Self-Awareness
A Review and Analysis of a Basic Nursing Concept

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Self-awareness has long been addressed as fundamental for the professional nurse with the accepted view that self-awareness will lead to greater competence. Therefore, it is important to understand the historical evolution of the concept, attributes, antecedents, and consequences. Rodgers’ evolutionary method was used for critical analysis of nursing, social sciences, and education literature. Analysis indicates that self-awareness is a dynamic, transformative process of self. Ultimately, self-awareness is the use of self-insights and presence knowingly to guide behavior that is genuine and authentic to create a healing interpersonal environment. Future research areas within practice and education are identified.

Key words: convictions, intrapersonal, introspection, presence, process, self-awareness, understanding, values

Over 2000 years ago, the Greek thinker Solon articulated the maxim “Know thyself”1 and this ancient wisdom continues in the colloquy of contemporary nursing professionals. Therapeutic communication delivered through the nurse-client relationship is a basic concept in nursing. Self-awareness is said to be important from the first encounter and a key determinate in the quality of the communication process and caliber of the therapeutic alliance formed.2 “Feelings of awareness of self profoundly effect how we experience another person’s humanity”3(p64) as one can only understand in another what is understood in self.2,4 Creating an interpersonal environment that heals—one that is empathic and compassionate and permeates the senses as well as meets health care needs—is believed to be possible only if self-awareness is built into the communication process.5,6

But what exactly is self-awareness? A surfeit of literature in nursing, other professional health care disciplines, and education refers to self-awareness in a wide range of contextual arenas, from leadership quality, therapy, and clinical practice skill sets to neuropsychological development or impairment in clients, and from academics to skill acquisition for novice practitioners. The emphasis placed on self-awareness would suggest that it is fully understood as a concept and that the requisite skills, qualities, and consequences are known. However, there are no simple definitions of the terms “self” or “awareness.” Searches in the EBSCO and Educational Resources Information Center databases produced no concept analysis of self-awareness although it is important to note the seminal work of Burnard7 and Rawlinson8 in the mid-1980s, which began initial identification of influences on self-awareness. Absent from the nursing literature is evidence of further theory development surrounding the concept of self-awareness. In the varied sources of literature reviewed for this analysis, there was often no definition of self-awareness provided, with apparently assumed understanding of the meaning of the term. The initially identified influencing factors have not been operationalized for measurement in nursing.
research or clinical practice. In addition, critical reading of the literature, where reference to self-awareness is found, creates confusion as the terms reflection, self-knowing, personal knowing, self-understanding and, more recently, emotional intelligence are often used interchangeably or together without clarity of the relationship among these terms.

Despite the seeming utility of the concept in nursing, there is ambiguity of meaning and self-awareness appears to be more a descriptor rather than a concept. In addition, it has been argued that the current climate of evidence-based practice, focus on clinical outcomes and national standards, along with the increased use of technology have lessened the value of human relationships, and the associated feelings of empathy and compassion that were considered fundamental have been lost. Considering these issues, what is the meaning and value of self-awareness as a concept for nursing as the discipline advances into the second decade of the 21st century?

The purpose of this analysis is to clarify the concept of self-awareness in contemporary nursing. By revisiting the history of use and scrutinizing this basic concept, further explication and development can provide a cogent understanding and allow the concept to be applied more effectively in contemporary nursing. An additional purpose of this analysis is to develop a heuristic to guide inquiry and theory development in suggested areas of nursing practice and education.

METHODS

Rodgers’ evolutionary method was used by the researcher to conduct the analysis because this technique uses multidisciplinary inquiry to examine historical use and link consensus across various disciplines to identify a cluster of critical attributes unique to the concept. Also, using a multidisciplinary approach made it possible to identify the initial emergence of the concept in the nursing literature. Because self-awareness is conceptually embedded in the disciplines of psychology, social work, and education from which nursing has historically borrowed theoretical principles, literature from these sources was included to review the evolution of the phenomenon. This descriptive inductive method is based on ideas that concepts are dynamic and context-bound rather than static and that concepts have some practical purpose rather than an innate truth. Understanding the emergence and subsequent evolution will help elucidate the current status and validate meaning of the concept in contemporary nursing science, research, and evidence-based practice.

