Promoting self-awareness in nurses to improve nursing practice


**Summary**

This article explores the concept of self-awareness and describes how it can be beneficial to nurses on a personal and professional level. Practical tools such as the Johari Window are presented to assist the reader in this process. The authors discuss portfolio development, which provides the opportunity to document personal and professional growth.

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**Aims and intended learning outcomes**

The aim of this article is to increase the reader’s understanding of the concept of self-awareness and to explore its use and development in contemporary nursing practice.

After reading this article you should be able to:

- Discuss how self-awareness could be developed as part of ongoing learning, for example, through portfolio development.

**Introduction**

‘Caring, the basis of good nursing, depends on you knowing more about who you are. Why? Because we cannot help other people until we are a bit clearer about ourselves’ (Burnard 1992). This quotation suggests the importance of self-awareness in caring work and the need for nurses to explore the ‘self’. Self-awareness is not a new term in nursing literature, it has been acknowledged for many years (Burnard 1986, Rawlinson 1990). Becoming self-aware is a conscious process in which we consider our ‘understanding of ourselves’ (Rawlinson 1990). It is only when we know ourselves that we can be aware of what we will and will not accept from others in our lives – it helps us to relate to other people.

Being self-aware enables us to identify our strengths and also those areas that can be developed. If we do not know our good and bad points then we are less likely to be able to help others (Burnard 1992). Nurses can use the self to therapeutic effect when working with patients, for example, when empathising or advocating.

Rungapadiachy (1999) suggests that becoming self-aware is compulsory in the caring professions and that it comprises three interrelated aspects: cognitive, affective and behavioural. Put simply, these aspects can be described as thinking, feeling and acting. For example, feelings about something could influence actions taken; feelings of discomfort when dealing with patients who are dying, could lead the nurse to avoid contact with this patient group and their carers.
At times, emotions may take over and we can feel as though we are being swept away. Goleman (1995) suggests the self-aware person is able to manage his or her feelings and emotions and stay in charge, rather than be overwhelmed by them. Menzies (1970) describes the way that nurses attempt to manage the stress and emotion that often accompanies caring by detachment and compartmentalising patient care, so that they maintain control rather than becoming emotionally unable to cope. That is not to say that, as nurses, we should not feel any emotion at all. However, knowledge of how certain situations can make us feel affords us the opportunity to plan ahead and prepare. Therefore, rather than avoid dying patients, the nurse should develop appropriate coping skills when supporting the patient and his or her family.

Discovery of the self is an ongoing, continuous process which, at times, can be painful as hidden aspects are slowly uncovered. When confronted with difficult situations in the working environment, we are expected to behave professionally, although feelings of vulnerability and uncertainty may challenge our perceived abilities. Being more self-aware can help us to cope in such circumstances, helping us to respect our anxieties and concerns and prompting questions about how these could be overcome.

Self-awareness can help us present ourselves more appropriately in the therapeutic relationship (Sundeen et al 1998). It involves recognising what we know, what skills we employ and what limitations affect our ability to intervene. It can also enable us to present ourselves as knowledgeable, expert in some areas and as still learning but supportive in others. It is necessary to question the effect we have on others in the caring environment (Hoffman 2001). Certainly, the self can be used therapeutically to develop the patient’s trust and to promote a sense of wellbeing (McCabe 2000). By increasing our self-awareness, we can be more effective in our personal and professional lives.

Communication and caring

Communication skills are essential in the caring relationship and are an important aspect of nurse education (Nursing and Midwifery Council (NMC) 2005). The need for effective skills is emphasised by the Department of Health (DH) (2006) in its proposals for reform. The four main goals set out focus on: preventing ill health, promoting more patient choice, reducing inequalities and supporting patients with long-term needs. The aims will not be realised without effective communication skills, which enable us to gather and give information, explain intentions and actions and use ourselves in a therapeutic manner. The ability to do this may be enhanced by a greater level of self-awareness (Rowe 1999).

Generally, communication begins with non-verbal cues and the tone of the voice or inflection used can be more influential than the words spoken. If we are unaware of our body language by, for example, presenting a closed posture, or not making eye contact, this could have a negative impact or change the message received by the patient. Ways of overcoming this can be learned, and conscious recognition of how our initial presentation will affect the ongoing communication should be considered. Conscious integration of theories, such as that described by Egan (1998), could influence the communication process in a more therapeutic way. At first, integration of theory into communication may seem false – almost like acting; however, as with all skills, the more these are practised the more accomplished we become.

Egan (1998) uses the acronym SOLER to describe the body language that could be consciously considered (Box 1).

