The Social Competence of Mental Health Nurses

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Presentation plan

- Interpersonal skills - review of selected definitions
- The impact of the nurse – patient relationship on the diagnostic and therapeutic process
- Aims and work
- Characteristics of the results
- Broadening the perspective of understanding the interpersonal skills based on individual research
- Summary

Interpersonal skills - review of selected definition

- Interpersonal skills are defined as relational, communication, social or interactive skills
- A popular term is social intelligence, Thorndike introduced this concept in 1920
- In 1956 Withe defined competence as specific understanding of the skills of effective interaction with the environment
- Gordon and all – having examined children's understanding of emotional messages, the concept of social competence coined for the first time
- Gilford - introduced a component of social intelligence to the model of intellect and in the 80s Gardner identified personal intelligence with the subcategory interpersonal intelligence in a model of multiple intelligences

- In 1990, Salovey and Mayer made a breakthrough and introduced the concept of emotional intelligence to psychology
- In 1995 Goleman spreaded this concept by creating a model of emotional intelligence
- Riggio is the author of the global model of social competence level
- Śmieja defines social intelligence as a category relating to cognitive skills such as decoding, planning, execution
- Other authors include the following in the area of social competence:
  - Mutual understanding and knowledge, building a climate of mutual trust (Mellibruda)
  - Assertiveness - the ability to express negative social competence (Salter)
  - Personality traits and temperament

The impact of the nurse - patient relationship on diagnostic and therapeutic process

What should be the nurse – patient relation like?

- Meeting with the sick is a specific interpersonal relationship, where the image of the disease coincides with the history of the patient's life, as well as the present area of the life history of an assisting nurse.
- This relationship is assumed to be supportive and therapeutic.
- Tischner believed that interpersonal contacts to be the source of axiological experience.
- Kępiński recognized the nurse - patient relationship as a reflection of the mother – child relationship, the original humanistic dimension.
- Nyklewicz qualifies the nurse – patient relationship as nursing of the relation.
- Smith, Dorothy Kirkpatrick propose that nurses should adopt a relationship based on a style of communication oriented at problem-solving.

Aims and work

- **Aim of the study**. The aim of this study was to answer the question about differences in social competences between nurses working in the hospital / psychiatric ward and nurses working in other medical entities.

- **Material and methods**. 150 professionally active nurses from the Warminsko-Mazurskie Region were studied. We analyzed material derived from 94 people. The questionnaire used Social Competence (SC) by Anna Matczak. The collected research material was divided into two groups: a study group (group T) and a control group (group C). Group T included nurses employed at the hospital / psychiatric ward. Group C included nurses working in other medical entities. Groups were balanced out in terms of three characteristics: age, education and work experience. Following the verification, 56 nurses who do not meet the characteristics of the equivalent group were excluded. Eventually, material derived from 94 nurses was analyzed.

- **Demographic data was collected using a questionnaire**. The resulting research material was developed using Student's t-test (t) in order to compare the two independent groups, a threshold level of statistical significance was set at $p < 0.05$. Calculations were made using IBM SPSS version 21.0. and 10.0 statistical package StatSoft Statistica

- **Research questions:**

  1. What level of social competence do the studied nurses display?
  2. Do psychiatric nurses differ in terms of social competence from nurses working in other therapeutic entities?
  3. Are the selected sociodemographic characteristics, interpersonal skills and cognitive competences related to the level of social competence of the nurses surveyed?
  4. Do psychiatric nurses differ in the degree of job satisfaction from professional nurses working in other therapeutic entities?

Hypotheses

- Psychiatric nurses differ from nurses working in other therapeutic entities in the area of competences conditioning the effectiveness of behaviour in situations which require developing deeper interpersonal relations (H 1).

- Psychiatric nurses do not differ from nurses working in other therapeutic entities in the area of competences conditioning the effectiveness of behaviour in situations of social exposure (H 2).

- Psychiatric nurses do not differ from nurses working in other therapeutic entities in the area of competences conditioning the effectiveness of behaviour in situations which require assertiveness (H 3).

- Psychiatric nurses do not differ from nurses working in other therapeutic entities in terms of total result of combined social competences (H 4).