Sample selection

Using a purposive sampling design, a series of searches using the key word “self-awareness” and each discipline separately (nursing, social work/sociology, psychology, and education) were conducted electronically using the EBSCO Host (MEDLINE; Health Source: Nursing/Academic Edition; Cumulative Index of Nursing and Allied Health; Psychology and Behavioral Sciences Collection; SocINDEX) and Educational Resources Information Center databases. No time limitation was set to trace the origin and capture the evolution of the concept over time. The abstracts were divided into the disciplines of nursing (362), psychology (923), sociology/social work (67), and education (794). Overlapping and non-English references were deleted. Due to the large number of sources, database abstracts of each reference were skimmed. Editorials and book reviews were eliminated and only those references in which the primary focus was self-awareness were retained. This process yielded a sample of 875 references (124 on nursing; 523 on psychology; 31 on sociology/social work; and 195 on education). Rodgers recommended that at least 30 items from each discipline or 20% of the total population, whichever is greater, is needed to demonstrate consensus and substantiate the researcher’s conclusions. Within each discipline, the references were arranged
Of the 175 references needed, 20% were selected from each discipline. The final sample consisted of 25 references from nursing (including 5 references which were cited multiple times by authors writing about the topic). Two references from psychology that presented 2 different theories of self-awareness were added to the sample to capture theoretical progression of the phenomenon within the discipline. The additional 103 psychology sources were chosen via a random numbers table. Likewise, the 6 from sociology/social work and 39 from education were selected via use of the random numbers table.

### Data collection and analysis

To prevent premature closure regarding any aspect of the concept, the articles were labeled by discipline and read in random order. Each article was read through once for the general theme of the work and second and third readings created intense immersion in the literature. Separate coding sheets were used to list authors, date, context of use of the concept, key terms or phrases describing antecedents, consequences, and attributes to aid in the analysis. After all articles were reviewed, the codes were tallied to determine frequency of use and analyzed further for similarities and differences among codes. The themes were recoded chronologically by year. Codes were then clustered together to reflect logical themes and chronology. The data that did not fit into the theme categories were outliers, surrogate, and related terms. Through linking the emerging themes together, the antecedents, consequences, and attributes became clear and the synthesis of findings produced the derived definition of self-awareness.

### Origin and use of the concept

Historically, the self has been of great interest to philosophers, theologians, psychologists, and scientists. Socrates, Plato, and Aristotle distinguished themselves as the earliest scholars of the mind, speculating and debating the existence and location of the mind—the “seat of self-awareness.” Socrates (470-399 BCE), as the father of philosophy, was obsessed with searching “his own mind and the minds of his fellow citizens in an attempt to discover the essence of man and goodness.” He described the psyche (mind) as the center of will, self-motivation, and knowing. Aristotle (384-322 BCE) believed that a function of the rational mind was to develop personal insights into the nature of what one desires or feels strongly toward and how this value state came about.

By the Middle Ages, Plato’s belief that the mind was located in the head was widely accepted because of the aberrant behavior and personality characteristics associated with head injuries. But, it remained unclear exactly how self-awareness was processed in the skull. The earliest major explanation for self-awareness was termed **animism** that asserted that an internal spirit resided in the skull and controlled all behavior. Because this theory was untestable (according to physical law), the understanding of the concept of self-awareness stalled until Renee Descartes separated **mind and matter**. Descartes suggested that the mind controlled the body and the body directed environmental information to the mind. This knowledge relayed to the mind provided for self-awareness.

The early existentialist-phenomenological philosophers furthered the concept of self-awareness. The existentialists focused on introspection and answering the basic question “who am I?” The existentialist muses own thoughts, feelings, beliefs, values, and the meaning of human life and creates a personal existence based on choices. The phenomenologists added the notion of intentionality to the concept of self-awareness. Intentionality is the major characteristic of mental life that is accessible to direct experience and description, and provides its essential
distinction from the physical sphere. The act of detachment, or standing back from the realm of experienced existence to understand it, is part of the metacognitive processing associated with self-awareness.

