



Effects of Teaching Communication Skills Using a Video Clip on a Smart Phone on Communication Competence and Emotional Intelligence in Nursing Students



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ABSTRACT

This study aims to verify the communication skills training for nursing students by using a video clip on a smart phone. The study settings were the nursing departments of two universities in South Korea. This study was a quasi-experimental one using a nonequivalent control group pre–posttest design. The experimental and control groups consisted of second-year nursing students who had taken a communication course. The experimental group included 45 students, and the control group included 42 students. The experimental group improved more significantly than the control group in communication competence and emotional intelligence. Using a video clip on a smart phone is helpful for communication teaching method.

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Communication is an integral part of nursing education because it is a key issue of nursing activities and human relationships. In the nursing curriculum, psychiatric nursing emphasizes knowledge and utilization of communication skills, because this is a specialized area (Kameg, Mitchell, Clochesy, Howard, & Suresky, 2009). The specialization of the psychiatric ward can cause emotional stress on nursing students before the beginning of their psychiatric practice. To solve this problem, nursing educators need to develop an innovative communication teaching method (Zavertnik, Huff, & Munro, 2010). Nursing students desire real-world training rather than theoretical lectures for communication skills (Reising, Carr, Shea, & King, 2011). The nursing educators have tried various methods of communication education that stray from the traditional lecture method or theory-centered class. Studies have been performed to reproduce real-world settings by using simulations (Kameg, Clochesy, Mitchell, & Suresky, 2010; Reising et al., 2011) or role-play with trained standardized patients or standardized families (Zavertnik et al., 2010).

In this study, students were allowed to record a video clip at a desired location using their smart phones rather than a video device installed in the laboratory. Recently, many students have access to these devices and various devices were available on the smart phones (Bomhold, 2013). Communication is complex and dynamic and even involves the individual's cultural background (Jirwe, Gerrish, & Emami, 2010). In the lecture room for communication class, role-playing received positive

evaluations overall, but it had the disadvantage of limited experience or difficulty translating to real situations (Klug & Glick, 2006). Using smart phones to record video clips in this study is easy, portable, and not limited to any location. Thus, it can be applied to individual's cultural background, various places, and many different situations. Accordingly, this study used smart phones to make up for the disadvantages of the limitations of role-playing.

A video clip allows students to observe communicative and interactive techniques (McConville & Lane, 2006), offering students the opportunity to see themselves on the recording (Parish et al., 2006). It also helps to improve nonverbal behavior such as laughing or eye contact as well as various verbal techniques such as paraphrasing and interpretation (Klug & Glick, 2006; Yoo, Yoo, & Lee, 2010).

As with the smart phone, scientific developments have allowed new systems and technology to be introduced, which lead current classes away from the traditional theoretical model. As they take advantage of these new methods, nurses should not forget that the purpose of communication is interaction with people. Communication competence is a necessary factor in establishing human relationships (Hur, 2003) and an essential ability for nurses (Mullan & Kothe, 2010). Accordingly, nursing students are tasked with communicating with patients directly, and it is a source of stress if they are not sufficiently equipped with effective communication competencies (Jones, 2007). Communication competency is an impression formed about the appropriateness of another's communicative behavior. Competence includes self-disclosure, empathy, assertiveness, and interaction management (Rubin & Martin, 1994). Nurses in charge of communication should emphasize relationship and empathy that occurs between clients. It means that communication competence is transmission of ideas and feelings between people and the understanding and acceptance of the others (Hur, 2003; Park,

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2013; Rubin, Martin, Bruning, & Power, 1991). Empathy takes place in relationships and interactions and where individuals are sharing emotion and sentiment with each other (Cunico, Sartori, Marognoli, & Meneghini, 2012).