Characteristics of the study groups

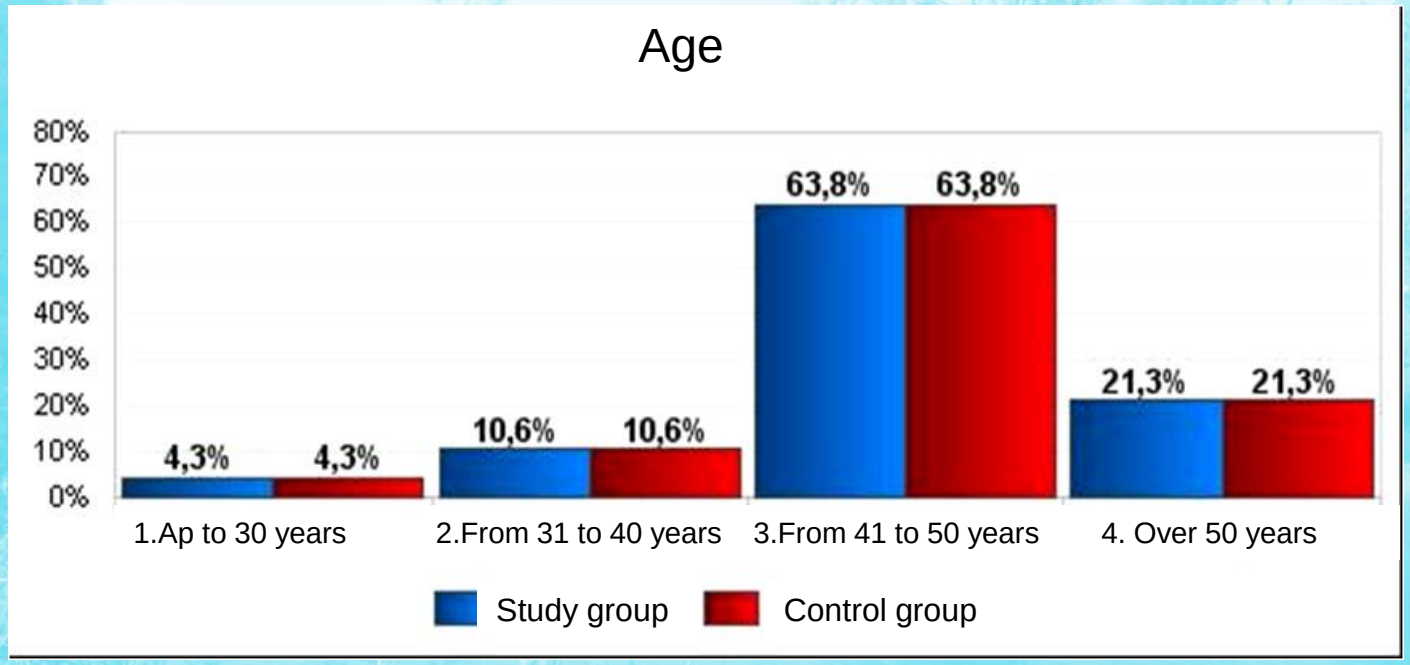


Fig. 1. Age of respondents divided into test group (n = 47) and controls (n = 47)

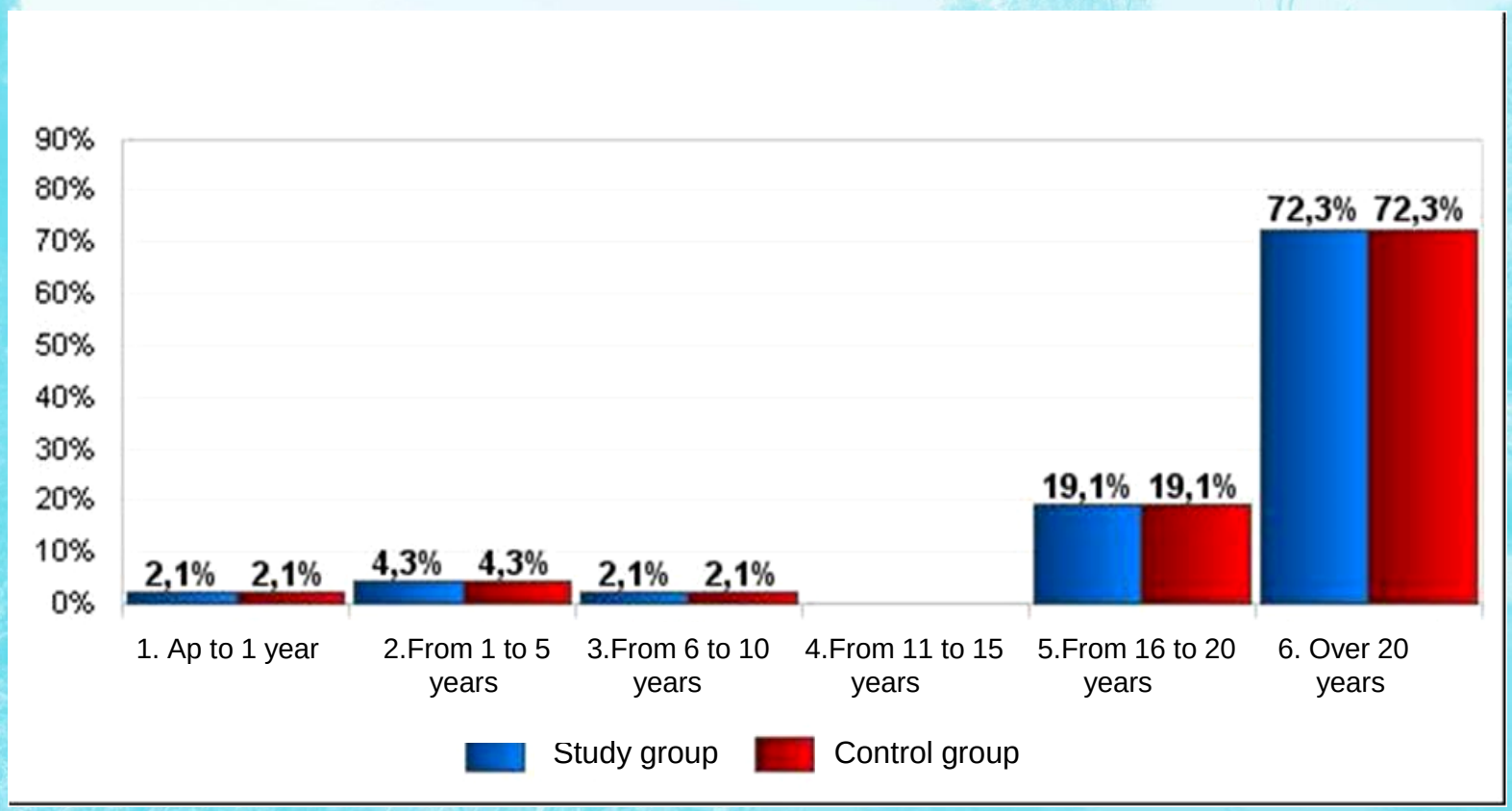


Fig. 2. Seniority in the profession of nurse respondents divided into test group (n = 47) and controls (n = 47)

