Relationship between Emotional Intelligence and Self-Efficacy among Psychiatric Mental Health Nurses in Clinical Practice

Marwa S. Abdel Aziz, Mona H. Abdel Aal, Samah R. Ibrahim.

Abstract: Emotional intelligence affects working relationships. In adequate self-efficacy could lead to poor performance. The purpose of this study was to explore the relationship between emotional intelligence and self-efficacy among psychiatric-mental health nurses in clinical practice. **Setting and sample type:** This study was conducted at Benha Psychiatric-Mental Health Hospital. A convenient sample of 150 nurses working in different departments was chosen. **Research design**: A descriptive correlational research design was utilized in this study to be achieving the purpose of this study. **Instruments:** one Instrument consisted of three parts were used in data collection. Part one: Social characteristics of nurses. Part two: Nurses' emotional intelligence liker scale. Part three: self-efficacy likert scale. Results 65.2% of nurses had a high level of emotional intelligence and 51.1% had high level of self-efficacy. **Conclusion:** Study concluded that there was a positive correlation between the overall score of self-efficacy & emotional intelligence. **Recommendations:** Role play and role models are needed to increase self-awareness and social communication skills for nurses in the workplace. In addition, nursing research should focus on the factors that influence on emotional intelligence and self-efficacy of nurses at clinical practice.

Keywords: Emotional intelligence, self-efficacy, Mental Health Nurses.

Introduction

Emotional intelligence helps to deal with emotions and intelligence in a creative way (Bradberry et al., 2013). In addition emotions that plays a critical role in our lives. Emotions may play a role even more than Intelligence (IQ), which portrayed by educationists as a gold standard for success even to this day. But, among these intelligently successful of people, many of them failed to face life stressors and moreover they failed in understanding the emotions of oneself and others which results in failure to socialize with people. The resultant impact is that they are failing in many destinies both in personal and professional life. It is the EI rather than IQ that envisages the all-round development and the success in the life of an individual (Avinash et al., 2016).

Investigators now agree that emotions can work together with the thought in interesting and unusual ways. Those who study the role of emotion in cognitive processes provide us with a firm understanding of ways in which our emotions influence our thinking— for better and for worse. Emotional intelligence is a form of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to differentiate among them, and to use this information to guide one's thinking and action (Mayer et al., 2000).

This ability means that one's emotions are integrated into his/her decisions and behaviors in a way that enhances life and the lives of others. People with a strong ability to manage emotions can be passionate, but they also have good emotional self-control, tend to be even-tempered, think clearly when they are experiencing strong feelings, make decisions based on their hearts and

their heads, and generally reflect on their emotions often (Mayer et al., 2004). On the other hand, those who are ''emotionally illiterate'' blunder their way through lives marked by misunderstandings, frustrations, and failed relationships (Kewalramani et al., 2015).

Thereby, it is assumed that self-efficacy could be influenced. Self-efficacy is individual's own judgment regarding his or her skills in carrying out required behavior or particular types of actions. Nurses as persons need to believe in their capabilities to organize and execute their actions to produce the desired outcomes (Bandura, 2000). Nurses who work specially in the field of mental health consistently deal with different human emotions and stressful situation. These emotions frequently range from pain, disorders discomfort, sadness, hope and they focused on patient satisfaction and will-being in their job through perform their work with efficiency (Avinash et al., 2016). So, this study will explore the relationship between emotional intelligence and self-efficacy among Psychiatric-mental health nurses in clinical practice.

PURPOSE

The purpose of the study is to explore the relationship between emotional intelligence and self-efficacy among Psychiatric-mental health nurses in clinical practice. This will be achieved through the following objectives:

a. Assess emotional intelligence levels among psychiatric-mental health nurses.

b. Assess self-efficacy levels among psychiatric-mental health nurses.

c. Assess the relationship between emotional intelligence and self-

efficacy among psychiatric-mental health nurses in clinical practice.

HYPOTHESIS

Level of Emotional intelligence is positively related to the level of nurses' self-efficacy.

METHODS

Research design:
A descriptive co relational Research design was utilized in this study.
Research Setting:
The study was drawn from Psychiatric-Mental Health Hospital at Benha City which is affiliated to General Secretariat.
Sampling:
A Convenient sample of 150 nurses was included they were selected from different departments in the hospital according to the following inclusion criteria.

