

Influence of the Clinical Nurse's Self-Acceptance and Experiential Acceptance on Leadership Versatility

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Abstract

Introduction: This study identifies how the self-acceptance and experiential acceptance of nurses working in hospitals influences leadership versatility to utilize the information as basic data for developing strategies for improving nursing quality through effective manpower management.

Objective: This study aims to identify the relationships of nurses' self-acceptance, experiential acceptance, and leadership versatility and verify the influence of experiential acceptance and self-acceptance on leadership versatility.

Methods: This study used a descriptive design. The convenience subjects were 100 nurses at the one territory hospital in Korea. Data were analyzed using descriptive statistics, *t*-test, ANOVA, Pearson's correlation coefficient, and multiple regressions.

Results: There were significant positive correlations between self-acceptance and leadership versatility ($r = .39, p < .001$). Among predictors, self-acceptance had statistically significant influences on leadership versatility ($\beta = 0.35, p < .001$). Self-acceptance indicated an explanation power of 24.0% of the total variance and was shown to be statistically significant ($F = 6.89, p < .001$).

Conclusions: Self-acceptance and experiential acceptance and factors according to nurses' clinical experience and position should be identified in depth, and subsequent studies on factors related to this should be conducted.

Keywords

nurses, hospitals, leadership, mental health, nursing staff, hospital

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–What do we already know about this topic?

: Nurses are essential in the hospital services on the forefront closest in dealing with patients; they have a critical impact on the hospital environment and become the major subject of efficient manpower management

–How does your research contribute to the field?

: To reduce job stress triggering the turnover intention of nurses and to allow them to work in the long term in the medical industry with interest and motivation toward working as professional medical practitioners.

–What are your research's implications toward theory, practice, or policy?

: To explore psychological versatility which is the opposite of rigidity and psychological acceptance, and psychological acceptance is proposed as the alternative for experiential avoidance to acquire leadership versatility.

Introduction

When the COVID-19 pandemic occurred in 2020, people experienced serious changes in their daily lives. In Korea, there is an extreme supply shortage of health staff, including doctors and nurses, compared to the Organization for Economic Co-operation and Development (OECD) average. Nurses comprise an average of 35.0% among the manpower component ratio that makes up the hospital, and the operation and management of the nursing organization comprise a significant part in managing the hospital

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organization (Shin et al., 2018). Moreover, as nurses are essential in the hospital service on the forefront closest in dealing with patients, they have a critical impact on the hospital environment and become the major subject of efficient workforce management (Kuppuswamy & Sharma, 2020). Therefore, possessing skilled nurses with experience and excellent competencies is imperative for maintaining and improving the quality of nurses. However, nurses experience numerous conflicts between personal career needs and their job reality (Jackson et al., 2018).

Leadership of a new paradigm is demanded even in the nursing organization of the medical scene. Furthermore, a voluntary and active attitude for coordinating with related departments and performing tasks to improve environments unsuitable for patient safety (while being irrelevant to the ranks of the nurses) is required (Kohn et al., 2000).

This likely signifies that the importance of an individual nurse's leadership in the actual clinical medicine of hospitals is also increasing in the hospital organization and the nursing organizational culture within it rather than a manager-oriented leadership that centers around ranks. Since nursing tasks are frequently linked with the treatment and other departments; relationships among nurses are hierarchical and rank-centered. Consequently, this may be challenging for an individual to implement active and autonomous leadership (Martin & Kallmeyer, 2018). However, nursing organizations and individual nurses that are aiming to implement changes must take interest in a novel approach through which they can learn and apply leadership abilities without ceasing an awareness of the problem (Stevanin et al., 2020). Consequently, versatility is paramount for selectively applying leadership that suits a situation rather than a specific leadership itself (Martin & Kallmeyer, 2018). Thus, one's psychological internal factors and leadership versatility for accepting and displaying such leadership must be examined to act flexibly when placed under various stress situations.

In many studies, versatility is explained as an ability to shift according to the changes in situations of cognitive, emotional, and behavioral aspects (Bigland et al., 2020). Leadership versatility means accomplishing a balance of competitive goals or values that should be pursued simultaneously in complex situations and finding an adequate balance among contradicting demands and mediating multi-layered lower units (Kaplan & Kaiser, 2003). It can be understood as the competence of enhancing the organization's performance through one's leadership style, methods, and approach in diverse situations (Bigland et al., 2020).