Application of Egan’s model can help us to look attentive and take in what a patient is saying. This can encourage patients to disclose issues that they may normally find difficult to discuss. Patients seek to trust nurses as professionals and are sensitive to cues they receive through the tone of voice and other paralinguistic behaviour.
However, there may be times when we are allowing our own thoughts and feelings to interfere with our understanding of what the patient is saying (Rungapadiachy 1999).

If we are going to gain a deep understanding of what a patient is telling us then we need to listen to what they are saying and observe how they are saying it and what body language is being used. Morrison and Burnard (1997) suggest that there are three levels of listening. These range from the superficial – when we are not fully listening and may have other things on our mind – to the deepest level – when we truly feel that we can fully acknowledge the patient’s position. They refer to this as ‘resonance’.

It can sometimes be easier to act as if you are busy rather than engage with a patient in a conversation. This is a natural way to behave and is used as a form of defence against the potential strain of nursing work (Menzies 1970). As nurses it is not easy to predict what the patient wants to discuss, and the conversation may stray into territory with which we feel uncomfortable. It is not surprising that we may find it difficult to deal with patients’ feelings and block communication when they start to share their feelings with us (Booth et al 1996). If we do not know our own self, we are more likely to feel vulnerable when patients express themselves (Jourard 1971). Therefore, by developing skills of self-awareness, we may be able to respond in a more appropriate way, thus helping the patient and saving personal feelings of embarrassment.

Heron’s (1990) six category intervention analysis is a useful framework for examining our perceptions about how we communicate with patients (Box 2).

An examination of nurses’ interpersonal skills was undertaken by Burnard and Morrison (2005). The authors found that nurses felt less skilled in facilitative interventions and more skilled in authoritative ones, although there were some exceptions.

**Time out 3**

Reflect on two to three conversations that you have had with patients recently. Were you aware of how attentively you were listening to what was being said? Were you listening on a superficial or deeper level? Do you think that your listening style may have put the patient off opening up more fully to you? Were you engaging with the patient and reflecting their emotions or concerns, that is, listening at a deeper level?

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**Development of self**

What has been described is the way in which self-awareness can be beneficial when caring for and communicating with patients. However, the development of self-awareness is also important for our own wellbeing (Freshwater 2002). Being more self-aware helps us to take control of situations and become less of a victim. Burnard (1992) describes this as becoming less ‘acted upon’. Becoming more aware of our environment and what may cause us anxiety enables us to plan ahead and organise our lives to prevent situations getting out of control.

For example, the thought of giving a presentation to a group of people may invoke fear and anxiety that can be so profound that the presenter is unable to speak and becomes disabled. Of course, by merely being aware of the issues, the presenter will not suddenly become more relaxed about presenting – this requires a certain amount of forward planning. Plans could include breathing exercises or thinking of a trigger which will initiate a more calm and resourceful state, a technique referred to as

**Time out 4**

Drawing on your own experiences, which categories do you feel more or less skilled in? What influences your use of the different types of intervention? For example, you may feel less skilled in the cathartic style of intervention. How can you develop the skills needed, and what support do you need when patients release fear or anger?
about our hidden selves and the more we learn about our blind area, the more our unknown area will shrink. This process helps us to develop a greater understanding of ourselves and others. It involves an element of risk, since we have to disclose something of ourselves and be prepared to receive feedback from others.

Palmer et al. (1994) warn that examination of ourselves does involve risk as we are never sure what we may find. They state that this can be powerful in identifying characteristics of which we may be unaware but which are painful. They also examine the fact that most individuals base their concept of themselves on other people’s perceptions, which may not be accurate. This causes further disorientation. However, the benefits should be a much enhanced sense of self and a further sense of openness to new experiences.

Reflective practice

Becoming self-aware is an ongoing process that is never complete. Therefore, self-evaluation needs to be undertaken at regular intervals. This evaluation process helps us to see how far we have come, identify what we still need to learn and plan how we are going to get there (Burnard 1988). One way to self-evaluate may be through a reflective diary which will be discussed later.

In nursing, reflection is a commonly used term but is not necessarily an activity performed.
effectively. Reflection may be associated with a certain amount of stress; however, it does have the potential to increase self-awareness (Newell 1992). Reflective practice helps us to examine our thoughts and feelings—not only our reactions to these but also the effect they may have on others (Smith 1995).