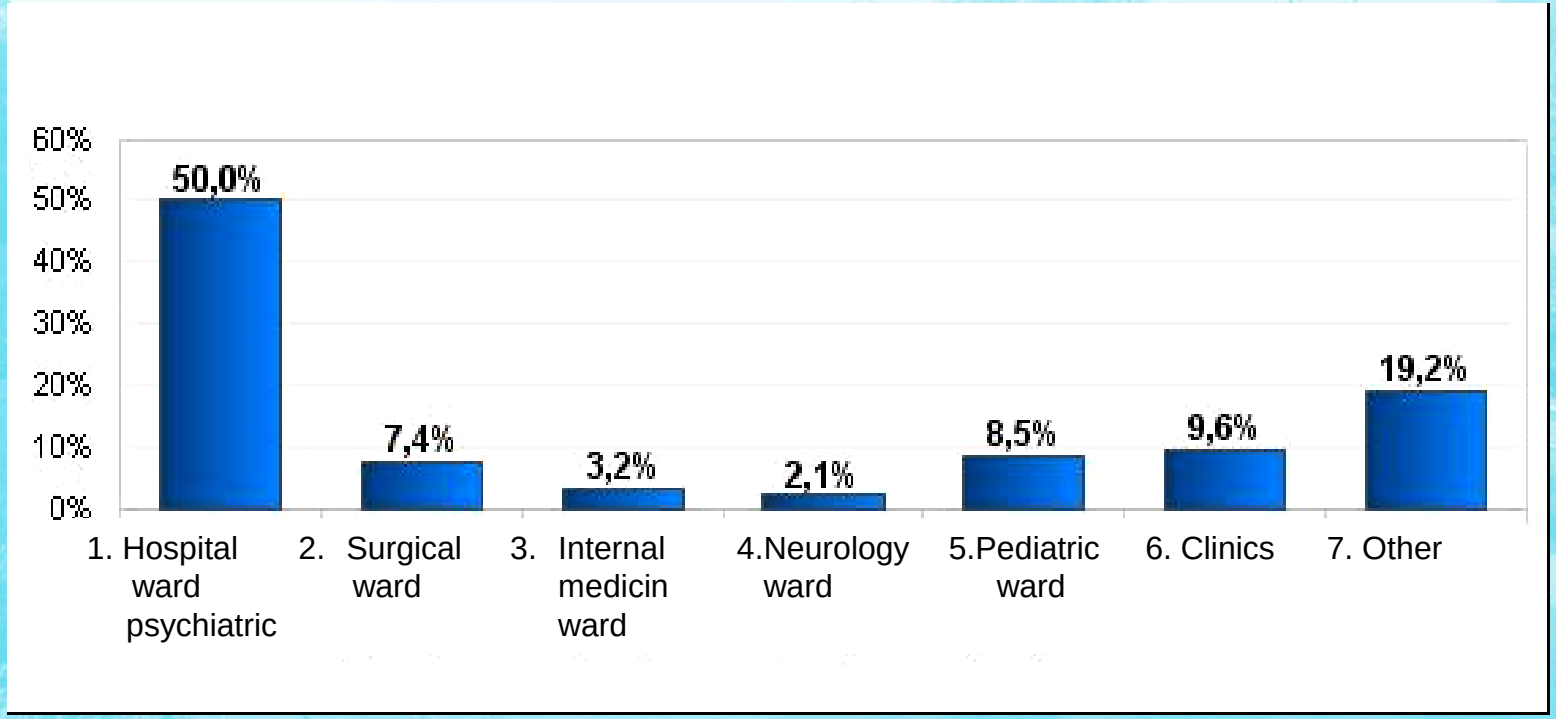


Fig. 3. The workplace of respondents (n = 94)