Despite having short work years, clinical nurses are often required to conduct education for succeeding nurses and undergo an aggravation of burdens and responsibilities during work due to the frequent turnover (Fathiarani & Nassimbwa, 2021). In this process, they may find the psychological burden difficult to handle, and their emotions may worsen, manifesting as job stress and resentment toward succeeding nurses (Shah et al., 2022). Due to work

characteristics, they are frequently placed in vulnerable situations where they must think of others in risky situations that require an occupational service mind and keen concentration (Chegini et al., 2021). Examining one's own psychological state in these situations and having the competence to exhibit leadership versatility will allow one to have a new perspective toward the discomfort one feels in their work environment. Therefore, applying versatile leadership that is tailored to the situation will be more helpful than choosing and applying a single leadership.

Self-acceptance as the origin of an individual's behavioral changes and growth signifies an individual accepting oneself as they are and accurately understanding and recognizing oneself. This positively affects psychological health along with self-respect and was referred to as the concept helpful for reinforcing psychological health (Huang et al., 2020). At this point, it is considered that helping nurses increase the skills of self-acceptance will be protective for them in nursing work life (Lu et al., 2022). Especially for the clinical nurse, the sense of self-acceptance acts as a part of a significant role in the therapeutic relationships with patients. Enhancing the sense of self-acceptance will prevent their burnout in the clinical nurses (Lu et al., 2022).

Experiential acceptance is the willingness to tolerate or even embrace aversive emotional experiences (Hayes et al., 1999). It is considered a component important in acceptance and commitment therapy. It is evident that performing work in connection with others while constantly exposing oneself among patients, guardians, co-workers, and other medical staff as per the nursing duties and environments is an arduous job (Kuppuswamy & Sharma, 2020). If one can look at the external environment and internal psychological state more objectively through the acceptance of experience and self-acceptance, job-related stress will be reduced. Additionally, it is imperative for each nurse to transform into a balanced leader who is unbiased by using leadership versatility that is equipped with autonomy and flexibility instead of rigid thinking and a work style intimidated and followed by authorities.

Therefore, this study identifies how the self-acceptance and experiential acceptance of nurses working in hospitals influences leadership versatility to use the information as basic data for developing strategies for improving nursing quality through effective nurse workforce policy.

Literature Review

Leadership of a new paradigm is demanded even in the nursing organization. Furthermore, a voluntary and active attitude of coordinating with related departments and performing tasks to improve environments unsuitable for patient is required (Grubaugh & Flynn, 2018). Therefore, this study considered it necessary for each individual to have leadership. In the leadership theory, the necessity and importance of leadership versatility according to the

changes of the vertical status and rapidly changing situations have been highlighted in a number of studies (Bigland et al., 2020). Traditional leadership entailed one leader exerting influence on the members. In contrast, the leadership of a new paradigm focuses on the motivation of the members, and self-leadership (Kwon et al., 2020), in which an individual creates changes and outcomes in the self and the organization by demonstrating one's potential voluntarily, is presently emerging in the nursing organizational culture as well.

The nurses' vertical relationships and the hierarchical and rank-centered nursing organizational culture may lead to psychologically rigid and repetitive threats and withdrawal (Jackson et al., 2018). This results in continual switches of members within the organization due to the qualitative and quantitative changes of nursing. This causes the loss of interest and motivation for the occupation, such as experiencing lack of control, isolation, increase of negative thinking tendencies, and the loss of energy and purpose. Consequently, this diminishes productivity and makes nurses static, having a poor influence on their colleagues (Kaplánová & Gregor, 2021). This leads to job stress and can reduce composure and versatility (Kaplan & Kaiser, 2003). Therefore, it is necessary to explore psychological versatility which is the opposite of rigidity and psychological acceptance, and psychological acceptance is proposed as an alternative for experiential avoidance to acquire leadership versatility. Additionally, the ability to maintain or change one's action by adjusting to the situation to achieve one's goals and values was referred to as versatility. Furthermore, the theory states that the cause of psychological suffering is related to experiential avoidance and suggests the alternative to psychological acceptance as the antidote for experiential avoidance (Kaplan & Kaiser, 2003).

Through the process of experiential acceptance for reaching psychological versatility, one can approach new changes by experiencing and accepting the discomfort experienced in the process of attempting opposing leadership behaviors or leadership behaviors that are not accustomed to oneself (Choi & Shin, 2020).

