiley.

Thakur, H. 2021. *Research design. research methodology in social sciences (a short manual)*. Corvette. 175. Available: https://www.researchgate.net/publication/. [Accessed 1 September 2021].

The Importance of Nursing Advocacy. 2021. Available: https://learnonline.eiu.edu/articles/rnbsn/importance-of-nursing-advocacy.aspx. [Accessed 28 July 2021].

Theofanidis, D. & Fountouki, A. 2019. Limitations and delimitations. In: The Research Process. *Perioperative nursing (GORNA),* 7(3):155–162. Available: http://doi.org/10.5281/zenodo.2552022. [Accessed 5 July 2021].

Thomas, L. 2021 What is the role of regulatory bodies in healthcare? *News Medical Life Sciences.* Available: https://www.news-medical.net/health/What-is-the-Role-of-Regulatory-Bodies-in-Healthcare.aspx . [Accessed 13 March 2022].

Thomas, O.O. & Lawal, O.R. 2020. Exploratory research design in management sciences: an x-ray of literature. *Annals of the 'Dunărea de Jos' University of Galati. Fascicula I, Economics and applied informatics*, 26(2):79-84.

Tinoco-Giraldo, H., Torrecilla Sánchez, E.M. & García-Peñalvo, F.J. 2020. E-Mentoring in higher education: a structured literature review and implications for future research. *Sustainability*, 12(11):4344. Available: https://doi.org:10.3390/su12114344. [Accessed 3 May 2021].

Tolley, E.E., Ulin, P. R., Mack, N., Robinson, E.T. & Succop, S, M .2016. Qualitative methods in public health: a field guide for applied research. 2nd ed. San Francisco, CA: Jossey-Bass & Pfeiffer Imprints, Wiley. Leadership Capability through Personal Insight and Leadership Identity.

Tomaszewski, L.E., Zarestky, J. & Gonzalez, E. 2020. Planning qualitative research: design and decision-making for new researchers. *International Journal of Qualitative Methods,* 19:1-7. Available: https://doi.org:10.1177/1609406920967174. [Accessed 13 November2021].

Toney-Butler, T.J. & Thayer, J.M. 2020. *Nursing process*. Treasure Island. 1-8: StatPearls Publishing.

Torre, G., D'Andreano, F., Lecce, G., Di Muzio, M., Chiarini, M. & Pulimeno, A. 2020. The Occupational Health nurse and his/her role in the prevention of work-related diseases: results of an observational study. *Annals of Hygiene: Preventive and Community Medicine*, 32(1):3-15. Available: https://doi.org:10.7416/ai.2020.2325. [Accessed 3 May 2021].

Tsai, P.S. 2021. The varied and multifaceted professional roles of today's nurses. *The Journal of Nursing Research*, 29(3):147. Available: https://doi.org/10.1097/jnr.0000000000000438. [Accessed 30 June 2022].

Turner, P. 2019. *Leadership in healthcare: delivering organisational transformation and operational excellence.* Cham, Switzerland: Palgrave Macmillan.

Umanailo, Chairul Basrun, M. 2019. *Overview phenomenological research*. Available: https://doi.org:10.31222/osf.io/4t2fv. [Accessed 15 May 2021].

United Nations. 2015. #Envision2030: 17 goals to transform the world for persons with disabilities. *Department of Economic and Social Affairs Disability*. Available: https://www.un.org/development/desa/disabilities/envision2030.html. [Accessed 3 September 2021].

Usman, E. & Maya, I. 2019. Self-leadership strategies as the predictor of self-esteem and life satisfaction in university students. *International Journal of Progressive Education*,15(2):78-90. Available: https://doi.org:10.29329/ijpe.2019.189.6. [Accessed 8 May 2020].

Vainieri, M., Ferrè. F, Giacomelli. G & Nuti, S. 2019. Explaining performance in healthcare: How and when top management competencies make the difference. *Healthcare Management Review,* 44 (4): 306-317.Available: https://doi.org:10.1097/HMR.0000000000000164. [Accessed 22 August 2021].