The earliest writing in psychology from which the concept of self-awareness can be extrapolated was James’ (1890/1983) expression of the *spiritual self*. The spiritual self referred to man’s inner subjectivity, personal dispositions, that which is most innate and enduring in one’s life, be it psychological, intellectual, moral, or religious.

Although different foci are used, the psychology literature clearly depicts self-awareness as an intrapersonal phenomenon. Many of the aforementioned philosophical elements were assimilated into the humanistic branch of psychology. Humanistic psychologists proposed that humans are concerned with seeking meaningful lives characterized by personal growth. The subjective experience, the meanings of an individual’s experiences, and how one comes to be who one is, are central themes. Emphasis is on self-discovery through genuine, honest, and open relationships with others. Rogerian therapy, existential analysis, and a variety of other insight-oriented psychological therapies such as transactional analysis, encounter groups, and sensitivity training have emphasized the importance of attending to and understanding one’s self.

Child psychologists have focused on the concern regarding when children begin to develop the capacity for self-awareness. Generally, this has been described as the ability to recognize oneself in the mirror. In addition, professionals in the field of neuropsychology document and discuss the absence of self-awareness following injury to the brain.

As an intrapersonal phenomenon, self-awareness involves the capacity to become the object of one’s own attention; a condition in which one can observe own characteristics or behavior. However, self-awareness is not just the act of objectively observing ones’ own behavior. Fleming et al indicated that self-awareness involves the integration of information from both external reality and inner experience. Parks presented self-awareness in terms of becoming consciously aware of the multisensory inner dialogue (conscious and unconscious thoughts, emotions, spontaneous visualizations, and other somato-sensory experiences). Self-awareness is not a physical “thing,” but is explicitly or implicitly intangible in substance.

Duval and Wicklund proposed the psychological theory of objective self-awareness defining self-awareness as a process of focusing attention on the self, then comparing own behavior to own internal standards of correctness. Self-awareness results from the self-attentive person’s intellectual discovery that he/she is far from an ideal on his/her own particular set of self-evaluation standards. Duval and Wicklund viewed self-awareness as an aversive state as one often recognizes a discrepancy between actual and idealized self. Expanding beyond the work of Duval and Wicklund, Fenigstein et al developed the dispositional theory of self-awareness. They proposed that in addition to the state of self-awareness, some individuals had the tendency (trait) to focus attention on themselves frequently and others only rarely.

Self-awareness as described in the social work literature involved understanding one’s own personal biases, values, and interests—which stem from culture—and integrating this personal experience and ethnicity into the process of understanding how these impact on other people. Self-awareness was thought to be essential for potentiating the positive influence of interventions on individuals within their social systems. It was defined as the individual’s “ability to look at and recognize oneself—not always nice, and sometimes judgmental, prejudiced, and noncaring.”

Kondrat explicated 3 conceptualizations of self-awareness in social work. As a prerequisite for the following 2 forms, simple, conscious self-awareness is a here and now sense of recognizing and noticing one’s surroundings and being able to name own...
perceptions, feelings, and nuances of behavior. The second type, reflective awareness, is where the self steps back to observe and scrutinize own performance including: behavior, attitudes, biases, reasoning, and judgment. The last conceptualization is reflexive self-awareness. Kondrat explained this form of self-awareness to be a process that is defined as it is co-constructed by individual consciousness in interaction with the social and physical environment. Recently, in the social work literature, self-awareness has been described as self-other agreement.

Although specific definitions of self-awareness were not found in the education literature reviewed, Rodgers indicated all statements must be identified that provide clues to define the concept. Within the education literature, accounts reflective of the concept of self-awareness described a process of students asking questions of themselves about themselves, reporting on what they noticed, and then using this information to set goals. Students look at their own behavior and the behavior of others and analyze for the cause and effect. Ridley indicated "initially perceived stimuli are reflectively evaluated and possibly compared with previous experiences." This involves exploration of one’s own attitudes, emotions, abilities, and goals. Focus on sensitizing oneself to bias, inferring where that bias came from, what effects it has, whether one could eliminate bias, and treat all other humans fairly are the essential elements the education literature relate to the concept of self-awareness.