Self-acceptance seen as the origin of an individual's behavioral changes and growth signifies an individual accepting oneself as they are and accurately understanding and recognizing oneself (Kaplánová & Gregor, 2021). This positively affects psychological health, along with self-respect and was referred to as a concept helpful for reinforcing psychological health (Popov, 2019). Self-acceptance is considered to increase therapeutic relationships with patients in nursing work life (Lu et al., 2022).

Experiential acceptance means the mindful awareness and nonreactive of consciousness, and it has been described as individuals' efforts to change the sensitivity of these experiences. It is evident that performing work in connection with others while constantly exposing oneself among patients and guardians, co-workers, and other medical staff as per the

nursing duties and environments is an arduous job. This reality is bound to exhaust nurses and make them reveal negative emotions, such as hurting others (Jackson et al., 2018). If one can look at the external environment and internal psychological state more objectively through the acceptance of experiential and self-acceptance; job-related stress will be reduced (Kaplánová & Gregor, 2021). Additionally, it is imperative for each nurse to transform into a balanced leader who is unbiased by using leadership versatility that is equipped with autonomy and flexibility instead of rigid thinking and a work style intimidated and followed by authorities (Bigland et al., 2020).

Therefore, this study identifies how the experiential acceptance and self-acceptance of nurses working in hospitals influences leadership versatility to utilize the information as basic data for developing strategies for improving nursing quality through effective manpower management.

Methods

Study Design. This study is a descriptive correlation survey for verifying nurses' self-acceptance, experiential acceptance, and leadership versatility and identifying the influence of self-acceptance and experiential acceptance on leadership versatility.

Research Question. How do clinical nurses perceive self-acceptance and experiential acceptance and how do self-acceptance and experiential acceptance influence on leadership versatility?

Samples and Settings. The participants were recruited from one territory hospitals located in South Korea. The study sample included nurses who met the following criteria: (a) hold a nurse position for at least 1 year and (b) assigned to the clinical units to ensure that nurses practiced their role for a duration that enables them to work and face different clinical situations. Eligible nurses were recruited through a convenience sampling technique, and the required sample size was calculated using the G*Power program, by setting $\alpha = 0.05$, effect size for correlation test = 0.15, and power = 0.90, the minimum required sample size was 99 participants. In the current study, 100 people were recruited, and there were no questionnaires excluded due to insufficient or unclear responses. Therefore, the sample size was reasonably adequate.

Measurement

Demographic Data. The demographic data survey provided data about gender, marital status, age, level of education, working department, position, and motivation for choosing nursing career.

Unconditional Self-Acceptance Questionnaire. To measure the adults' self-acceptance level, the Unconditional Self-Acceptance Questionnaire was used (Chamberlain & Haaga, 2001). It consists of a 7-point likert scale with a total of 12 items. The total scores ranged from 12 to 84 points, and a higher score means a higher unconditional self-acceptance level. The Cronbach's α reliability coefficient was shown to be 0.91.

Korean Acceptance and Action Questionnaire. To measure experiential acceptance, this study used the Korean Acceptance and Action Questionnaire (K-AAQ-II) (Heo et al., 2009). To measure experiential acceptance, a 7-point Likert-type scale (1 point: not at all; 7 points: always true) was assessed with a 10-item self-report-style test. The Cronbach's α reliability coefficient was shown to be 0.89.

Leadership Versatility Index. To measure experiential acceptance, this study used the leadership scale (Kim, 2012). This study employed 24 items for which Kim (2012) only used one pair of the forceful leadership and enabling leadership questionnaire related to the research problem. There are the subscales of pressure, force, and proclamation in forceful leadership, and there are the subscales of support, enabling, and attentive listening, etc., in enabling leadership. In this study, the Cronbach's α coefficient was shown to be 0.94.

Data Collection and Ethical Considerations

Cooperation was requested and approved from the nursing board at the one territory hospital. The research purpose and methods were explained to nurses through a mobile questionnaire. The period of collecting data was from November 2020 to December 2020. The identity of the researcher was accurately revealed, and the purpose and significance of the research was explained to the participants. A mobile research questionnaire presented the purpose of research, ensuring of the anonymity of personal information, voluntary participation, and the possibility of withdrawing from the research midway without any disadvantages. Additionally, data was collected after receiving informed consent from the research subjects. Moreover, it was specified that the subjects' private life and personal data would not be used apart from the purpose of this study, and that anonymity was guaranteed. Furthermore, the electronic data related to personal information collected in the research process was directly managed by the researcher to prevent external leakage.

