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Communication competency as a mediator in the self-leadership to job performance relationship

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ARTICLE INFO

Article history:

Received 24 March 2016
Received in revised form 13 July 2016
Accepted 9 September 2016
Available online xxx

Keywords:

Job performance
Self-leadership
Communication competence
Nurse

ABSTRACT

Background: Communication competency, self-leadership, a personal factor, is another important factor influencing organizational performance.

Aim: This study identified the effects of self-leadership and communication competence on the job performance of general hospital nurses.

Methods: Study participants were 211 nurses working in hospitals in Gyeonggi and Jeonbuk provinces, South Korea. Data were collected from October to December 2015 using a structured questionnaire and analysed using SPSS Statistics 21.

Findings: Self-leadership and communication competence positively correlated with nursing performance. Communication competency played a partial mediating role in the relationship between nurses' self-leadership and job performance.

Discussion: There was a significant mediating effect of communication competence on the relationship between nurses' self-leadership and job performance.

Conclusions: Management-level workers in general hospitals should have the necessary skills and strategies to develop nurses' communication competence and improve nurses' recognition of self-leadership to achieve high performance.

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1. Introduction

The nursing profession involves providing care for patients 24 h a day and communicating with the patient, his/her guardian, and other medical staff. Nursing outcomes vary by communication effectiveness. In other words, nursing is a technical profession based on interpersonal relationships that require mutual cooperation; indeed, interpersonal competence is a decisive element for improving the effectiveness and efficiency of nursing services (Huber, 2000). Thus, communication competency is critical. Smooth communication is a major means of solving collision and conflict between organization members and is also connected to job performance, so efforts to improve communication in the nursing organization are essential (Lim, Park, & Kim, 2012).

An important cause of sentinel events in hospitals is communication-related problems (Joint Commission Center for Transforming Healthcare, 2007). The Joint Commission reported

that 50% of sentinel errors among nurses occurred because of a communication problem. In addition, nurses in clinical settings have reported that communication is the most difficult of their tasks, indicating the necessity of ensuring that all nurses possess adequate communication competency (Seo, Park, & Lee, 2003).

Communication competency has been confirmed as a valuable resource for improving nursing services in nursing organizations (Lim et al., 2012; Park, Lee, Lee, & Park, 2015). Studies on communication competency among nurses have investigated the relevance of such competency to their conflict management methods (Lee, 2011), job satisfaction and organizational commitment (Jang, 2010), emotional labour (Kim & Lee, 2014), and servant leadership (Park et al., 2015). Overall, the results suggest that communication competency is essential for nurses.

Besides communication competency, self-leadership, a personal factor, is another important factor influencing organizational performance. Self-leadership refers to the thinking and behaviour strategies collectively used to exercise self-influence, and emphasizes that autonomy is an internal fundamental inclination of human beings. More specifically, self-leadership refers to the process of leading oneself and engaging in responsible behaviour

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when autonomy and responsibility are given (Manz & Sims, 2001). Leadership that aims to secure nurse expertise and autonomy is necessary in a nursing organization. Such leadership should be follower-oriented, rather than leader-oriented—namely, it should be based on ensuring the autonomy, equality, and participation of organization members (Kim, 2005). Seomun, Chang, Cho, Kim, and Lee (2006) studied the relationship between nurse self-leadership and job performance, and asserted that they had a close relationship.

This study sought to determine the relationship between nurses' self-leadership, communication competency, and job performance. Although researchers have confirmed the relationship between self-leadership and organizational outcomes (Godwin, 2003) and between self-leadership, job satisfaction, and job performance (Cho, 2003), none have confirmed the possible mediating effect of communication competency on the relationship between self-leadership and job performance. Therefore, the relationships of degree of self-leadership, communication competency, and job performance were examined among nurses working in general hospitals in South Korea.