Van der Nest, D.P & Erasmus, L.J. 2017. The reporting of performance information by South African national government departments: An adequacy analysis. Available https://www.elsevier.es/es-revista-tekhne-review-applied-management-350-articulo-the-reporting-performance-information-by-S1645991113000200. [Accessed 22 July 2018].

Van Dijk, F. & Caraballo-Arias, Y. 2021. Where to find evidence-based information on occupational safety and health? *Annals of Global Health*, 87(1):6. Available: http://doi.org/10.5334/aogh.3131. [Accessed 10 May 2022].

Van Dorssen-Boog, P., de Jong, J., Veld M. & Van Vuuren, T. 2020. Self-leadership among healthcare workers: a mediator for the effects of job autonomy on work engagement and health. *Frontiers in Psychology*, (11): 1420. Available:

https://www.frontiersin.org/article/10.3389/fpsyg.2020.01420. [Accessed 10 January 2021].

Van Woerkom, M. & Meyers, M.C. 2019. Strengthening personal growth: The effects of a strength's intervention on personal growth initiative. *Journal of Occupational and Organisational Psychology*, 92:98-121. Available: https://doi.org/10.1111/joop.12240. [Accessed 22 July 2021].

Van Zyl, E. 2015. The role of self-leadership in becoming an ethical leader in the South African work context. *African Journal of Business Ethics*, 8(2). Available: https://doi.org:10.15249/8-2-82. [Accessed 12 May 2019].

Van Zyl, E. Mokuoane, M. & Nel, P. 2017. The effect of work stress and emotional intelligence on self-leadership among nurses in leadership positions in the Lesotho ministry of health and social welfare. *Africa Journal of Nursing and Midwifery*, 19(1):88-100.

Varkey, B. 2021. Principles of clinical ethics and their application to practice. *Journal of Medical Principles and Practice,* 30:17-28. Available: https://doi.org:10.1159/000509119 [Accessed 20 May 2022].

Varma, C. 2018. Importance of employee motivation & job satisfaction for organisational performance. *International Journal of Social Science & Interdisciplinary Research,* 6(2):10-20). Available: http://www.indianresearchjournals.com. [Accessed 19 May 2019].

Varma, P., Junge, M., Meaklim, H. & Jackson, M.L. 2021. Younger people are more vulnerable to stress, anxiety and depression during Covid-19 pandemic: A global cross-sectional survey. *Progress in neuro-psychopharmacology & biological psychiatry*, 109:110236. Available: https://doi.org/10.1016/j.pnpbp.2020.110236. [Accessed 20 December 2021].

Vasileiou, K., Barnett, J., Thorpe, S. & Young, E. 2018. Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18,148, 2018. Available: https://doi.org/10.1186/s12874-018-0594-7. [Accessed 13 July 2021].

Vatn, L. & Dahl, B.M. 2022. Interprofessional collaboration between nurses and doctors for treating patients in surgical wards. *Journal of Interprofessional Care*, 36 (2):186-194. Available: https://doi.org:10.1080/13561820.2021.1890703. [Accessed 17 May 2022].

Viera, A.J., Kramer, R.& Springerlink. 2020. Management and leadership skills for medical faculty and healthcare executives: a practical handbook. Cham: *Springer International Publishing*, Imprint Springer.

Vision 2030. 2015. Sustainable Development Goals. Available: https://www.za.undp.org/content/SouthAfrica/en/sustainable-development-goals.html. [Accessed 18 August 2018].

Waller, V., Farquharson, K & Dempsey, D. 2016. Qualitative Social Research. London: SAGE.

Wang, L., Liang, L., Liu, Z., Yuan, K., Ju, J. & Bian, Y. 2021. The developmental process of peer support networks: the role of friendship. *Frontiers in Psychology,* 12:64. Available: https://www.frontiersin.org/article/10.3389/fpsyg.2021.61514. [Accessed 12 February 2022].

Wang, Y., Gao, H., Sun, C., Liu, J. & Fan, X. 2021. Academic procrastination in college students: the role of self-leadership, personality and individual differences. 178:110866. Available: https://doi.org/10.1016/j.paid.2021.110866. [Accessed 9 July 2022].