Data Analysis

The SPSS version 26.0 program was used to analyze the data collected in this study. Descriptive statistics were used to calculate the characteristics of the study subjects and the degree of self-acceptance, experiential acceptance, and leadership

versatility. The independent *t*-test or one-way ANOVA was used to compare major variables based on the study subjects' characteristics; the post hoc test was analyzed with the Scheffe test. The Pearson's correlation coefficient was used. Also, we applied multiple regression analysis to test the predictive power of the self-acceptance and experiential acceptance on the leadership versatility. A multiple regression model was carried out to examine the influence of self-acceptance and experiential acceptance on the leadership versatility. Multicollinearity was checked to see the linear correlation among the associated independent variables by using the variance inflation factor (VIF). The VIF of the data was <10 and no sign of multicollinearity is detected. In this study, *p*-value < .05 was considered to declare a result as a statistically significant association. Finally, a multiple regression analysis was used to analyze the predictors influencing the leadership versatility among clinical nurses.

Results

Self-Acceptance, Experiential Acceptance, and Leadership Versatility According to General Characteristics

A sample of 100 nurses completed the study, 95.0% of them were female. The majority of the nurses had a bachelor's degree in nursing (75.0%), worked in ICU, OR, and ER (62.0%), worked as charge nurses (51.0%), and their motivation for choosing the nursing career was guaranteed employment (51.0%). The difference of self-acceptance according to age was the highest from 40 years old to under 50 years old with 58.11 points and the lowest from 30 years old to under 40 years old with 52.11 ($F = 3.22, p = .02$). As a result of the post hoc test, statistically significant differences were also found in the differences between 40 years old to under 50 years old and 30 years old to under 40 years old. Statistically significant differences were shown in leadership versatility according to position: unit managers were the highest with 39.00 points and staff nurses were the lowest with 23.12 points ($F = 3.41, p = .03$). There were statistically significant differences in self-acceptance according to the motivation for choosing the nursing career ($F = 3.22, p = .02$) (Table 1).

Self-Acceptance, Experiential Acceptance, and Leadership Versatility of Research Subjects

The average of self-acceptance was 53.88 and experiential acceptance was 24.96 points. The average of leadership versatility was 27.58 points (Table 2).

Relationships Among the Subjects' Self-Acceptance, Experiential Acceptance, and Leadership Versatility

The relationships among the subjects' self-acceptance, experiential acceptance, and leadership versatility are as follows:

Table 1. Self-Acceptance, Experiential Acceptance, and Leadership Versatility According to General Characteristics.

General characteristics	Category	Frequency (%)	Self-acceptance		Experiential acceptance		Leadership versatility	
			M ± SD	t or F(p)	M ± SD	t or F(p)	M ± SD	t or F(p)
Gender	Man	5	48.71 ± 4.33	1.52 (.12)	25.40 ± 9.75	0.40 (.76)	25.42 ± 10.28	0.42 (.34)
	Woman	95	54.96 ± 7.02		25.12 ± 7.38		33.95 ± 20.12	
Marital status	Single	60	53.33 ± 6.58	2.52 (.01)	25.59 ± 8.20	0.82 (.34)	23.12 ± 14.28	1.55 (.06)
	Married	40	57.20 ± 7.27		24.05 ± 8.60		33.15 ± 13.31	
Age	20–under 30	35	54.50 ± .36	3.22 (.02)	24.22 ± 5.87	0.56 (.63)	24.19 ± 20.81	0.24 (.52)
	30–under 40	44	52.11 ± 6.00	c > b	23.18 ± 7.41		26.18 ± 20.11	
	40–under 50	19	58.11 ± 5.40		25.32 ± 8.13		31.17 ± 21.24	
	50–under 60	2	423.0		21.30 ± 7.51		34.00 ± 10.11	
Level of education	Associate degree	7	54.11 ± 2.25	0.02 (.46)	20.09 ± 4.55	2.13 (.20)	25.02 ± 20.11	0.45 (.50)
	Bachelor's degree	75	54.69 ± 7.24		24.64 ± 5.47		26.43 ± 19.58	
	Enrolled in a graduate school and higher	20	54.68 ± 7.82		24.90 ± 7.36		34.03 ± 20.11	
Working department	Internal medicine ward	5	56.42 ± 5.31	1.41 (.21)	23.53 ± 5.12	0.69 (.34)	27.42 ± 22.13	0.13 (.64)
	Surgery ward	6	57.24 ± 3.11		28.14 ± 6.42		31.17 ± 19.20	
	OR, ICU, ER	62	53.56 ± 7.39		23.14 ± 7.16		29.94 ± 20.12	
	Outpatient department	27	56.25 ± 4.18		24.62 ± 7.72		30.14 ± 22.48	
Position	Staff nurse	40	53.00 ± 4.26	2.21 (.12)	23.55 ± 7.71	1.48 (.34)	23.12 ± 21.08	3.41 (.03)
	Charge nurse	51	55.31 ± 5.11		26.11 ± 6.21		30.40 ± 19.99	
	Unit manager	9	56.60 ± 6.24		23.20 ± 7.65		39.00 ± 18.01	
Motivation for choosing the nursing career	Suits aptitude	25	53.05 ± 5.21	3.22 (.02)	25.63 ± 8.41	0.795 (.499)	28.42 ± 21.08	0.76 (.40)
	Recommended by surrounding people	14	51.77 ± 4.19	c > a	26.21 ± 6.75		26.00 ± 19.22	
Guarantee of employment	Other	51	55.00 ± 6.46		23.99 ± 6.13		32.19 ± 20.07	
	Other	10	50.01 ± 3.22		27.30 ± 9.65		25.50 ± 18.57	