To help nurses reflect, certain models can provide a framework or an aide-mémoire, for example, Gibbs’ (1988) cycle. In this instance you are asked to consider your feelings as part of the cycle. Once the scenario has been described the next part of the cycle asks you to consider your feelings about it, considering what it was that caused you to reflect on this and your personal perception and response, whether good or bad. This acknowledges that often reflection is triggered by some uncomfortable feelings or, conversely, by feeling that things went well.

Boud et al (1985) recognised the centrality of our feelings to everything that we do and how we reflect regularly on our behaviour whatever the context. They refer to the cathartic elements of reflection, just as Heron (1990) identified. They recognise that it is vital for us to be in touch with our emotions and feelings and to have an outlet for negative and irrational thoughts. This promotes a heightened level of self-awareness and deeper self-knowledge. It is only when we have explored our own feelings that we can help others (Burnard 1992).

Heron (1990) also points out that it is vital to be able to discharge or transform any barriers so that it is possible to move forward. You may have identified issues in your own life that affect your performance and may inhibit your ability. Boud et al (1985) discuss the way that new knowledge may become so related to the self that it enters our identity and changes our world view. They call this appropriation. So when people say an identity and changes our world view. They call them self-aware enough to perceive it.

Portfolios

Portfolios have become an accepted way for nurses to demonstrate their learning. A portfolio is a useful document for supplying evidence of achievements and of lifelong learning. It can be individualised and compiled creatively to illustrate skills and competencies across a wide spectrum of experiences. This can capture the essence of nursing in a variety of ways and provide a shop window to display a range of talents. For example, information technology accomplishments may range from basic computer skills to more advanced skills in the use of information and communication technology.

Reflective accounts are normally included. Actually compiling the portfolio can in itself stimulate reflection and challenge practice (Hull and Redfern 1996). When you are developing your portfolio it will be a unique record of your working and personal life.

Keeping reflective accounts in a diary enables you to chart and record your progress or areas needing further development. Boud et al (1985) proposed useful practical tips to aid diary writing. These have been adapted for a more contemporary audience:

- Be honest. Write it as it is, not as it should or might have been.
- Have a positive approach rather than just being critical.
- Be spontaneous. Do not spend too long on deciding how to write it.
- Express yourself in any way that is meaningful to you, such as with diagrams or shorthand. It does not have to be written in a linear fashion.
- This is your personal workbook so you can add, underline, circle or doodle as you wish to aid your recall.

**FIGURE 1**

<table>
<thead>
<tr>
<th>Known to self</th>
<th>Not known to self</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open area</strong></td>
<td>Example: This is what I know about myself and what others know about me, for example, I am female and easy going.</td>
</tr>
<tr>
<td><strong>Blind area</strong></td>
<td>Example: My friends may have a view of me of which I am unaware. I can uncover these views if others tell me about them. This will increase my ‘open’ area. For example, my friends may think that I talk too much and I may be completely unaware of this fact.</td>
</tr>
<tr>
<td><strong>Hidden area</strong></td>
<td>Example: This is what I know about myself but hide from others. I may hide more or less from different people. My family may know more of this hidden area than my work colleagues. The more I disclose from this area, the bigger my open area will become and the more I may learn about myself in the process. For example, I may cry at sad films but do not want my work colleagues to know.</td>
</tr>
<tr>
<td><strong>Unknown area</strong></td>
<td>Example: The unknown area is not known to ourselves or others. As we receive feedback from others and tell others more about ourselves, we can develop into this unknown area and it will shrink in size.</td>
</tr>
</tbody>
</table>

(Luft 1969)
learning zone professional issues

- Use the language that suits you.
- Be experimental in how you keep this record. You may divide the page into sections or come back and add something later.
- Set time aside for this important activity and persevere.
- Consider keeping it as an e-journal, or personal blog. You could invite your friends to participate and offer feedback.

Your diary can become a highly personal document and one which you may only want to share with close friends and colleagues. However, by engaging in this process in a trusting environment, you can discuss your entries with others and receive feedback. It may be useful to enlist the help of a trusted supervisor or mentor in this process who may also consider sharing their diary with the group, resulting in a more reciprocal approach (Burnard 1988). By challenging and discussing incidents and dilemmas from practice, we can develop different ways of thinking about and understanding our reactions, which leads to further development of our self-awareness. We can then apply this new knowledge to future situations (Smith 1995).

Conclusion

The more knowledge we have about ourselves, the easier it becomes to relate to others. This article has encouraged you to explore the benefits of becoming more self-aware. It is hoped that by reading and working through the activities, either alone or with a supportive colleague, you will discover how becoming more self-aware can assist in your personal and professional life NS.

References


USEFUL RESOURCE


This document provides useful information on some of the key components of self-awareness.