### Evolution of the concept into nursing

Nursing did not always encourage introspection and self-awareness. In the past, it was thought unhealthy, seen as unnecessary, and linked to such esoteric treatments as psychoanalysis. However, with the push toward professional status in the 1960s to 1970s, collegiate educational experiences helped expand nursing scholars’ ways of thinking. As the discipline moved from being task driven toward a more holistic focus and promoted nursing practice as a therapy in its own right, nursing drew heavily from psychological theories. The idea that it is not sufficient for the nurse to understand only client needs, the nurse must also develop self-awareness, became part of a new genre of nurse educators and scholars.

Nursing adopted Maslow’s theory of motivation and Rogers’ view on self-awareness as basic humanistic, philosophical threads underlying professional nursing. Although Maslow used the term “self-actualization” rather than self-awareness, the ideas are not dissimilar and are consistent with the notion of expansion of the awareness of the self. Maslow proposed a process where one becomes more aware of own inner nature and then acts in accordance with it. Maslow postulated that although all humans have an innate drive to be self-actualized, few reach this level. It requires a great deal of honest knowledge about oneself, and most humans are fearful of such knowledge. However, Rogers believed that self-awareness was necessary for therapeutic interactions to take place. After Peplau and other early-nurse scholars created a paradigm shift in nursing by incorporating the idea that self insight operates as an essential tool and as a check in all nurse-client relationships that are meant to be therapeutic, self-awareness became a fundamental tenet in nursing.

In nursing, self-awareness has come to encompass the notion of an intrapersonal process of self-discovery. It has been said to involve 3 interrelated facets: cognitive, affective, and behavioral activities. Rungapadiachy proposed 3 layers of self-awareness. The first layer, superficial self-awareness entailed being aware of the obvious aspects of self such as age and gender. Selective self-awareness was described as being aware of the things one believes one needs to be aware of (e.g., appearance; attitude). The third layer was identified as deep self-awareness which involves issues known only to oneself—ones secrets.
FINDINGS

Although few of the sources reviewed, specifically defined self-awareness, the antecedents and consequences were described or implied. The following sections highlight these findings and a definition is suggested on the basis of the attributes identified distinct to nursing as well as across the disciplines which helped to shape the concept of self-awareness: psychology, social work, and education.

Antecedents

According to Rodgers, antecedents are the factors that must exist for the phenomenon to occur. Cognitively, metarepresentational skills including an enduring concept of self, or personal identity must be present. In addition, the capacity for autobiographical memory, which consists of those memories that are retained and accessible to later recall and become part of one’s life story, is necessary for self-awareness to occur. Data analysis revealed that, although a voluntary process, the predominant antecedent is cognitive dissonance or dialectical tension in an individual’s thoughts and emotions. One is not likely to see a need to change ideas or behaviors until these are raised to the level of conscious awareness. A cue, or stimulus, which causes self-focus, must first occur. This cue may be in the form of direct or indirect feedback from others, viewing self in a mirror or on video, or the process of personal journal writing. Recognition of a chasm between one’s perception of own attitudes, beliefs, and behaviors and the perceptions others hold of the individual’s attitudes, beliefs, and behavior creates a need to think about self and alleviate the cognitive dissonance.

Burnard wrote of self-awareness as a “process of noticing and exploring aspects of the self” with the intention of developing personal and interpersonal understanding. Sorensen and Luckman wrote that “it is through the baffling ability for introspection that man can know his consciousness.” Talking about own reactions to people, situations and events, puzzling over them, trying to explain the rationale for actions and choices, and acquiring an awareness of what one finds meaningful are prerequisites for self-awareness outcomes. Behavioral (body language, touch, gaze, and speech) and psychological aspects (attitudes, values, beliefs, prejudices, assumptions, feelings, intentional and conscious use of self, and countertransference) of self are acknowledged areas from which cognitive dissonance can arise leading to further exploration. Attention must be given to the cultural understanding of one’s conceptual representation of self as an antecedent of self-awareness.