Inclusion criteria:

1. Gender: Both [male – female].

2. Academic Qualifications: Different categories.

3. Years of experience: At least one year.

4. Agree to participate in the study.

The tool of data collection:

The tool used for this study consists of three parts:

The researcher constructed it after reviewing literature in this field.

❖ **Part one: Social characteristics of nursing staff:**

This part included brief personal profile questions about the nursing staff such as; age, gender, level of nursing education, employment, working in

department and Years of experience.

❖ **part two: Emotional intelligence Likert scale:**

It was adopted from Daniel Goleman's et al., (2013), Emotional Intelligence Framework. It was translated into Arabic by the researcher.

Scoring system:

Emotional intelligence subscales were scored on a three-point Likert scale ranging from 1 to 3 (Rarely, Sometimes and often). The scores of each item were summed- up and the total score was divided by the number of the items, giving a mean score each part which low level ranged from 73 – 121. Moderate level was from 122- 170 and high level ranged between from 171- 219.

Reliability:

To achieve the criteria of trustworthiness of the instrument. The internal consistency was tested by Cronbach Alpha (a = 0.885).

❖ **Part three: Self-efficacy Likert scale:**

It adopted from Schwarzer et al., (2014), utilized to measure perceived self-efficacy of the participants and helps to understand motivations and behaviors in a way that relates to perceiving self-efficacy based on 10 items.

Scoring system:

A self-Efficacy scale was a three-point Likert scale ranging from 1 to 3 (Rarely, Sometimes and often). The score of the items of scales was summed- up and the total score was divided by the number of the items, to give a mean score for each part low level was from 10-16. Moderate level ranged from 17-23 and high level was from 24-30 of self-efficacy.

Reliability:

To achieve the criteria of trustworthiness of the instrument. The internal consistency was tested by Cronbach Alpha (a = 0. 0.987).

Validity:

To achieve the criteria of trustworthiness of data collection instruments they were submitted to a jury. They were one assistant professor of mental health nursing, one assistant professor in community health nursing and one assistant professor in nursing services administration. This was done to ascertain, the relevance, clarity and completeness of the instrument.

A pilot study

Was carried out on 15 nurses (10% nurses of a sample) who shared in the pilot study was not included later in the study sample. Based on the findings of the pilot study the necessary modifications were done. Some items were added and then the final forms were developed. It was done to ensure the clarity and applicability of instruments, identify unexpected obstacles and estimate the required time that is needed to fill the instruments.

Ethical consideration:

A formal consent for acceptance to share in the study was obtained after explaining the purpose of the study and methods of data collection. All participates were told that they were allowed to withdraw at any time they were told that instrument was anonymous, and obtained data will be only used for research purposes.

Procedure:

1. An official permission to carry out the study was obtained after submitting an official letter from the dean of faculty of nursing, Benha University to the director of Benha Psychiatric Mental Health Hospital to conduct the purposed study.

2. The researcher met the head nurses of the studied department and explained to them the purpose and data collection procedure.

3. Data was collected from nurses using instrument which consists of three parts during one shift. It was collected three times/ week during the one shift. Approximately, it took them 20 minutes to fill each part of data collection instrument.

4. Data collection was started in July 2017 and ended by August 2017.

STATISTICAL DESIGN:

The statistical analysis of data was done using Computer Statistical Package for Social Science (SPSS) program, version 21.0.1. Descriptive data was revised, coded, tabulated and statistically analyzed using percentage, means and standard deviations for quantitative variables. To find out the relationship between variables, Pearson coefficient correlation has used and Cronbach Alpha Coefficient test were used. A statistical significant difference was considered if P-value ≤ 0.05. A highly statistical significant difference was calculated if $P \leq 0.001$

Results:

Table 1 represented the distribution of the studied nurses according to their personal characteristics. The results revealed that more than two-fifths (45.9%) of the studied nurses were 18 to less than 30 years old with a mean age of 32.8 ± 7.5 years. This table showed that more than half of the studied nurses (50.4%) were females. In relation to nurses' academic qualifications, more than half of the studied nurses (54.8%) had nursing diploma.

Table 2 showed that nearly three quarters (74.1%) of nurses were staff nurses. Concerning their years of experience, more than half of studied nurses (51.0%) had more than ten years' experience.

Table 3 showed that nurses who had high levels of empathy, self-regulation and self-awareness were only 61.5%, 59.3% and 54.8% respectively.