Watkins, J.O, Goudge, J., Gómez-Olivé, F.X. & Griffiths, F. 2018. Mobile phone use among patients and health workers to enhance primary healthcare: A qualitative study in rural South Africa. *Journal of Social Science and Medicine*, 198:139-147. Available: https://doi.org:10.1016/j.socscimed.2018.01.011. [Accessed 1 June 2020].

Weatherford, J. & Maitra, D. 2019. How online students approach bracketing: a survey research study. *Journal of Educational Research*: *Theory and Practice*, 30(2): 91-102.

Weinbaum, C., Landree, E., Blumenthal, M.S., Piquado,T. & Gutierrez,C.I. 2019. *Ethics in scientific research: an examination of ethical principles and emerging topics.* 1-101. Santa Monica, Ca: Rand.

Weston M.J. 2022. Strategic planning for a very different nursing workforce. *Nurse Lead*, 20(2):152-160. Available: https://doi.org:10.1016/j.mnl.2021.12.021. [Accessed 26 July 2022].

White, M.G. 2020. Why human subjects research protection is important. *The Ochsner Journal,* 20(1):16-33. Available: https://doi.org/10.31486/toj.20.5012. [Accessed 15 May 2021].

WHO-EUR/01/5025463. 2001. The role of the occupational health nurse in work-place health management. Available: https://www.who.int/occupational_health/regions/en/oeheurnursing.pdf. [Accessed 20 May 2021].

WHO-UNICEF. 1978. Alma Mata declaration on primary healthcare. Available: https://www.who.int/health-topics/primary-health-care#tab=tab_1. [Accessed 15 December 2018].

Williams-McBean, C. T. 2019. The value of a qualitative pilot study in a multi-phase mixed methods research. *The Qualitative Report*, 24(5), 1055-1064. Available: https://doi.org:10.46743/2160-3715/2019.3833. [Accessed 8 June 2020].

Wills, N., Wilson, B., Woodcock, E, Abraham, S. & Gillum, D. 2018. Appearance of nurses and perceived professionalism. *International Journal of Studies in Nursing*, 3(3): 30-40. https://doi.org:10.20849/ijsn.v3i3.466.

Woiceshyn, J. & Daellenbach, U. 2018. Evaluating inductive versus deductive research in management studies: implications for authors, editors, and reviewers. *International Journal of Qualitative Research in Organisations and Management*,13(1):00-00. Available: https://doi.org:10.1108/QROM-06-2017-1538. [Accessed 11 July 2020].

Woodfield, K. 2017. *The ethics of online research*. 1st ed. United Kingdom: Emerald Publishing Limited.

Worker health surveillance in occupational and environmental health. 2020. *SAGE Journals*, 69:3 Available: https://journals.sagepub.com/doi/10.1177/2165079920967810. [Accessed 26 January 2022].

World Health Organisation. 1948. Preamble to the constitution of WHO as adopted by the International Health Conference. Available: http://whqlibdoc.who.int/hist/ official_ records/constitution.pdf. [Accessed 3 February 2020].

World Health Organisation. 2011. Connecting health and labour. What role for occupational health in primary healthcare? Geneva. Available: http://www.who.int/occupational_health/publications/hague_executive_summary/en/index.html. [Accessed 2 Nov 2021].

World Health Organisation. 2016. Global strategic directions for strengthening nursing and midwifery 2016-2020. Available: https://www.who.int/hrh/nursing_midwifery/global-strategic-midwifery2016-2020.pdf. [Accessed 5 January 2020].

World Population View. 2021. *Cape Town population 2021*. Available https://worldpopulationreview.com/. [Accessed 13 May 2022].

Xu F., Ma, L. & Wang Y., Yu, J., Li, D., Zhou, G., Xu, Y., Zhang, Z. & Cao, Y. 2021: Effects of an innovative training program for new graduate registered nurses: a comparison study. *SAGE Open*. Available: https://doi.org:10.1177/2158244020988542. [Accessed 30 February 2022].

Xu, A., Baysari, M.T., Stocker, S.L. Leouw, L.J., day, R.O. & Carland, J.E. 2020. Researchers' views on, and experiences with, the requirement to obtain informed consent in research involving human participants: a qualitative study. *BMC Medical Ethics*, 21:93. Available: https://doi.org/10.1186/s12910-020-00538-7. [Accessed 13 June 2021].