Consequences

Consequences are present after or as a result of the occurrence of the phenomenon; however, self-awareness is a journey without a final destination. The proposed outcomes of self-awareness were identified in the literature, even though a definition of self-awareness was often not present. A noteworthy finding in this analysis was the overwhelmingly congruous notion across the varying disciplines that seeking to separate out and scrutinize the “I” aspect of oneself to understand one’s core is worthwhile. This
is thought to lead to personal and professional growth and thereby improve some aspect of practice: skill as a practitioner, supervisor, therapist, or teacher.\textsuperscript{2,33,35}

Developing self-awareness was stated to encourage the discovery of different paths in relationships, life, and enriches one’s reactions.\textsuperscript{33} The process of self-awareness is proposed to result in increased insight into numerous personal characteristics including: values, attitudes, prejudices, beliefs, assumptions, feelings, personal motives/needs, and countertransferences, and how these may have an effect on others.\textsuperscript{22,29} The central idea is that the more understanding one has of self, the less the need to interpret or judge another, which increases one’s ability to understand, respect, and value differences in others.\textsuperscript{22,34} A way of being that is authentic and not forged by surroundings or environment was identified as an outcome of self-awareness.

With more information about own capabilities and limitations, attitudes and emotions, and how these are manifested in behavior, one’s sense of control increases and allows one to choose how to respond in a variety of situations.\textsuperscript{6,28,39} Burnard\textsuperscript{(p30)} stated that without awareness “we may be acting blindly; with awareness we are on the road towards acting out of choice.” The development of self-awareness should help the nurse to feel less overwhelmed when experiencing difficult situations and increase the capacity for developing deep and compassionate therapeutic relationships.\textsuperscript{9,40}

The dynamic, unfolding nature of the phenomenon was underscored by the fact that once self-awareness has occurred one can never simply return to an older perspective. Cook\textsuperscript{(p1298)} noted the outcome of change: “adopting an evolutionary perspective towards the self leads to recognition that self-discovery and self-creation are inextricably entangled.” Kondrat\textsuperscript{24} suggested that self-awareness will lead to consciousness of what behaviors the individual may desire to modify to make interpersonal and professional relationships more effective.

The majority of the literature reviewed focused on self-awareness as a positive phenomenon. However, negative consequences were discussed. Rigorously examining the self is hard work.\textsuperscript{35} Intensification of emotions and provocation of anxiety is also part of the process and can be embarrassing and exceedingly painful, which can enhance or impede psychological growth.\textsuperscript{6,20,35} In addition, Vorauer and Ross\textsuperscript{41} suggested that it might be more difficult to appreciate alternative perspectives when one’s own point of view is highly accessible. Similarly, examining the feedback from others as a process of self-awareness development may be problematic if others’ perceptions are inaccurate.\textsuperscript{6} It was also suggested that promoting the need for self-awareness may lead to the belief that as a nurse one is never quite “good enough” as if there is some elusive ideal one is to attain.\textsuperscript{39} And lastly, Weierter\textsuperscript{42} stated that individuals with high self-awareness are more likely to internalize only those messages congruent with their values and beliefs. Organizations or charismatic leaders may be more able to promote convergent thinking and conformity rather than divergent thinking and creativity in those individuals.

Attributes and definition of self-awareness

Attributes are characteristics that define a phenomenon and differentiate it from others.\textsuperscript{11} As a result of analysis of the data and synthesis of unifying threads through the antecedents and consequences, 4 categories or descriptors that captured the nature of the essential attributes of self-awareness emerged (Figure).

First, self-awareness involves the cerebral exercise of introspection. This attribute reflects the cognitive exploration of own thoughts, feelings, beliefs, values, behaviors, and the feedback from others that was a consistent theme in the data. This action was described as valuable and even necessary in all disciplines reviewed. Sorensen and Luckmann\textsuperscript{38(p14)} stated that "introspection
Figure 1. Emergent themes from concept analysis.

allows us to perceive ourselves perceiving, that is, to see ourselves seeing ourselves, and question ourselves. 