Table 4 revealed that, there was a positive highly statistical significant correlation between emotional intelligence and self-efficacy.

Figure 1 Revealed that the studied nurses who had high and moderate levels of emotional intelligence were 65.2% and 34.1% respectively.

Figure 2 showed that nurses with high, moderate and low levels of self-efficacy were 51.1%, 42.2% and while 6.7% respectively.

Table (1)

Distribution of nurses according to their personal characteristics.

Items	NO	%
Age:		
• 18<30	62	45.9
• 30<45	61	45.1
• 45-<60	12	9.0
Mean ± SD: 32.8± 7.5		
Gender:		
• Male	67	49.6
• Female	68	50.4
Academic Qualification		
• Nursing Diploma	74	54.8
• Nursing Technician Institute	31	23.0
• Bachelor of Nursing	29	21.5
• Master of Nursing.	1	0.7

Table (2): Distribution of nurses according to their employment status and years of experience.

Items	NO	%
Employment status		
• Staff nurse	100	74.1
• Head nurse	35	25.9
Years of experience:		
• 1< 5	20	14.8
• 5< 10	45	33.3
• >10	70	51.7
Mean ± SD:13.0± 8.3		

Table (3): Level of psychiatric-mental health nurses emotional intelligence.

Emotional Intelligence subscales	High		Moderate		Low	
	NO	%	NO	%	NO	%
Self-Awareness	74	54.8	60	44.4	1	0.7
Self-Regulation	80	59.3	53	39.3	2	1.5
Self-motivation	73	54.1	61	45.2	1	0.7
Empathy	83	61.5	51	37.8	1	0.7
Social-Skills	63	46.7	71	52.6	1	0.7

Table (4): Correlation between emotional intelligence and self-efficacy tables.

	Emotional Intelligence	
	r test	*p- value*
Self-efficacy	0.65	0.00

Figure 1

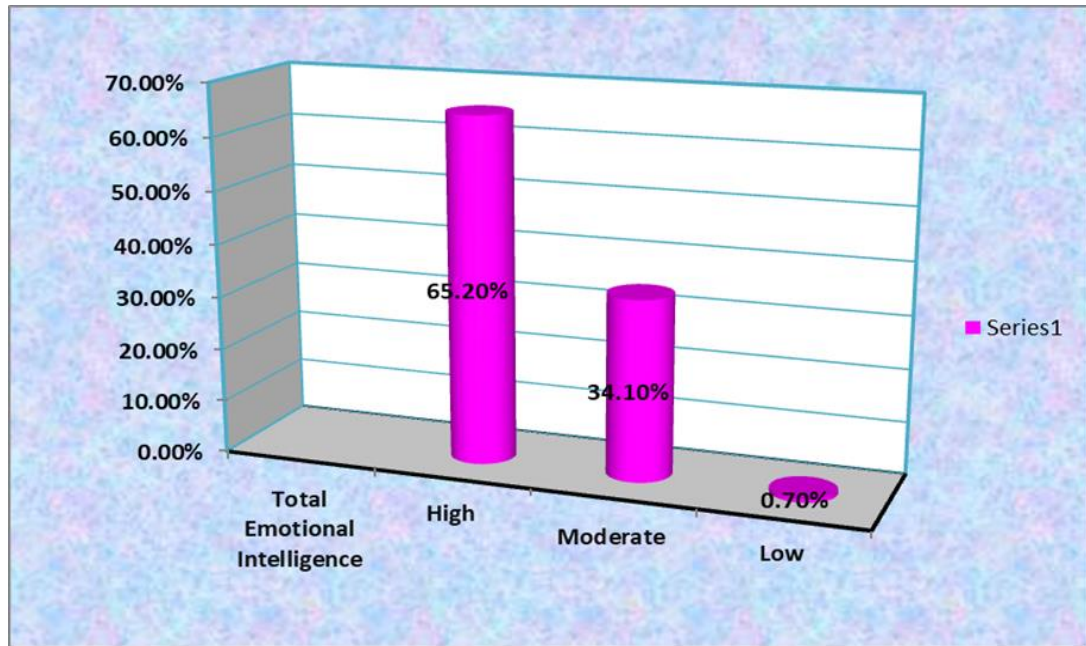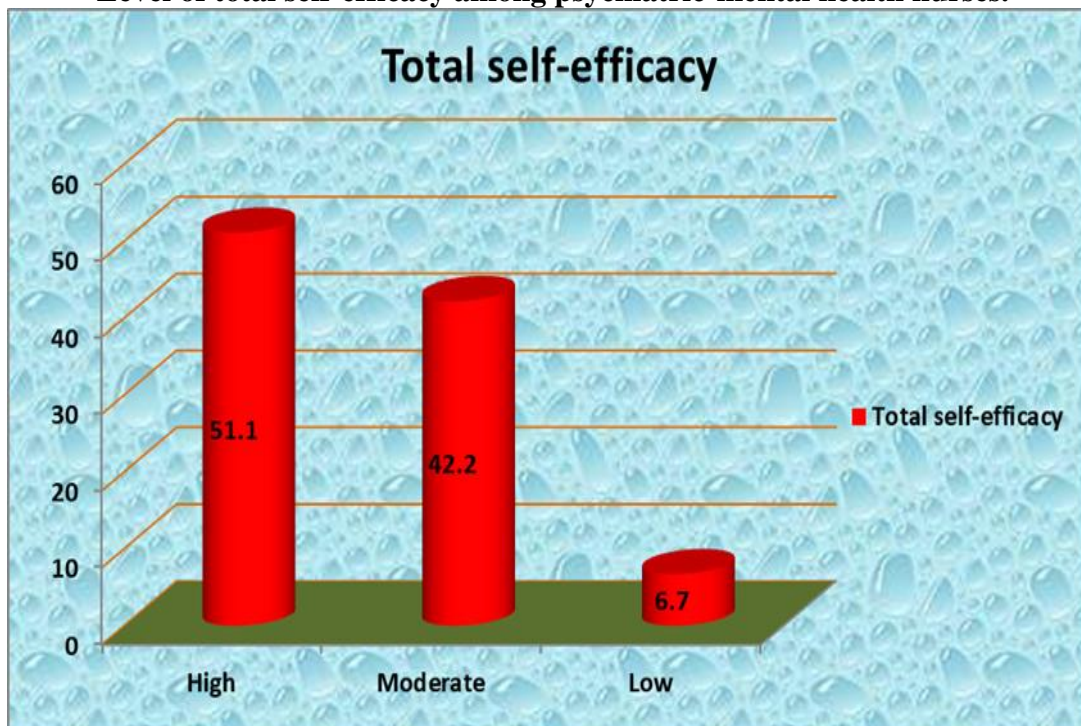**Level of emotional intelligence among psychiatric-mental health nurses.**