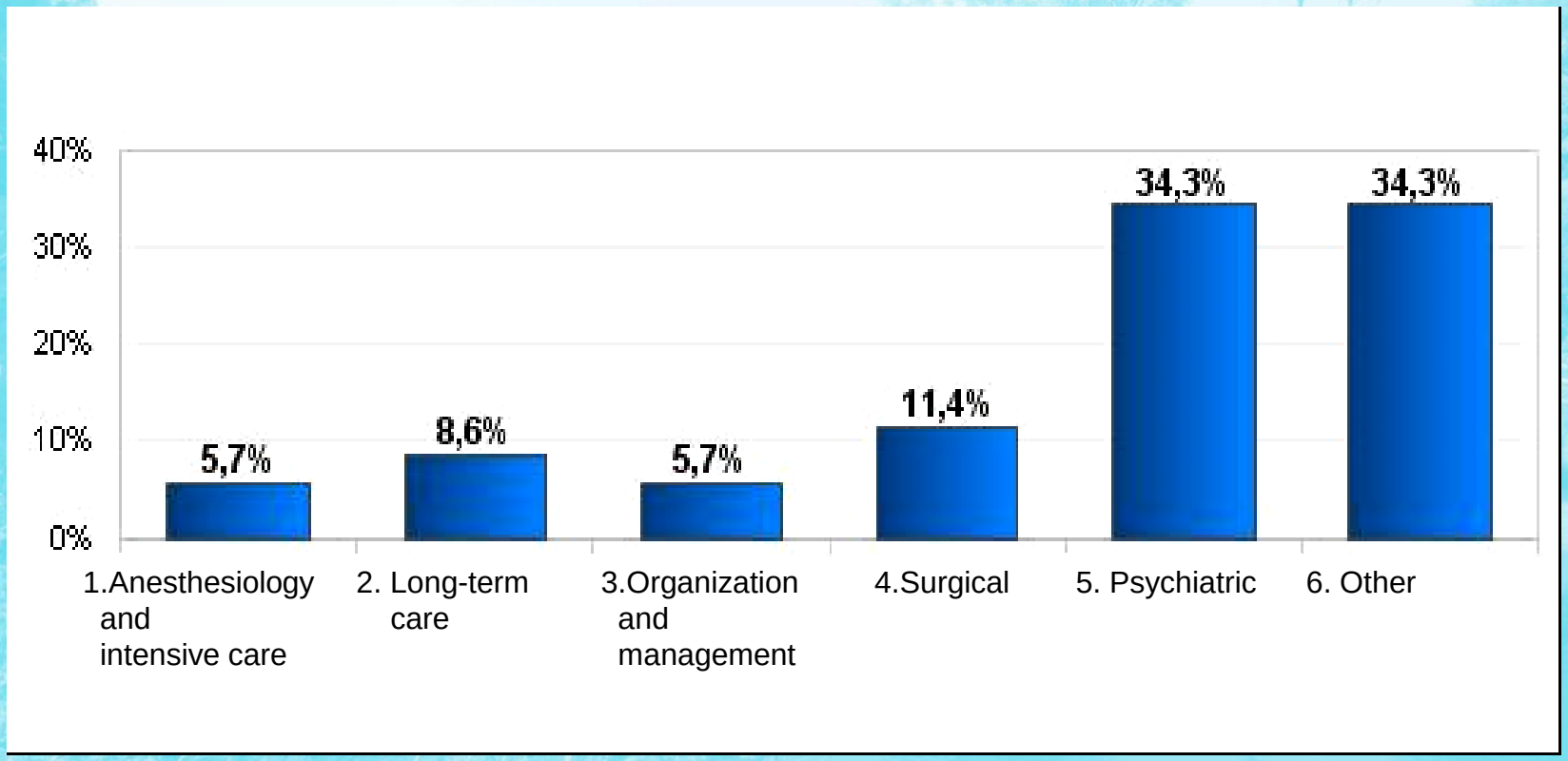


Fig. 4. Expertise in the nursing field among respondents (n = 94)