Self-awareness is a continuous process without a saturation point. Metacognition is a prerequisite for self-awareness. It involves scrutiny of previously held views or perspectives by contemplating prior learning for reexamination of validity in the new situation. Themes in the literature also present self-awareness as dynamic and reflect an unfolding, redefining, and reassimilation of meaning on an ongoing basis moving to a higher order of being in time and space perspective.

Next, the attribute understanding convictions and values reflects the individual’s seeking to know oneself; to gain cognizance of one’s all-encompassing nexus of emotions and behavior. Connecting what one is doing now to early experiences provides depth because it is no longer an isolated experience, but instead has meaning as part of one’s core beliefs and values. Drew explicated succinctly, “to know oneself means, in part, acquiring an awareness of what one finds meaningful . . . which involves deeply held beliefs and values.”

A guidepost is used to regulate or direct a course of action. Self-awareness involves recognition of the freedom and responsibility individuals have to make choices and changes congruent with own-identified values and beliefs. A self-aware individual is no longer reactive, but instead uses new insights to either make behavior changes, or to choose cognitive, affective, and behavioral responses knowingly.

On the basis of the findings of the data analysis, the following operational definition was derived: Self-awareness is a multidimensional, introspective process used to become aware of, scrutinize, and understand one’s thoughts, feelings, convictions, and values on an ongoing basis, with the use of this understanding to consciously and authentically guide behavior.

ADDITIONAL VIEWS AND RELATED CONCEPTS

Data analysis revealed outliers, surrogate, and related terms used in nursing to express the concept of self-awareness. Self-knowing and self-understanding were the surrogate terms most often used. Taylor stated that self-awareness differs from self-understanding in that self-awareness does not require
knowledge of why one feels and behaves as one does. This, however, is contradictory and incongruent with the majority of the literature on self-awareness which enunciates self-understanding (becoming aware of unconscious emotional conflicts, analyzing their origin, and consciously evaluating them for rationality)\(^3\) as part of the formative process that occurs in self-awareness development. Recent literature has documented the persistence of the idea that for self-awareness to occur the psychological self must at least be partially understood and self-awareness is a continuous process in which one considers one’s understanding of oneself.\(^2\,6\,39\)

**Personal knowing** is clearly a separate, but related and overlapping concept. Personal knowing is defined as the “discovery of self-and-other arrived at through reflection, synthesis of perceptions, and connecting with what is known.”\(^4\)\(^3\)(p155) Though these elements are similar to self-awareness, the primary difference is that the concept of reflection as used in personal knowing is more a collective, deliberative, problem-oriented process whereas self-awareness is existentially oriented.\(^4\) In addition, self-awareness is identified as a prerequisite in order for the nurse to benefit from understanding in personal knowing.\(^4\)\(^5\) Sweeney’s\(^4\)\(^5\) concept analysis of personal knowing also helps to delineate between the concepts. Sweeney\(^4\)\(^5\)(p920) identified that the subjective aspect is removed: “in personal knowledge the knower abandons the comfort of subjectivity to seek impersonal, universal knowledge . . . discovered through exploration, verification, and validation.”

Similarly, **reflection** is a related concept and overlaps with self-awareness and creates a conundrum when attempting to differentiate these concepts. Like self-awareness, it is also consistently described as both a process and an outcome. In the reflection literature, possessing self-awareness (which is usually not defined) is deemed a requirement for reflection.\(^9\,46\) However, within this same body of literature, reflection is also noted as a central ability in developing self-awareness; thus, only a self-aware person can use reflection successfully to develop self-awareness.\(^9\,46\) The circularity of these writings on reflection creates conceptual confusion. In a literature review of reflection, 3 stages of the reflective process were identified: awareness of uncomfortable feelings and thoughts, critical analysis of feelings and knowledge, and new perspective.\(^4\)\(^6\) The authors identify the skills required to be reflective as: self-awareness, description, critical analysis, synthesis, and evaluation.\(^4\)\(^6\) These are similar to the process of self-awareness, again, creating ambiguity.