Figure 2

Level of total self-efficacy among psychiatric-mental health nurses.

DISCUSSION

Emotional intelligence is an important area of research that must be studied by nurse researchers. It contains empathy, sensitivity, and emotional management. All of these are competencies are required for nursing practice (Heydari, 2016).

The present study showed that the highest maximum level of emotional intelligence was empathy followed by self-regulation and the lowest level was to social-skills. This finding is disagreement with Fathi et al., (2015) and Samy (2016) who stated that the lowest minimum related to self-Awareness while the highest maximum related to social-skills. These differences could be attributed to differences between personal characteristics (age, gender and academic qualifications between nurses in the three studies.

In this study, the low level of social could render nurses unable to communicate, from connections or interactions. Social skills could cause success or failure in nursing practice. Thereby, studied nurses needed programs and shops to increase their self-awareness and social skills.

For emotional intelligence, the present study showed that studied nurses had moderate to high level of emotional intelligence. This finding is agreed with Codier et al., (2008); Saeed et al., (2013) and samy (2016) who stated that the studied nurses had moderate to high level of emotional intelligence. On the other hand, this study was inconsistent with Bakr (2012) and El-Sayed et al. (2014) who found that the highest percentage of nurses had low level of emotional intelligence. Could be related to cultural educational and measuring instruments differences.

Regarding self-efficacy, the present study showed that the studied nurses had moderate to high self-efficacy level. This finding was in line with Karabacak et al., (2013) and Ghadamgahi et al., (2017) who stated that the studied nurses had good self-efficacy level. Whereas, it was inconsistent with El-Sayed et al. (2014) and Zaki (2016) who indicated that the majority of nurses had low level of self-efficacy. Perhaps, these differences could be due to differences in emotional intelligence.

Level of job satisfaction, the pleasure one derives from being able to provide care and the confidence in one's ability to deal with psychiatric patients could lead to differences in the results of studied nurses.