Yanar, B., Amick B.C., Lambraki, I. & D' Elia, T. 2019. How are leaders using benchmarking information in occupational health and safety decision-making? *Safety Science*, 116245-253.

Yolcu, O. & Akar-Vural, R. 2021. An examination of instructional autonomy practices of science teachers. *International Journal of Educational Methodology*, 7(1):79-94. Available: https://doi.org/10.12973/ijem.7.1.79. [Accessed 19 May 2022].

Younas, A., Rasheed, P.S., Sundus, A. & Inayat, S. 2020. Nurses' perspectives of self-awareness in nursing practice: A descriptive qualitative study. *Journal of Nursing & Health Sciences*, 22(1):398-405. Available: https://doi.org:10.1111/nhs.12671. [Accessed 4 March 2021].

Zajac, S., Woods, A., Tannenbaum, S., Salas, E. & Holladay, C.L. 2021. Overcoming challenges to teamwork in healthcare: a team effectiveness framework and evidence-

based guidance. *Front Commun*, 6:1. Available: https://doi.org:10.3389/fcomm. 2021.606445. [Accessed 17 May 2022].

Zhang, D. & Tullis, J.G. 2021. Personal reminders: Self-generated reminders boost memory more than normatively related ones. *Journal of Memory and Cognition*, 49(4):645-659. https://doi.org/10.3758/s13421-020-01120-7. [Accessed 12 March 2022].

Zhang, H. & Xu, H. 2021. Improving internal branding outcomes through employees' self-leadership. *Journal of Hospitality and Tourism Management*, 46:257–266.

Zukauskas, P., Veinhardt, J. & Andriukaitienė, R. 2018a. Philosophy and paradigm of scientific research. *Open access peer-reviewed chapter*. Available: https://doi.org:10. 5772/intechopen.70628. [Accessed 14 July 2022].

Zukauskas, P., Vveinhardt, J. & Andriukaitiene, R. 2018b. Research ethics. *Management Culture and Corporate Social Responsibility*, 142-154. Available: https://doi.org:10.5772/intechopen.70629. [Accessed 24 May 2020].

Zwane, Z. & Mtshali, N. 2019. Positioning public nursing colleges in South African higher education: Stakeholders' perspectives. *Curationi*s, 42(1):1-11.

ANNEXURE A: CONSENT FORM FOR INTERVIEWS

A. Consent Form for Interviews – Professional Nurses

You are to participate in an individual interview for a research study on Self-leadership of Occupational Health nurses working in the private industries in Western Cape, South Africa. You are required to participate but may opt out of the study at any given time. Please read this form carefully and contact me with any questions you may have before agreeing to take part in the study.

The researcher will conduct interviews with English speaking professional nurses to gain a better understanding of their self-leadership behaviour in industrial settings in Cape Town.

There will be no compensation for this study. Your answers will be confidential. The researcher will keep records of this study private. In the final research report, the researcher will not include any information that will make it possible for anyone to identify you and will codify your name to ensure confidentiality.

Taking part in this study is voluntary. You may skip any questions that you do not wish to answer. If you decide not to take part in the study or to skip some of the questions, it will not affect the researcher current or future relationship with you or with the Cape Peninsula University of Technology. If you do decide to take part, you are free to opt out at any time.

The researcher conducting this study is Irene E. Okudoh. If you have questions, concern, or complaints at any time, you may contact Irene Okudoh on I.okudoh@gmail.com or on her cell number: 0728830473. You can also contact her supervisor: Prof. K. Jooste, Cape Peninsula University of Technology, P.O. Box 1906, Bellville, 7535; Tel: 021 (9592271), email kjooste@gmail.ac.za.

The researcher will give you a copy of this form to keep for your records.

Statement of consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Participant's Name printed:

Signature_____Date_____

I further agree that the interview will be voice recorded

Participant's signature _____Date_____

I further agree that the researcher may take field notes during the interview

Participant's signature _____Date_____

ANNEXURE B. INTERVIEW SCHEDULE

Interview Questions for Professional Nurses (45 – 90 minutes needed)

- How is it for you to be an occupational health nurse leader?