Although there are similarities and overlapping of consequences, the concepts of self-awareness and reflection are separate and distinct. As identified through this inductive approach to concept analysis, reflection should not be viewed as an antecedent to self-awareness. In the course of synthesizing the data for this concept analysis, it became clear that the conceptualized meaning of phenomenon of self-awareness in nursing has been on an evolutionary path. Early writings did detail self-awareness as a process similar to reflection. Initially self-awareness and a sense of alterity were deemed pragmatically necessary, so one did not stunt the therapeutic relationship with one’s unrecognized biases and judgments. Reflection was described as being objectively focused as “a rational intuitive process” for logical and practical application “to make contextually appropriate changes” in nursing action.\(^4\)\(^6\)(p5) Although recognition of personal feelings, judgments and bias are still important, over time various nurse scholars incorporated more of the tenets of personal, growth-oriented theories and humanist psychology into writings on self-awareness. Self-awareness has evolved into a higher-order intentional cogito in recognition of the fact that the manner in which one is acquainted with own subjectivity is very different from the way one is acquainted with objects and situations. Finding personal meaning in one’s nursing experience through epistemetic and axiological examination of one’s thoughts, interactions, reactions, behaviors,
and comparing these to one’s values and ideals has moved self-awareness from a practical to a transcendent, nonacademically focused phenomenon. The existential theme and shift in metaperspective from a pragmatic view to a more cosmic and transcendent one of the nurse as a person with an ever-developing way of being, who seeks to expand self-understanding purposefully, to use presence knowingly and therapeutically has become threaded into the contemporary literature on self-awareness. Self-awareness has become intricately tied into becoming a nurse not just doing nursing and is enmeshed in multiple and changing realities of relationships. This is different from reflection as detailed in the literature as a level of learning along with critical thinking and problem solving to promote, expand, and construct, informed, knowledgeable, and safe practice.

In the last decade, the term emotional intelligence has appeared in the nursing literature associated with self-awareness. The theory of emotional intelligence (EI) suggests that a blend of emotional and interpersonal skills affect one’s behavior. The theory proposes that a person’s degree of success is determined by certain EI skills that are classified into either personal or social competencies. Self-awareness falls within the scope of personal competence and is defined as “understanding of one’s preferences, resources, internal states and intuitions.” The cluster of competencies included in self-awareness are: emotional self-awareness, accurate self-assessment, and self-confidence. As a finding of this concept analysis, it is determined that self-awareness as it is used within EI is similar but clearly takes on a different focus and a synergistic quality when combined with other concepts incorporated into the broad EI theory. Because of the infancy of the concept of EI within nursing, further exploration and development is fundamental to its grounding in nursing science and to understanding its relationship to the concept of self-awareness. This is crucial to move past what is essentially rhetoric within the nursing literature up to this point related to the concept and theory of EI.

An outlier in the findings was a conceptualization of self-awareness focused on clients as care recipients rather than the development of the nurse. Use of the model was advocated to help people be more resistant to disease and impairment: “Clients are challenged by the nurse to look closely at themselves and become more sensitive to the messages from within.” The focus of this framework was to expand client self-awareness “to encourage self-healing, self-promotion, and self-protection.”

**IMPLICATIONS FOR NURSING PRACTICE AND EDUCATION**

This concept analysis contributes to nursing knowledge in that through a rigorous process of inquiry, a definition, antecedents, and consequences are elucidated for a phenomenon where concept clarification has not yet been established within the published literature. As such, it lays a framework for additional knowledge development. One of the goals of the evolutionary method is to identify issues for further study to continue concept development and theory formulation. Implicit in the status given to self-awareness is a putative view that it is valuable and has a transpersonal effect that will lead to increased competence, enhanced role performance (practitioner, educator, and supervisor), with improved outcomes. It is important to note, however, the empirical base to substantiate these claims is limited; the vast majority of literature on self-awareness is anecdotal in nature.