Meanwhile, the present study showed that there was a positive and highly statistical significant positive relationship between emotional intelligence and self-efficacy. This finding was congruent with Tabatabaei et al., (2013) and Gharetepeh, et al., (2016) who stated that self-efficacy was a positive correlated with emotional intelligence. Emotional intelligence helps to predict self-efficacy among students with different levels of academic achievement because high self-awareness and self-motivation could play an effective role in achieving success and emotional intelligence. An additional explanation for relationship between emotional intelligence and self-efficacy, emotional intelligence fosters self-efficacy beliefs and positive self-concept among nurses through allowing them to perceive and regulate their emotions and that of others could lead to better decision-making through proper problem solving.

Conclusion:

Nurses who work in Benha Psychiatric-Mental Health Hospital had moderate to high levels of emotional intelligence and self-efficacy. Also, nurses who had high levels of emotional intelligence had high levels of self-efficacy.

1) Emotional intelligence and self-efficacy of nurses must be assessed and recognized

2) Emotional intelligence based training program must be held for nurses to update their knowledge, relevant skills and moral values through developing their self-awareness and social skills.

3) Objective of hospital policies should help to enhance nurses' self-efficacy and confidence to improve their performance.

4) Future research should be done on a larger sample size in several psychiatric hospitals and in a broader geographical area – in order to generalize the results of the study.

References

Avinash, M., & Lee, P.: Emotional Intelligence in Nursing. IOSR Journal of Nursing and Health Science (IOSR-JNHS) 2016; PP 38 www.iosrjournals.org

Bandura, A.: The Black Handbook of Principles of Organizational Behavior. Oxford, UK: Blackwell. 2000

Bandura, A.: On the functional properties of perceived self-efficacy revisited. Journal of Management, 2012; 38(1):9-41. doi: 10.1177/0149206311410606.

Bradberry, /T., Greaves, J., & Lencioni, P.: Emotional Intelligence 2.0 www.jarirbookstore.com 2013;

Ibrahim, H., Taha, W., Elsayed, R., & Mohamed, S.: Relationship Between Nursing Students' Emotional Intelligence and Their Clinical Performance During Obstetrics and Gynecologic Nursing Practical Training. American Journal of Nursing Science 2016; 5(6): 240-250 http://www.sciencepublishinggroup.com/j/ajns doi:10.11648/j.ajns.20160506.12 ISSN: 2328-5745 (Print); ISSN: 2328-5753 (Online)

Joo, Y., Lim, K., & Kim, J.: Locus of control, self-efficacy, and task value as predictors of learning outcome in an online university context. Journal Computers & Education, Elsevier Science Ltd. Oxford, UK, UK 2013; 10.1016/j.compedu.2012.10.027.

Kewalramani, S., Agrawal, M., & Rastogi, M.: Models of Emotional Intelligence: Similarities and Discrepancies. Indian Journal of Positive Psychology. Indian Association of Health, Research, and Welfare. Provided by ProQuest. 2015

Mayer, J. Salovey, P., & Caruso, D. :"The Emotionally Intelligent Manager: How to Develop and Use the Four Key Emotional Skills of Leadership" 2004; https://books.google.com.eg/books?isbn=0787974226

Mayer, J., Salovey, P., & Caruso, D.: "Emotional Intelligence Meets Traditional Standards For Intelligence", 2000; 27(4):267-298.

Mohamed, F: Emotional Intelligence and Conflict Management Styles among Nurses Managers at Assiut University

Hospitals.Journal of Education and Practice, 2014; Vol.5, No.5.

Nam, S., Yang, E., Lee, S.M., Lee, S.H., & Seol, H.: A psychometric evaluation of the career-decision self-efficacy scale with Korean students. A Rasch model approach. Journal of Career Development, 2011; 38(2):147-166. DOI: 10.1177/0894845310371374.

Robin Brush Parnell, RN&Judith L. St. Onge, (): Teaching safety in nursing practice: Is emotional intelligence a vital component? Journal Teaching and Learning in Nursing 2015; 10, 29http://www.jtln.org/http://dx.doi.org/10.1016/j.teln.2014.11.001

Sungwon, C.,: Assessing Emotional Self-Efficacy: Evaluating Validity and Dimensionality with Cross-Cultural Samples/ 2013; 62 (1), 97–123 doi: 10.1111/j.1464-0597.2012.00515.x

Tearle, R. (): Emotional Intelligence White Paper V2 - Intelligent Executive/ intelligentexecutive.com 2015;

Victoroff, K., and Boyatzis, R.: What is the relationship between emotional intelligence and dental student clinical performance? Journal of dental education, 2013; 77(4): 416-426

Zullig, K., Teoli, D., & Valois, R.: Evaluating a brief measure of social self-efficacy among US adolescents. Psychological Reports, 2011; 109(3): 907-920. DOI 10.2466/02.09.PR0.109.6.907-920.