Table 2. Self-Acceptance, Experiential Acceptance and Leadership Versatility of Participants.

Category	Mean \pm SD	Minimum value	(N = 100)
			Maximum value
Self-acceptance	53.88 \pm 6.95	37	69
Experiential acceptance	24.96 \pm 9.10	9	45
Leadership versatility	27.58 \pm 21.13	27	81

Table 3. Correlations Among Self-Acceptance, Experiential Acceptance and Leadership Versatility.

Factor	Self-acceptance	Experiential acceptance	(N = 100)
	<i>r</i> (<i>p</i>)	<i>r</i> (<i>p</i>)	Leadership versatility <i>r</i> (<i>p</i>)
Self-acceptance	1	-.24 (.04)	.39 (<i>p</i> < .001)
Experiential acceptance	-.24 (.04)	.1	-.08 (.37)
Leadership versatility	.39 (<i>p</i> < .001)	-.08 (.37)	1

Table 4. Influence of Position and Self-Acceptance on Leadership Versatility.

Factor	(N = 100)				
	β	<i>t</i>	<i>p</i>	Tolerance	VIF
Constant		-2.01	.04		
Position (based on a charge nurse)					
Staff nurse	-.12	-1.31	.15	.87	1.04
Nurse manager	.07	1.01	.32	.92	1.06
Self-acceptance	.35	2.98	<.001	.85	1.03
<i>R</i> ²	.24				
<i>F</i> (<i>p</i>)	6.89 (<.001)				
Durbin Watson	1.90				

Self-acceptance was shown to be in a statistically significant negative correlation with experiential acceptance ($r = -0.24$, $p = .04$). Additionally, self-acceptance indicated a statistically significant positive correlation with leadership versatility ($r = 0.39$, $p < .01$). Experimental acceptance did not indicate a statistically significant correlation with leadership versatility ($r = -0.08$, $p = .37$) (Table 3).

Factors Influencing the Subjects' Leadership Versatility

The possible presence of multicollinearity and autocorrelation in the regression analysis were evaluated through Durbin-Watson's statistic (1.86), the tolerance (0.55–0.87) and the VIF (1.01–1.56). It supported that the basic requirements for the regression analysis were satisfied. Multiple regression analysis was used to identify the major variables that influence leadership versatility, and the results are as follows: Among the general characteristics of the subjects, position and self-acceptance, which are

variables that have a statistically significant influence on leadership versatility, were set as independent variables for analysis. The variable that influences leadership versatility was self-acceptance ($\beta = 0.35$, $p < .01$), and this variable indicated an explanation power of 24.0% of the total variance and was shown to be statistically significant ($F = 6.89$, $p < .01$) (Table 4).