According to Goleman (1996), emotional intelligence is the ability to know one's own emotional control and the ability to read and deal with others' emotions in social life. Emotional intelligence is a concept established academically by Salovey and Mayer (1990), who defined it as the ability to monitor one's own feelings and emotions, to discriminate among them, and to use this information to guide one's ideas and actions as a sub-element of social intelligence. Goleman (1996) identified emotional intelligence as self-awareness, self-regulation, motivation, empathy, and social skill. In other words, emotional intelligence is connected with communication skill (Cherry, Fletcher, & O'Sullivan, 2013), and high emotional intelligence is proof that empathy and social skills are being improved (McQueen, 2004).

Many mental health nurses experienced a great deal of 'emotional labor' in their health care settings (Mann & Cowburn, 2005). For these reasons, emotional intelligence has increasingly been emphasized in the nursing (Lyon et al., 2013). It is an essential factor in the process of coping with stressful environment of the psychiatric nursing (Dusseldon, Meijel, & Derksen, 2010). Furthermore, it enables nurses to control stress involved in caring for others more effectively (Montes-Berges & Augusto, 2007). Emotional intelligence plays an important role to nursing students, because it is associated with coping strategies and mental health (Montes-Berges & Augusto, 2007). Also, emotional intelligence correlates with academic achievement as well as communication; thus, it becomes a predictor of academic success for nursing students and has an effect on critical thinking, help seeking, and peer learning (Fernandaz, Salamonson, & Griffiths, 2012). A training program is required to develop emotional intelligence (Goleman, 1998), but this is not encouraged in a traditional program (McQueen, 2004). Thus, the nursing educators will try developing its innovative program.

Therefore, the purpose of this study to verify the effectiveness of using video clips on enhancing communication competence and emotional intelligence to nursing students.

METHODS

Design

This study was a quasi-experimental study using a nonequivalent control group pre–posttest design to evaluate the effectiveness by using video clips on communication competence and emotional intelligence in comparison to the lecture method. The study design model is the same as Fig. 1.

Hypotheses

Hypothesis 1 The experimental group who took a communication course using a video clip by a smart phone will get a higher score on communication competence than the control group who took only theory lecture.

Hypothesis 2 The experimental group who took a communication course using a video clip on a smart phone will get a higher score in emotional intelligence than the control group who took only theory lecture.

Participant Recruitment and Procedure

The experimental and control groups were recruited with the collaboration of the nursing departments located in the Jeonbuk province of South Korea. Both the experimental and control groups were second-year students who university and city differed from each groups, however, all students took a communication course and will practice in the psychiatric ward in following subsequent semester in the same year.

We described this study in detail to the experimental group during the first communication class and shared the progress schedule through a handout. We also explained that students should not take part in the questionnaire if they did not agree to participate. Forty-five out of forty-six people agreed to participate in the study.

The control group had taken a communication course at the other school, which differed from the experimental group; forty-two out of forty-seven people agreed and participated in the study.

This study was conducted using the G* power soft program 3.1 to determine the minimum sample size. The level of power was set at 0.8, with an α level of 0.05, effect size of .50, and the minimum sample size was determined to be 21. As a result, this study, with 45 participants in the experimental group and 42 participants in the control group, met the appropriate sample size.

Ethical consideration

We first obtained written consent from all participants for the purpose of this study and data collection. Before performing a survey, students participating in the class were allowed to respond to a structured questionnaire. We told participants that they could refuse or interrupt at any time during process, and we promised to maintain confidentiality and not to use their data for any purpose other than research. To increase the questionnaire recovery rate and minimize the timing errors, we distributed and recovered the questionnaires right on the spot.

Measurements

Teaching Communication Method Using Smart Phone Video Clips

This study consists of one theme per each 8 sessions. The experimental group with two classes took this course. One class member was 22

Group	Pre-test	Intervention	Post-test
Experimental group	E1	X	E2
Control group	C1		C2

E: Experimental group

C: Control group

X: Teaching communication skills using a video clip on a smart phone

Fig. 1. Study Design

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