Awuku, E.: Stress, work engagement, and psychological well-being of the nurses at state hospitals in Windhoek, Rehoboth, and Okahandja, a published Thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts in clinical psychology, the University of Namibia. 2013;

Bakr, M., and Safaan, S.: Emotional Intelligence: A Key for Nurses' Performance, Journal of American Science, 2012; 8(11): 385-393.

Codier, E., Kooker, B. and Shoultz, J.: "Measuring the emotional intelligence of clinical staff nurses: an approach for improving the clinical care environment," Nursing Administration Quarterly, 2008; vol. 32, no. 1, pp. 8–14, View at Publisher • View at Google Scholar • View at Scopus

El Dahshan, M. E. & Keshk, L. I.: Managers' Conflict Management Styles and its Effect on Staff Nurses' Turnover. 2014

El-Sayed, S., El–Zeiny, H., & ADEYEMO, D.: Relationship between occupational stress, emotional intelligence, and self-efficacy among faculty members in the faculty of nursing Zagazig University, Egypt. Journal of Nursing Education and Practice, 2014, Vol. 4, No. 4 www.sciedu.ca/jnep http://dx.doi.org/10.5430/jnep.v4n4p183.

Fathi, A., Talat, D., Abbass, L. & Othman, M.: Emotional intelligence and internet addiction among nursing interns-Clinical Nursing Studies www.sciedupress.com/journal/index.php/cns/article/. 2016;

Ghadamgahi F., Zighaimat F., Ebadi A., & Houshmand A: Knowledge, attitude, and self-efficacy of nursing staffs in hospital infections control 2017;

Gharetepeh, A., Safari, Y., Pashaei, T. Razaei, M. &Bagher, M.: Emotional intelligence as a

predictor of self-efficacy among students with different levels of academic achievement at Kermanshah University of Medical Sciences. Journal List J Adv Med Educ Prof 2016; v.3 (2); 2015 Apr PMC4403564.

Ghoreishi, F., Zahirrodine, A., Assarian, F., Moosavi, S. and Mehrizi, M.: "Evaluation of emotional intelligence and job satisfaction in employees of Kashan Hospitals," Nursing and Midwifery Studies, 2014; vol. 3, no. 1, Article ID e11977, 2014. View at Publisher • View at Google Scholar

Karabacak, Ü., Serbest, S., Kan Öntürk, Z., Eti Aslan, F., & Olgun, N.: Relationship between student nurses' self-efficacy and psychomotor skills competence. International Journal of Nursing Practice, 2013; 19, 124–130. 83 doi:10.1111/ijn.12051

Morrison, J: the relationship between emotional intelligence competencies and preferred conflict-handling styles: A correlational analysis of selected registered nurses in Southern Mississippi, Kaplan University, Hattiesburg, Mississippi 39401, -

USA. J nursing Management. 2008; 16 (8):974-83.

Saeed, Y., Javadi, M., Sirati Nir, M. & Mokhtari Nouri, J.:"Assessment and comparison of emotional intelligence of nurses in general and intensive care units," Iranian Journal Of Critical Care Nursing, 2013; vol. 5, no. 4, pp. 214–221, 2013. View at Google Scholar.(1/16/2018).

Samy, S.: The effect of emotional intelligence on job involvement among nurses in clinical practice. 2016;

Tabatabaei, sh., Jashani, N., Mataji, M. & Afsar, N.: Enhancing Staff Health and Job Performance through Emotional Intelligence and Self-Efficacy. Available online at www.sciencedirect.com. 2013

Zaki, R.: Job Stress and Self- Efficacy among Psychiatric Nursing Working in Mental Health Hospitals at Cairo, Egypt. Journal of Education and Practice www.iiste.org ISSN 2222-1735 (Paper) ISSN 2222-288X (Online) 2016; Vol.7, No.20, 2016- time (3:36pm) 1/17/2018.