Discussion

This study demonstrated the factors influencing the leadership versatility of clinical nurses and examines the factors that exert influence on the leadership versatility of clinical nurses. We also attempted to investigate the use of psychosocial variables in improving leadership versatility of clinical nurses. Self-acceptance had the greatest influence on the leadership versatility of clinical nurses in this study ($\beta = 0.35$, $p < .01$). Numerous nursing studies have been conducted concerning the reason that the nurses' turnover rate

is higher than other jobs (Yildiz et al., 2021). But, in the correlation analysis, the experimental acceptance did not indicate a statistically significant correlation with leadership versatility ($r = -0.08$, $p = .37$). Therefore, the results show that self-acceptance has a significant effect on the leadership versatility of clinical nurses. This is similar to the findings indicating that nurses have a high level of leadership versatility in the clinical field if their self-acceptance capacity is high. Therefore, they should structure a therapeutic relationship with patients, by being aware of their experiences and requirements from the perspective of leadership versatility of clinical nurses.

The needs of self-acceptance of clinical nurses require interpersonal flexibility related with clinical field adjustment in terms of the leadership versatility. Therefore, it is important to provide customized management of nursing organization according to the preferences of the individual self-acceptance. Consequently, many studies were undertaken on the system of a special environment called a hospital organization, and we discovered various conflicts triggered in relationships with others and the leadership necessary to manage these conflicts as a manager (Grubaugh & Flynn, 2018; Suliman et al., 2022). However, there is very limited research on the individual psychological state of nurses and the leadership of an individual with autonomy and versatility. Hence, this study aimed to discover whether experiential acceptance and self-acceptance, which are basic psychological conditions for demonstrating versatile leadership over obeying orders and responding passively to work, significantly influence leadership versatility.

This study is significant for several reasons. First, it was confirmed that nurses' self-acceptance and leadership versatility are influenced by age and position. According to our study, self-acceptance is explained 24.0% of the regression model. This finding was similar to results of a previous study (Lu et al., 2022), but lower than what was reported in studies on nurses in Saudi Arabia. This might be due to the differences in the study population. This implies that having years of experience according to a nurse's age and being at the position of a nurse manager can become an impetus for recognizing oneself as one is irrespective of the situation owing to a balanced disposition and abundant experience (Bigland et al., 2020). Therefore, this could facilitate the identification of the psychological characteristics regarding the reasons for and attributes of less self-acceptance and leadership versatility of staff nurses with younger age and lower position. Additionally, this will also be helpful in achieving improvement measures.

Second, self-acceptance was found to be lower when the choice was made due to the recommendations from surrounding people than one's own choice. Recently, numerous adolescents are applying for the professional occupation of nursing due to young and middle-aged people's unemployment crisis (Fathiarani & Nassimbwa, 2021). However, even for an occupation that ensures employment, a job choice without aptitude

and one's own clear sense of purpose makes it difficult for individuals to recognize themselves as they are. Consequently, this leads to rigidity in work performance and easily exposes the individual to stress. Therefore, this will serve as an opportunity for nurses to consider the reason and meaning behind their choice of occupation.

Third, the significant influence of the nurse's self-acceptance on leadership versatility was confirmed. Self-acceptance is essential in emotional aspects, providing room for changing negative emotions, along with complaints toward others and stressful situations, into slightly more positive situations in various discomforting conflict circumstances within an organization (Popov, 2019). Self-acceptance's connection to leadership versatility can be discovered in the context that self-acceptance involves an individual recognizing themselves as they are, including not only their strengths or weaknesses but also emotional tendencies, in addition to psychological phenomena, physical conditions, behavioral patterns, and even one's own family. Additionally, it is accepting oneself soundly regardless of one's own or others' evaluations (Kaplánová & Gregor, 2021). Due to the nursing organization's rank-centered relationships and the characteristics of labor-intensive nursing tasks that are directly linked with the patient's life, nurses are inevitably left to follow passive and rigid work patterns rather than acting as active and autonomous leaders with versatile attitudes (Karatuna et al., 2020). Nonetheless, to deal with fast-changing medical environments, diverse members and demands of patients, nurses must strive to change themselves. Therefore, they must develop a process that allows them to enhance self-acceptance to not fear or criticize failures but to recognize them as they are, effectively manage stress situations, and develop an acceptance of others as well. Furthermore, one must also strive to understand and recognize others' standpoints in a conflict situation among other co-workers and medical staff.