- How do you as an occupational health nurse experience your self-leadership behaviour in your Industrial working Environment?

- What guidelines are needed for nurses in the industrial settings towards self-leadership behaviour in their industrial work?

- Tell me more…

- What do you mean?

P.O. Box 1906

Bellville, 7535

Website: www.cput.ac.za

Email address: i.okudoh@gmail.com

PARTICIPANTS' INFORMATION SHEET

Project Title: Self-leadership behaviour of Occupational Health Nurses in Industrial Work Environments in Cape Town

Dear Participant,

Introduction

My name is Irene Okudoh, and I am a registered Master's student in Nursing Science at the Cape Peninsula University of Technology. My supervisors are Prof. K Jooste and Ms N Sineke. I would like to ask you to give me an opportunity to explain my research project to you and to ask you to kindly participate in an individual interview. Please note that you can stop me during the interview at any time and ask any questions you may have regarding the research.

Purpose of the research study

Self-leadership enables nurses to influence themselves, it is a comprehensive process of self-influencing involving specific behavioural and cognitive strategies. Self-leadership is also the ability to produce the best possible reactions in individuals in any circumstances.

The purpose of this study is to explore and describe how occupational health nurses experience their self-leadership behaviour in their industrial work environment in Cape Town.

Description of study procedures

In this research study, I will conduct individual semi-structured interviews in a quiet private room at different private industries. I will conduct and pre-arranged interview with you as follows:

• With every participant as agreed upon at a specific date and time. The research interview will require at least 45 minutes of your time. I will tape-record the interview with your permission. This process me will enable me to analyse your responses in order to gain insight upon the research topic. It will also enable me to listen to the recorded interview more than once. The data obtained from the recording will be shared only with my supervisor, Prof. K. Jooste, and an independent coder. Notes will also be taken during the interview in order for me to reflect and identify gaps that might need to be explored in a follow-up interview. The interview schedule will include questions such as:

• What are the experiences of occupational health nurses on their self-leadership behaviour in industrial work environments in Cape Town?

• Can a professional nurse in the industrial setting be guided towards self-leadership behaviour in the industrial work environment in Cape Town?

Risks or discomfort

If you decide to participate in this study, the chance of your feeling emotional will be minimal. The study departs from a more positive approach with regard to your experience self-leadership within your work industry or issues that seem like barriers to you in achieving your goals. In the event of any unforeseen circumstance, the interview will not be continued. The researcher will pre-arrange for a psychologist to be readily available to offer assistance if needed.

Benefits to the participant or others

The outcome of the study may help to guidance for occupational health nurses in industrial settings and other sectors in terms of how they can achieve self-leadership.

Privacy and Confidentiality

All information relating to you as a participant will remain strictly confidential. Interviews will be conducted in a private room. The researcher will not record your name anywhere during the interview, sessions (instead you will be allocated a number e.g. P1) on the informed consent form, and the audio recording will not be linked to your name. The information from your interview will be accessible only to myself (the researcher), my supervisor and the independent coder. Your

information will be kept in a locked office for five years after the report has been published.

Conditions of participation

Please understand that taking part in this study is voluntary and no one will force you to participate. The decision to participate is entirely up to you. However, I would appreciate it if you would agree to share your views with me. If you decide not to participate in this study, you will not be affected in any way. You also are free to withdraw from the study at any time even after you have agreed to participate in it.

Expenses

You will not pay anything, and you will not receive any payment for participating in this research study. The researcher is self-funding this research study.

Contact details

This research is being conducted by Irene Okudoh, a professional nurse and a registered Master's student in the Department of Nursing Science at the Cape Peninsula University of Technology.