Results

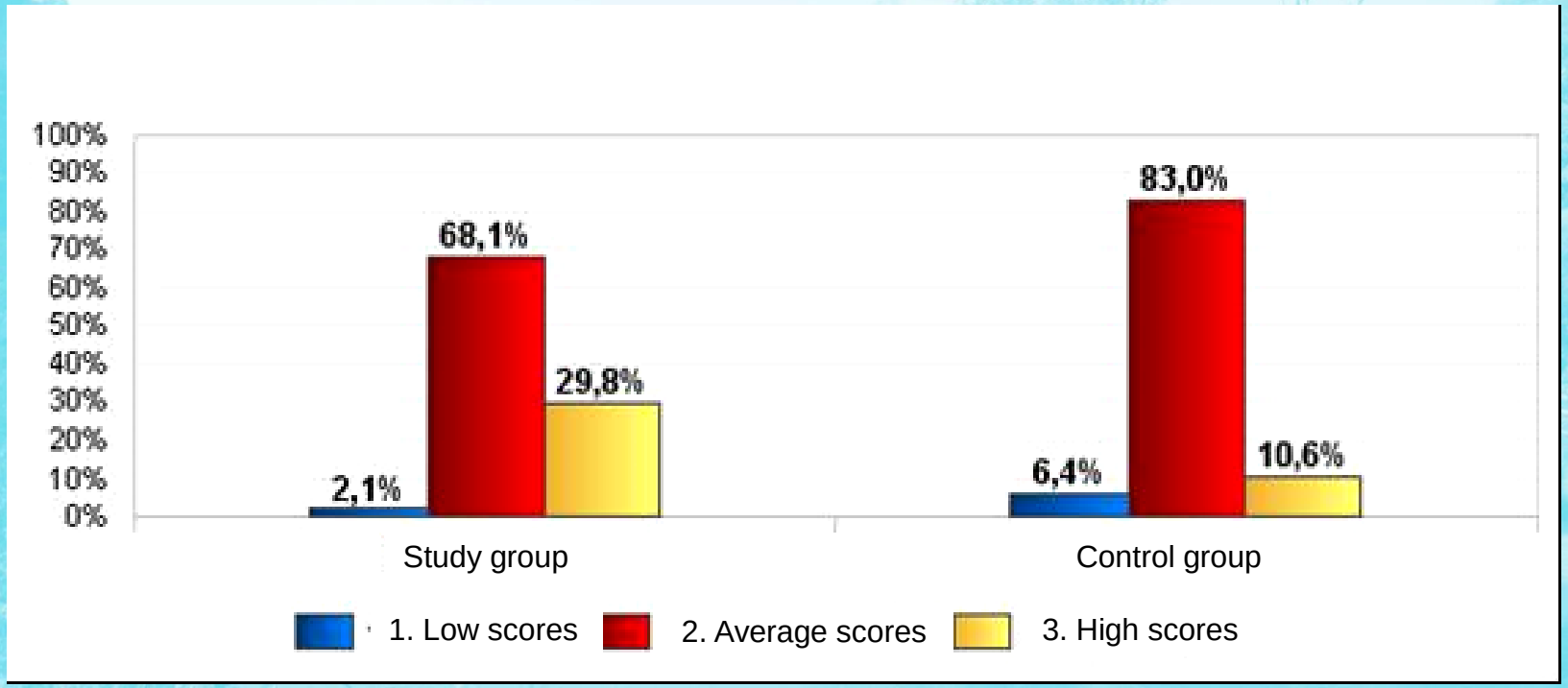