Fourth, this study is significant in that it made applications for the change of the nursing organizational culture with the subjects of nurses with clinical experience of one year or longer. Nurses are bound to work while disregarding and avoiding the feelings of discomfort in various processes and situations. Overall, this study makes a step forward in understanding the relationship between self-acceptance, experiential acceptance, and leadership versatility.

Few research studies have examined the influence on leadership versatility. However, these findings demonstrate the self-acceptance improve leadership versatility and serve to distribute a theoretical basis for developing more useful strategies that would then improve nurses' leadership versatility. In addition, it explains a rationale for advancing effective programs and strategies to create self-acceptance activities for nurses, as well as for improving nurses' experiential acceptance.

Further study is considered to affect how these results might be reflected to improve nursing environment. Consequently, this study is significant in that it was an attempt made as part of the method for accepting those

feelings and situations of discomfort as they are and cultivating versatility in order to adapt to changes and progress.

Limitation

This study has several limitations. First, since this study only targeted one hospital, a replication study that expands on the subject is required to improve nurses' experiential acceptance, self-acceptance, and leadership versatility. In particular, as the support of male nurses is growing lately, it is necessary to expand the recruitment unit and examine the connection according to both genders. Second, the factors of experiential acceptance and self-acceptance according to the nurse's clinical experience and position must be identified in depth, and subsequent research on factors related to those must be conducted. Other meaningful study should explore the relevance of subscales according to the types of leadership related to self-acceptance and experiential acceptance targeting managers by taking an idea from the fact that the nurse manager's self-acceptance and leadership versatility were high.

Implications for Practice and Nursing Administration

This study has important implications for nursing practice and administration. A study on the relationship between self-acceptance and other-acceptance conducted on nurses is suggested. As a hospital organization is entwined with various human relationships, inevitably, there will be a significant amount of conflicts. Based on a study that found that self-acceptance and other-acceptance are closely related in other fields, the following are suggested on the grounds of these research findings that indicated the need for an investigation on the relationship between self-acceptance and other-acceptance targeting nurses.

Conclusion

The results of this study targeting one hospital, the subject requires an expansion, and a replication study must be conducted to improve the nurse's experiential acceptance, self-acceptance, and leadership versatility. Experiential acceptance and self-acceptance factors according to nurses' clinical experience and position should be identified in depth, and subsequent studies on factors related to this should be conducted.

Authors' Contributions

Jummi Park contributed to study conception, design, acquisition, analysis and interpretation of the data. Nayeon Shin contributed to study drafting revision of the manuscript for important intellectual content.


Declaration of Conflicting Interests

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References

- Bigland, C., Evans, D., Bolden, R., & Rae, M. (2020). Systems leadership in practice: Thematic insights from three public health case studies. *BMC Public Health*, *20*(1), 1–14. <https://doi.org/10.1186/s12889-020-09641-1>
- Chamberlain, J. M., & Haaga, D. A. (2001). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *19*, 163–176.
- Chegini, Z., Arab-Zozani, M., Rajabi, M. R., & Kakemam, E. (2021). Experiences of critical care nurses fighting against COVID-19: A qualitative phenomenological study. *Nursing Forum*, *56*(3), 571–578. <https://doi.org/10.1111/nuf.12583>
- Choi, S. J., & Shin, H. J. (2020). Mediating effects of self-acceptance and other-acceptance on the self-compassion and aggression of adolescents. *Journal of Wellness (KSW)*, *15*(2), 217–231. <https://doi.org/10.21097/ksw.2020.05.15.2.217>
- Fathiarani, L., & Nassimbwa, J. (2021). Investigating the burden of mental distress among nurses at a provincial COVID-19 referral hospital in Indonesia: A cross-sectional study. *BMC Nursing*, *20*(1), 1–8. <https://doi.org/10.1186/s12912-020-00515-w>
- Grubaugh, M. L., & Flynn, L. (2018). Relationships among nurse manager leadership skills, conflict management, and unit teamwork. *The Journal of Nursing Administration*, *48*(7/8), 383–388. <https://doi.org/10.1097/NNA.0000000000000633>
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy* (p. 6). Guilford press.
- Heo, J. H., Choi, M.S., & Jin, H. J. (2009). Study on the reliability and validity of Korean translated acceptance-action questionnaire-II. *The Korean Journal of Counseling and Psychotherapy*, *21*, 861–878.
- Huang, Y., Wu, R., Wu, J., Yang, Q., Zheng, S., & Wu, K. (2020). Psychological resilience, self-acceptance, perceived social support and their associations with mental health of incarcerated offenders in China. *Asian Journal of Psychiatry*, *52*, 102166. <https://doi.org/10.1016/j.ajp.2020.102166>
- Jackson, J., Vandall-Walker, V., Vanderspank-Wright, B., Wishart, P., & Moore, S. L. (2018). Burnout and resilience in critical care nurses: A grounded theory of managing exposure. *Intensive and Critical Care Nursing*, *48*, 28–35. <https://doi.org/10.1016/j.iccn.2018.07.002>
- Kaplan, R. E., & Kaiser, R. B. (2003). Developing versatile leadership. *MIT Sloan Management Review*, *44*(4), 19–26.
- Kaplánová, A., & Gregor, A. (2021). Self-acceptance, shame withdrawal tendencies and resilience as predictors of locus of control of behavior. *Psychological Studies*, *66*(1), 85–91. <https://doi.org/10.1007/s12646-020-00589-1>
- Karatuna, I., Jönsson, S., & Muhonen, T. (2020). Workplace bullying in the nursing profession: A cross-cultural scoping review.