For any queries concerning this research study please contact:

Researcher: Irene Okudoh

Professional Nurse

Department of Nursing Science

Faculty of Health and Wellness

Cape Peninsula

Cell: 0728830473

Email address: i.okudoh@gmail.com

For any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Research Supervisor/Head of Department of Nursing Science, in the Faculty of Health and Wellness Sciences

Prof. K. Jooste

Cape Peninsula University of Technology

P O Box 1906, Bellville, 7535

Telephone :(021) 959 2271

Email: joosteka@cput.ac.za

Research Co-Supervisor/Senior Lecture Post Basic Nursing

Ms N Sineke:

Cape Peninsula University of Technology

P O Box 1906, Bellville, 7535

Telephone: (021) 9596911

Email: sineken@cput.ac.za

Cape Peninsula
University of Technology

HEALTH AND WELLNESS SCIENCES RESEARCH ETHICS COMMITTEE (HW-REC)

Registration Number NHREC: REC- 230408-014

P.O. Box 1906 • Bellville 7535 South Africa

Symphony Road Bellville 7535

Tel: +27 21 959 6917

Email: sethn@cput.ac.za

28 January 2019

Dear Ms Irene Okudoh

Re: APPLICATION TO THE HW-REC FOR ETHICS CLEARANCE

Approval was granted by the Health and Wellness Sciences-REC on 15 November 2018 to Ms Okudoh for ethical clearance. This approval is for research activities related to student research in the Department of Nursing Sciences.

TITLE: The experiences of occupational health nurses on their self-leadership behaviour in an industrial work environment in Cape Town

Supervisors: Prof. K Jooste and Ms N Sineke

 Comment:

Approval will not extend beyond 29 January 2020. An extension should be applied for 6 weeks before this expiry date should data collection and use/analysis of data, information and/or samples for this study continue beyond this date.

The investigator(s) should understand the ethical conditions under which they are authorized to carry out this study and they should be compliant to these conditions. It is required that the investigator(s) complete an **annual progress report** that

should be submitted to the HWS-REC in December of that particular year, for the HWS-REC to be kept informed of the progress and of any problems you may have encountered.

Kind Regards,

Dr. Navindhra Naidoo

Chairperson – Research Ethics Committee Faculty of Health and Wellness Sciences

HEALTH AND WELLNESS SCIENCES RESEARCH ETHICS COMMITTEE (HWS-REC)

Registration Number NHREC: REC- 230408-014

P.O. Box 1906 • Bellville 7535 South Africa

Symphony Road Bellville 7535

Tel: +27 21 959 6917

Email: sethn@cput.ac.za

06 March 2020

REC Approval Reference No:

CPUT/HW-REC 2019/H5 (renewal)

_____

Faculty of Health and Wellness Sciences – Nursing Sciences

Dear Ms Irene Okudoh,

Re: APPLICATION TO THE HWS-REC FOR ETHICS RENEWAL

Approval was granted by the Health and Wellness Sciences-REC on 15 November 2018 to Ms Okudoh for ethical clearance. This approval is for research activities related to student research in the Department of Nursing Sciences.

TITLE: The experiences of occupational health nurses on their self-leadership behaviour in an industrial work environment in Cape Town
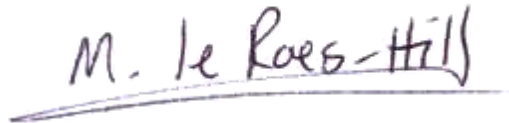
Supervisors: Prof. K Jooste and Ms N Sineke

Comment:

Approval will not extend beyond 29 January 2021. An extension should be applied for 6 weeks before this expiry date should data collection and use/analysis of data, information and/or samples for this study continue beyond this date.

The investigator(s) should understand the ethical conditions under which they are authorized to carry out this study and they should be compliant to these conditions. It is required that the investigator(s) complete an **annual progress report** that should be submitted to the HWS-REC in December of that particular year, for the HWS-REC to be kept informed of the progress and of any problems you may have encountered.

Kind Regards,

Dr Marilize Le Roes-Hill

Deputy Chairperson – Research Ethics Committee

Faculty of Health and Wellness Sciences

ANNEXURE E: CONFIRMATION OF EDITING

21 October 2022
Pretoria, South Africa

To whom it may concern,

I hereby confirm that I undertook the language editing for the thesis:

The lived experiences of occupational health nurses on their self-leadership behaviour in an industrial work environment in Cape Town

by **Irene E. Okudoh**

The work was well written overall.

Cillié Swart BA (Harvard) MBA (Kuehne)
+27 (0)73 612 0278
pjcswart@transkaroo.net