Within the practice arena, nurses’ personal values and professional behaviors are continuously tested as a result of workload issues and health care reform efforts. Nurses’ use of self has been thought to be an underutilized resource in a health care milieu sorely in need of creative and useful approaches to providing high-quality, cost-effective health care. However, empirical studies were not
found to determine if a nurse’s level of self-awareness makes a difference in health care outcomes. Outcome-oriented studies are needed to establish the value and necessity of self-awareness for evidence-based practice. In addition, the concept of self-awareness as enmeshed into the primacy of the nurse-patient relationship makes it particularly salient to study its connection to therapeutic communication processes. Given that nurses’ responses to patients have important implications for health care outcomes, gaining empirical evidence related to when, if, and how self-awareness guides nurses’ interpersonal communication is necessary to support theoretical claims of utility. Likewise, qualitative methodologies may be helpful in building nursing science related to practice-oriented questions including: do clients perceive nurses with higher levels of self-awareness differently from those with lower levels—how—and do they recognize a nurse’s self-awareness as valuable in terms of some aspect of the nursing care received.

Self-awareness development is a key concern of nurse educators who design learning experiences as part of the curriculum. On the basis of this analysis, questions are present regarding the curriculum paradigm used to teach and facilitate self-awareness. The behaviorist models and traditional didactic transference of knowledge, which are often the basis of many nurse education programs, appear inconsistent with a subjective, intrapersonal process that cannot be forced. It makes sense that self-awareness would best be encouraged within a teaching-learning paradigm that requires the cognitive and affective processing of knowledge from multiple perspectives rather than transmission of information through rote memorization and drills.

Although self-awareness is voluntary, it must be kept in mind that students are “taking it all in” and build upon everything they are exposed to from the beginning of the nursing program. On the basis of the assumption that learning is a reorganization of one’s perceptions, a change in consciousness occurs. From the beginning of the education experience to the end, educators should examine student experiences for self-awareness development potential. Facilitating students’ examination of what a specific encounter/experience means not only on the client level, but also supportively promoting metacognitive and introspective thinking on a personal, existential level to create a luminal state to foster self-awareness is the challenge before contemporary nurse educators. Journal writing has most commonly been the method suggested in the literature. However, critical appraisal reveals multiple methodological limitations in the studies published rendering inconclusive support of the hypothesis that self-awareness results from this activity. Pedagogical strategies must be developed and subjected to further study. Likewise, empirical studies regarding how best to facilitate students’ translation of self-awareness development into improvement in therapeutic communication processes would be an important contribution to nursing education’s knowledge base.

Issues related to gender, race, religious or spiritual contexts of the phenomenon of self-awareness have not been the foci of the published research. It is noted that these differences may alter what is known about self-awareness in a substantive manner and empirical inquiry to gain an understanding is advised for further concept development.

It is noted that this concept analysis of self-awareness may have been limited by incomplete retrieval of references or interpretations by the researcher. The researcher repeatedly reviewed available electronic and paper resources in the disciplines selected, but perhaps expansion to additional disciplines would have yielded different findings.

CONCLUSION

Nursing has always had a human as well as professional basis. Likewise, nursing’s contribution to healing is more than carrying out treatment procedures. The contemporary literature in nursing related to self-awareness...
continues to suggest that the mindset of the nurse influences the emotional availability of the nurse to engage in helpful relationships with clients. Accordingly, creating an interpersonal environment that heals is possible only if the nurse uses self-awareness skills as a guide in the communication process.

Through Rodgers’ process of analysis, the introduction into and subsequent evolution of the self-awareness concept within nursing has been demonstrated and the essential nature of the concept as integral to nursing has been emphasized. The antecedents, consequences, and each attribute of the definition were identified and supported through synthesis of the literature from nursing and other associated disciplines. As identified, self-awareness is not a “thing” but instead a dynamic, introspective, interweaving, processing of thoughts, values, convictions, emotions, experience, and feedback. It is a cognitive activity; however, self-awareness is not carried out purely for self-understanding. The ultimate test of self-awareness lies in the actions taken in the “outside world” based on the insights gained from this processing in the “inner world.”

Although it is taken for granted in the literature that the concept of self-awareness is valid for nursing, empirical support for the claims that self-awareness produces more therapeutically effective nurses and improves health care outcomes is needed. Likewise, instructional strategies for facilitating self-awareness need to be developed and rigorously examined. A definition should never be stagnant and as systematic studies are carried out exploring the concept of self-awareness greater understanding can occur. This process ultimately enhances nursing’s holistic knowledge base and contributes to improved nursing practice.

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