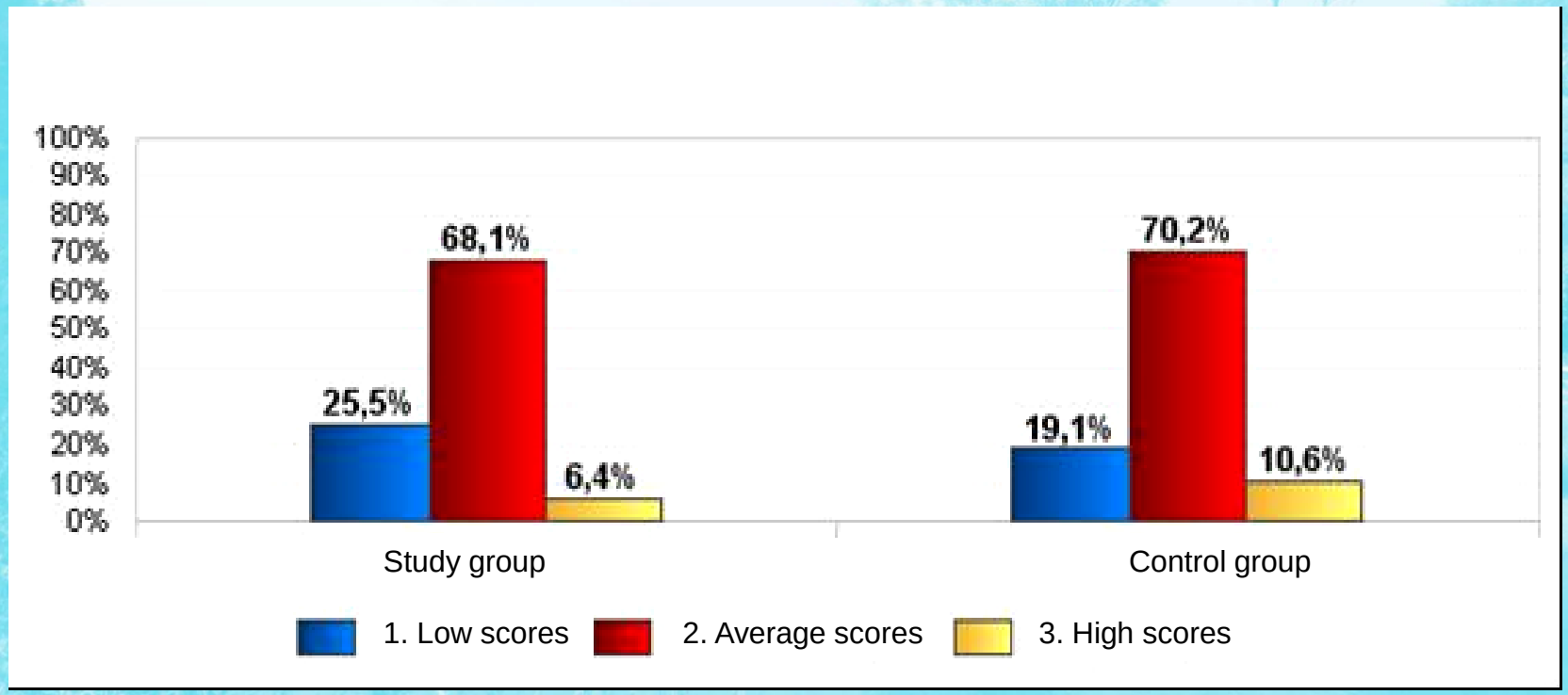
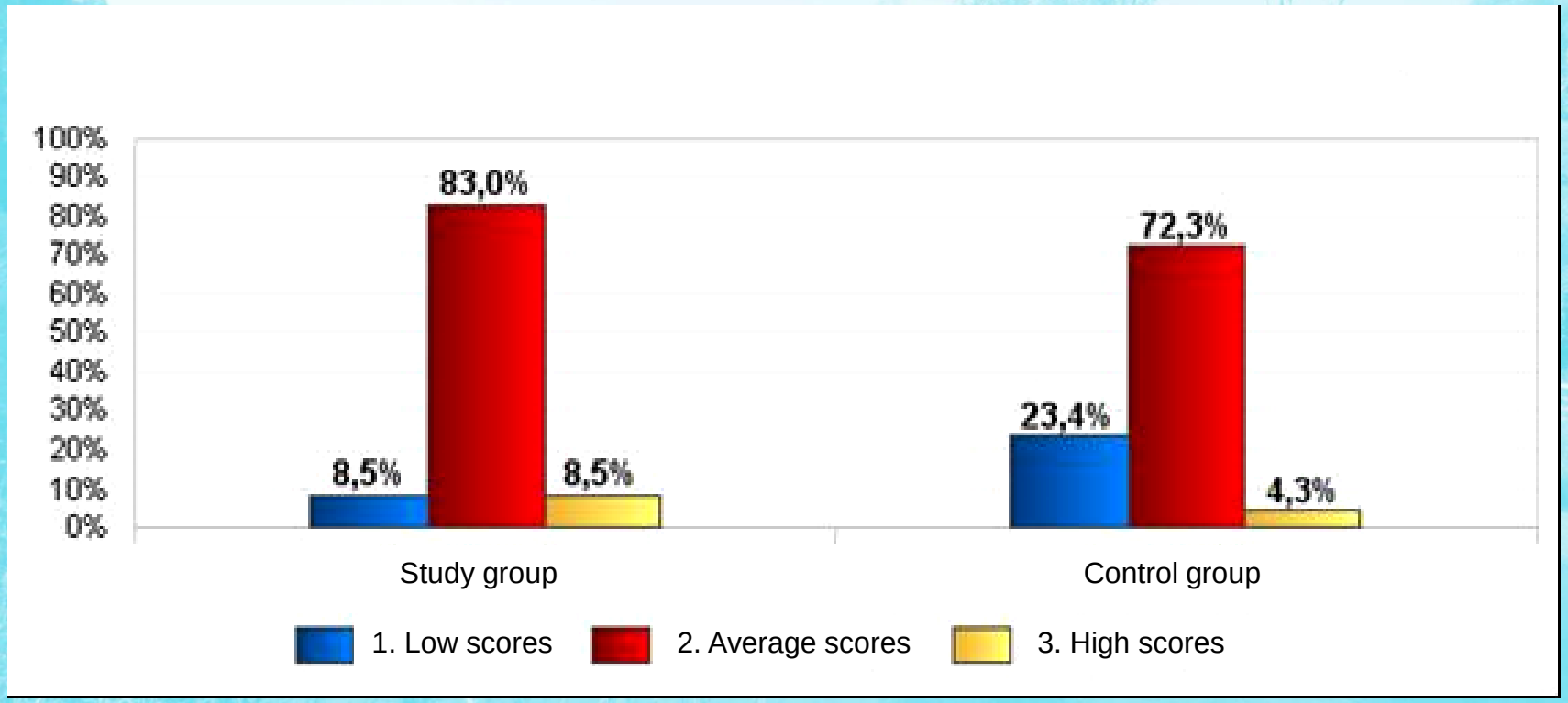


