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Original Article

Mediating effect of self-efficacy in relationship between emotional intelligence and clinical communication competency of nurses

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ABSTRACT

Objective: This study investigates the emotional intelligence (EI), self-efficacy, and clinical communication ability of clinical nurses to explore the correlation among these three variables, and verify the mediating effect of self-efficacy on relationship between EI and communication skills.

Methods: A total of 865 nurses were recruited and investigated using Wong and Law's Emotional Intelligence Scale, General Self-Efficacy Scale, and nurse clinical communication scale.

Results: The scores for EI and self-efficacy of nurses were 14.23 ± 2.61 and 25.36 ± 5.67 , respectively, which were lower than the international norm ($p < 0.01$). The score for clinical communication ability of nurses was 4.14 ± 0.53 . The clinical communication competency of nurses was positively correlated with EI and general self-efficacy. Furthermore, self-efficacy played an intermediary role between EI and clinical communication commitment.

Conclusion: Nursing administrators can improve the clinical communication ability of nurses by enhancing their self-efficacy and EI.

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1. Introduction

Clinical communication competency is a psychological trait that can functionally achieve the expected goals or meet the needs of communicators through clinical communication activities [1]. According to Curtis, good communication ability can improve the adaptability of nurses to the environment,

improve nursing quality, promote relationship between nurses and patients, and reduce medical disputes [2]. Piazza [3] reported that clinical communication competency is a nursing behavior that manifests the vocational values of nurses.

Emotional intelligence (EI) refers to the ability of an individual to solve problems and regulate behavior by monitoring, identifying, and using emotional information of his/her own

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or others [4]. EI is an indispensable practical nursing skill of nurses in the entire process of patient services and is of vital significance to “high-quality nursing services” [5]. A research confirms that improvement in the EI of nursing students can improve their clinical competencies, including communication skills [6]; however, studies on the underlying mechanism of action have not been conducted yet.

Self-efficacy refers to the confidence level of people in finishing work behavior based on the skills they have mastered [7]. In general, self-efficacy influences work stress, job burnout, and work satisfaction in clinical nurses [8,9]. Studies indicated that self-efficacy is related to EI and clinical communication competency. EI is also an effective predictive variable of self-efficacy in nurses [10]. Self-efficacy is correlated with communication skills in clinical junior nurses, which is an important factor that affects communication competency [11]. Thus far, few studies have focused on clinical nurses.

Existing studies on EI, self-efficacy, and clinical communication ability mainly investigated the correlation between any of the two variables. Few studies were conducted with regard to the relationship and mechanism of action among the three variables. Hence, this study aims to investigate the levels of EI, self-efficacy, and clinical communication competency of nurses; analyze the relationship among these parameters; and determine the mediating effect of self-efficacy between EI and clinical communication competency.

2. Methods

2.1. Study setting, population, and sample

A cross-sectional descriptive design was adopted in this study. The sample size was estimated according to a calculation formula by Xiao [12]. The maximum number of items of the three scales is 58, expanded 10 times, and a 30% turnout rate was considered among the samples. Finally, the sample size was calculated at around 800. From May to July 2015, cluster sampling was used to investigate 865 clinical nurses from four tertiary hospitals in Kaifeng City. The inclusion criteria were as follows: (1) on-the-job registered clinical nurses; (2) nursing age ≥ 1 year; and (3) agreed and voluntarily participated in this survey. The exclusion criteria were as follows: (1) nurses engaging in advanced studies or practicing that are not registered in the hospital; (2) off-duty nurses during the survey because of holiday rotation, sickness, resigning, and other reasons; and (3) non-clinical nurses in the supply room, logistics department, and other departments.

2.2. Instrument

Questionnaires including the General Data Questionnaire, Wong and Law's Intelligence Scale (WLEIS), Clinical Communication Competency Scale (CCCS), and General Self-Efficacy Scale (GSES) were used to collect data. These scales were used with the approval of the original authors.

2.2.1. General Information Questionnaire

General information was divided into population sociology data and work-related data of the nurses. The former included seven items covering gender, age, and marital status. The latter included 14 items covering job title, department, and labor personnel relation.

2.2.2. WLEIS

In 2002, Hong Kong scholars Wong and Law [13] built the WLEIS by integrating Salovey and Mayer theory with Chinese culture. The scale contains the following four dimensions: self-emotional appraisal (SEA), other's emotional appraisal (OEA), regulation of emotion (ROE), and use of emotion (UOE). Each dimension contains four items, and the total number of items was 16. The Cronbach's α coefficients of the four dimensions were 0.87, 0.83, 0.84, and 0.87. Likert five-level scoring method was used in the scale, wherein 1–5 points refer to “completely not conform,” “a little conform,” “uncertain,” “mostly conform,” and “completely conform.” The score of each dimension can be obtained by dividing the total points of items in the dimension by four, and the score of the scale is the sum of various dimensions varying from 4 to 20 points. High scores indicate high EI.

2.2.3. CCCS

The CCCS for nurses was developed and applied by Zeng Kai [14]; this scale contains six dimensions covering 58 items, namely, team communication competency (6 items), basic language communication competency (11 items), basic non-verbal communication competency (7 items), emotional awareness competency (9 items), emotional support competency (6 items), and difficult situation communication competency (19 items). The Cronbach's α coefficient of each dimension varied between 0.868 and 0.954. The overall Cronbach's α coefficient was 0.978, and test–retest reliability r was 0.727. Each item adopted the Likert 5-level scoring method, as follows: “very poor” (1 point), “poor” (2 points), “general” (3 points), “good” (4 points), and “very good” (5 points). All items adopted positive scoring and the average score of the overall scale and each dimension varied from 1 to 5 points. High scores indicate strong clinical communication ability.

2.2.4. GSES

The GSES [15] was developed by the German psychologist Schwarzer. This scale has a good reliability and validity, of which the Cronbach's α coefficient was 0.871 and the test–retest reliability r was 0.835 ($p < 0.01$). Using the Likert 4-level scoring method, the scale has 10 items in total, which includes “not correct” (1 point), “some correct” (2 points), “mostly correct” (3 points), and “completely correct” (4 points). The sum of scores varied from 10 to 40 points. High scores indicate high self-efficacy.

2.3. Data collection

This study was approved by the Committee on Human Experimentation. With the consent of each hospital nursing department and ward, nurses were informed of the study purpose. The researcher emphasized that participation in the

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