- International Journal of Nursing Studies*, 111, 103628. <https://doi.org/10.1016/j.ijnurstu.2020.103628>
- Kim, S. I. (2012). *Structure of obstacles to leadership flexibility based on organizational leaders' schemas: Work-counseling perspective* [Doctoral dissertation]. Seoul: Seoul National University.
- Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (2000). Errors in health care: A leading cause of death and injury. In *To err is human: Building a safer health system*. National Academies Press (US).
- Kuppuswamy, R., & Sharma, S. K. (2020). Efficient utilization of nursing manpower during the COVID-19 pandemic. *Pondicherry Journal of Nursing*, 13(2), 39–42. <https://doi.org/10.5005/jp-journals-10084-12145>
- Kwon, S. W., Yoon, J. C., & Do, S. H. (2020). Effect of team leadership and MBO on management performance: Path-goal theory and self-leadership perspective. *Korean Journal of Management Accounting Research*, 20(1), 31–65. <https://doi.org/10.31507/KJMAR.2020.4.20.1.31>
- Lu, Q., Wang, B., Zhang, R., Wang, J., Sun, F., & Zou, G. (2022). Relationship between emotional intelligence, self-acceptance, and positive coping styles among Chinese psychiatric nurses in Shandong. *Frontiers in Psychology*, 13.
- Martin, E. R., & Kallmeyer, R. (2018). Strategies to recruit the next generation of nursing leadership talent. *The Journal of Nursing Administration*, 48(7/8), 368–374. <https://doi.org/10.1097/NNA.0000000000000631>
- Popov, S. (2019). When is unconditional self-acceptance a better predictor of mental health than self-esteem? *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 37(3), 251–261. <https://doi.org/10.1007/s10942-018-0310-x>
- Shah, S. H. A., Haider, A., Jindong, J., Mumtaz, A., & Rafiq, N. (2022). The impact of job stress and state anger on turnover intention among nurses during COVID-19: The mediating role of emotional exhaustion. *Frontiers in Psychology*, 12, 6349. <https://doi.org/10.3389/fpsyg.2021.810378>
- Shin, Y. S., Yoon, G. J., Kim, S. W., Lee, N. K., Lee, J. H., Kim, J. H., et al. (2018) (Korea Institute for Health and Social Affairs). A survey on health workforce condition (Report No.: 11-1352000-002563-14). Ministry of Health and Welfare (KR).
- Stevanin, S., Voutilainen, A., Bressan, V., Vehviläinen-Julkunen, K., Rosolen, V., & Kvist, T. (2020). Nurses' generational differences related to workplace and leadership in two European countries. *Western Journal of Nursing Research*, 42(1), 14–23. <https://doi.org/10.1177/0193945919838604>
- Suliman, M., Almansi, S., Mrayyan, M., ALBashtawy, M., & Aljezawi, M. (2020). Effect of nurse managers' leadership styles on predicted nurse turnover. *Nursing Management*, 27(5), 20–25. <https://doi.org/10.7748/nm.2020.e1928>
- Yildiz, B., Yildiz, H., & Ayaz Arda, O. (2021). Relationship between work-family conflict and turnover intention in nurses: A meta-analytic review. *Journal of Advanced Nursing*, 77(8), 3317–3330. <https://doi.org/10.1111/jan.14846>