Fig. 5. Interpretation of the scale I with the division of the results between low, average and high in the study group (n = 47) and control (n = 47)



Ryc.6. Interpretation of ES scale with the division of the results between low, average and high in the test group (n = 47) and controls (n = 47)



Ryc.7. Interpretation of the A scale with the division of the results between low, average and high in the test group (n = 47) and controls (n = 47)

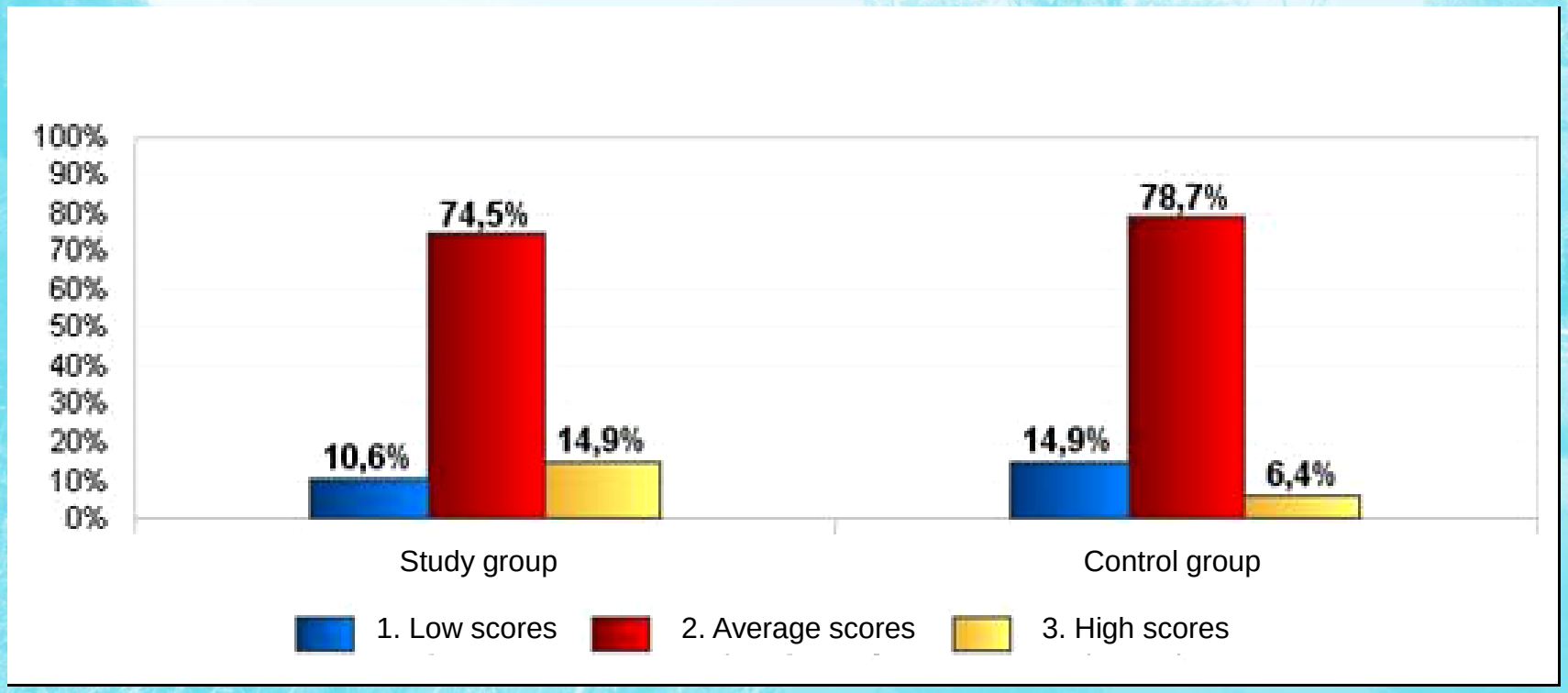


Fig. 8. Interpretation of the KKS scale with the division of the results between low, average and high in the study group (n = 47) and control (n = 47)

Hypothesis 1.