More specifically, this study examines the relationships of general characteristics, self-leadership, and communication competency with nurses' job performance and determines the mediating effect of communication competency on the relationship between self-leadership and job performance. The specific study aims are as follows:

- (1) Determine the level of self-leadership, communication competency, and job performance among nurses working in general hospitals.
- (2) Confirm the differences in job performance according to the general characteristics of nurses working in general hospitals.
- (3) Confirm the correlations between self-leadership, communication competency, and job performance.
- (4) Determine whether communication competency acts as a mediator in the relationship between self-leadership and job performance among nurses.

2. Methods

2.1. Study design

This descriptive research study analysed the effects of self-leadership and communication competency on the job performance of nurses and determined whether communication competency has a mediating role in the relationship between the other two constructs.

2.2. Setting and sample

In this study, sample data were extracted from a convenience sample of nurses with a clinical career of one year or more at six general hospitals. All hospitals had least 500 sickbeds but less than 800, and were located in the Gyeonggi and Jeonbuk provinces of South Korea. G*Power version 3.1.5 was used to calculate an appropriate sample size for multiple regression analysis. The results indicated that at least 123 nurses are necessary when using parameters of $\alpha = 0.05$, a test power of 80%, a medium effect size (0.15) for regression analysis, and 11 independent variables. Based on this, we distributed 240 questionnaires, of which we collected 233. We discounted 22 questionnaires with incomplete responses, and used the remaining 211 in the final analysis. Data were collected from the nursing departments of four general hospitals located in Jeonbuk province and two hospitals located in Gyeonggi province from October to December 2015. A researcher explained the study

purpose and data collection method personally and received cooperation and approval consistent with the prescribed procedure from each institution.

2.3. Ethical considerations

Before the survey was undertaken, its purpose was explained to the responsible managers of nursing departments in the relevant hospitals, after which we requested their cooperation. A researcher then visited the nursing departments in the hospitals that gave their consent for data collection and distributed the questionnaires. Only nurses who listened to the description of the study purpose and gave their written consent to participate were recruited. Nurses' anonymity was guaranteed and they were told that they could stop answering the questionnaire at any time they wished.

Before distributing the questionnaire, a researcher or nurse in charge of education in the hospital described the study purpose and how to complete the questionnaire and consent forms. Each nurse was asked to complete the self-report questionnaire personally. It took approximately 15 min for all participants to complete the survey form. The study procedure of this research project was approved by the institutional review board (**IRB-201510-049). All information was handled anonymously and confidentially and was not used for any other purpose. We explained to the participants the study goal, the fact that they were free to withdraw from the study at any stage, and the fact that they would not be at a disadvantage if they did not participate. We proceeded with the study after receiving their informed consent for study participation.

2.4. Main research variables

A structured self-report questionnaire was used to measure the variables. The questionnaire comprised 60 items in total, including 7 items for participants' general characteristics, 18 items for the self-leadership measure, 15 items for the communication competency measure, and 19 items for the job performance measure.

1) Self-leadership

The self-leadership measure in this study was developed by Manz (1983) and corrected by H. Kim (2003). It comprises subscales of self-expectations, rehearsal, self-goal setting, self-compensating, self-criticism, and constructive thinking. Participants rated their level of agreement with each statement on a five-point Likert-type scale (strongly agree = 1, strongly disagree = 5). A higher score indicated high self-leadership; the Cronbach's alpha of the scale was 0.84 (Kim, 2005). In this study, the Cronbach's alpha was 0.88.

2) Communication competency

To measure communication competency, we used the Global Interpersonal Communication Competence Scale after its modification and supplementation by Hur (2003), who added seven additional concepts to the original eight presented by Rubin, Martin, Bruning, and Power (1991). One item each was used to assess the concepts of 'self-exposure', 'put yourself in another's shoes', 'relaxation of social tension', 'power of insistence', 'concentration', 'management of interaction', 'power of expression', 'supporting force', 'immediacy', 'effectiveness', 'social adequacy', 'logicality', 'goal detection', 'reactive power', and 'noise control power'. A five-point Likert scale with answer options of 1 (strongly disagree), 2 (disagree), 3 (average), 4 (agree), and 5 (strongly agree) was used. Higher scores indicated greater communication ability. The Cronbach's α of Hur's (2003) modified version was 0.72. In this study, the Cronbach's alpha was 0.90.

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