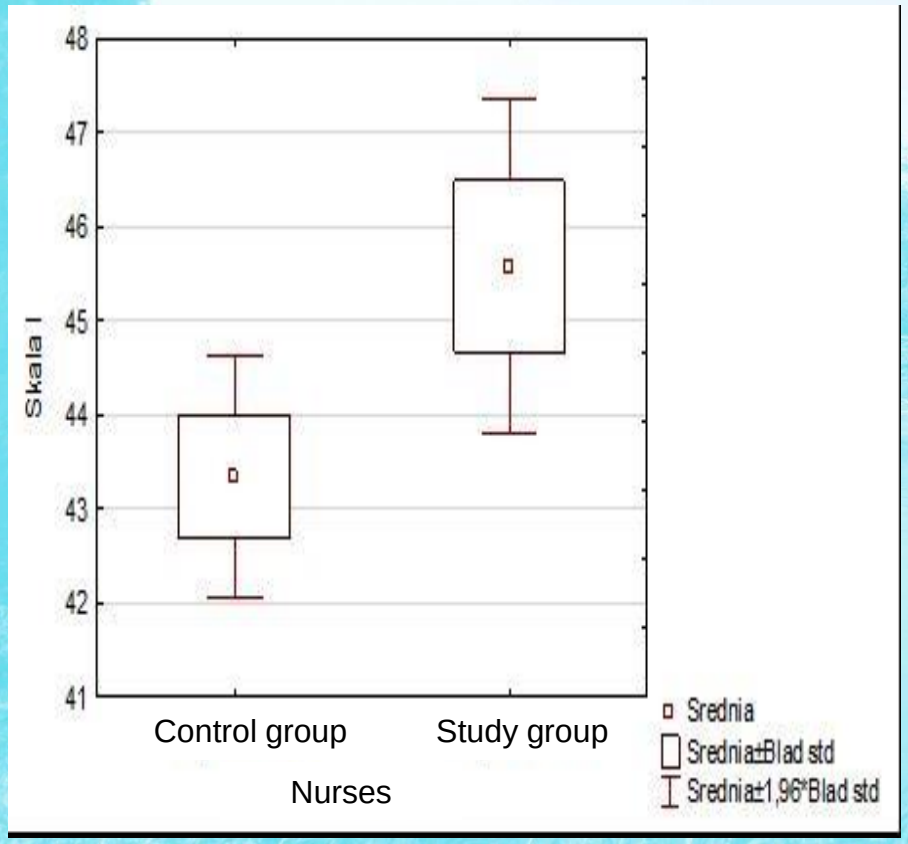


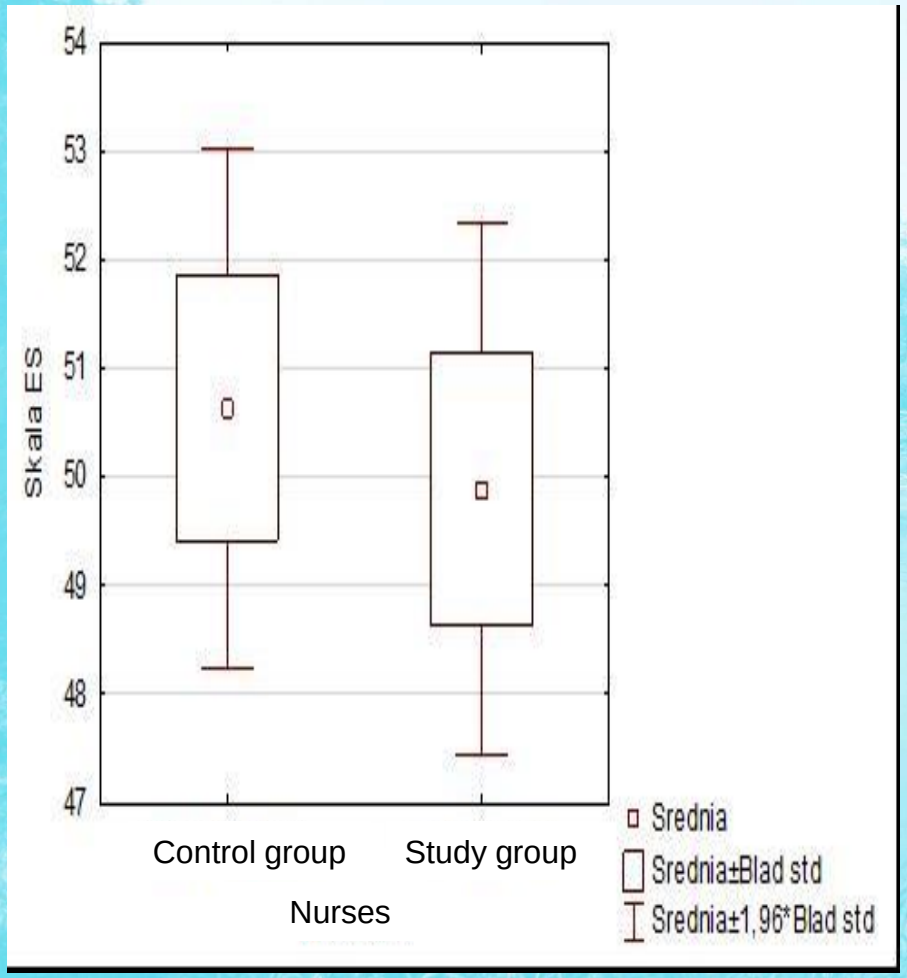
Fig. 9. Scale I - graphic t-test

The results of the performed means equality t-test for independent groups and a confidence intervals chart for mean values confirm H 1 ($t = 1.992$, $p = 0.050$).

People in group T are different from those in group C in terms of social skills measured by the I scale.

This means that psychiatric nurses have higher competences conditioning efficiency of behaviours in situations which require developing deeper interpersonal relations than nurses working in other therapeutic entities.

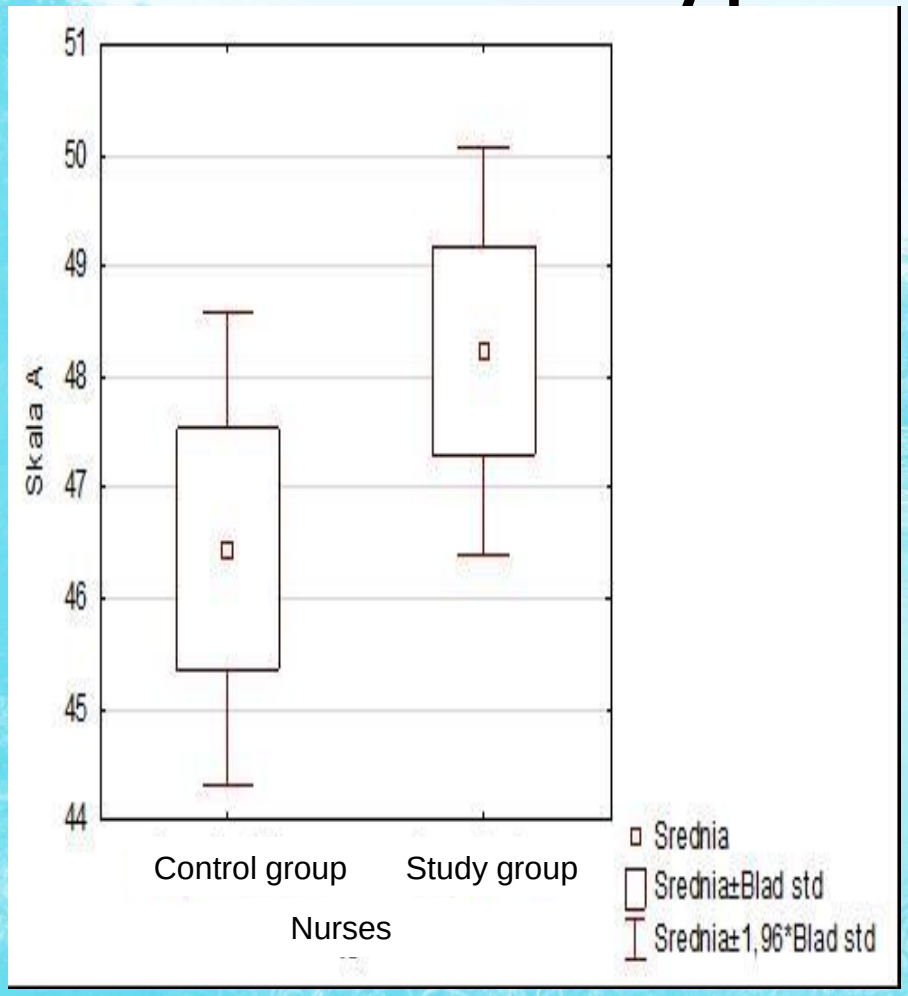
Hypothesis 2.



The results of the performed means equality t-test for independent groups and a confidence intervals chart for mean values confirm H 2 (t = 0.427, p = 0.670)
People in group T do not differ from those in group C in terms of social skills measured by the ES scale.

Fig. 10. Scale ES - graphic t-test

Hypothesis 3.



The results of the performed means equality t-test for independent groups and a confidence intervals chart for mean values confirm H 3 (t = 1.244, p = 0.217).

People in group T do not differ from those in group C in terms of SC measured by the A scale.

Fig. 11. The scale of A - graphic t-test

Hypothesis 4.

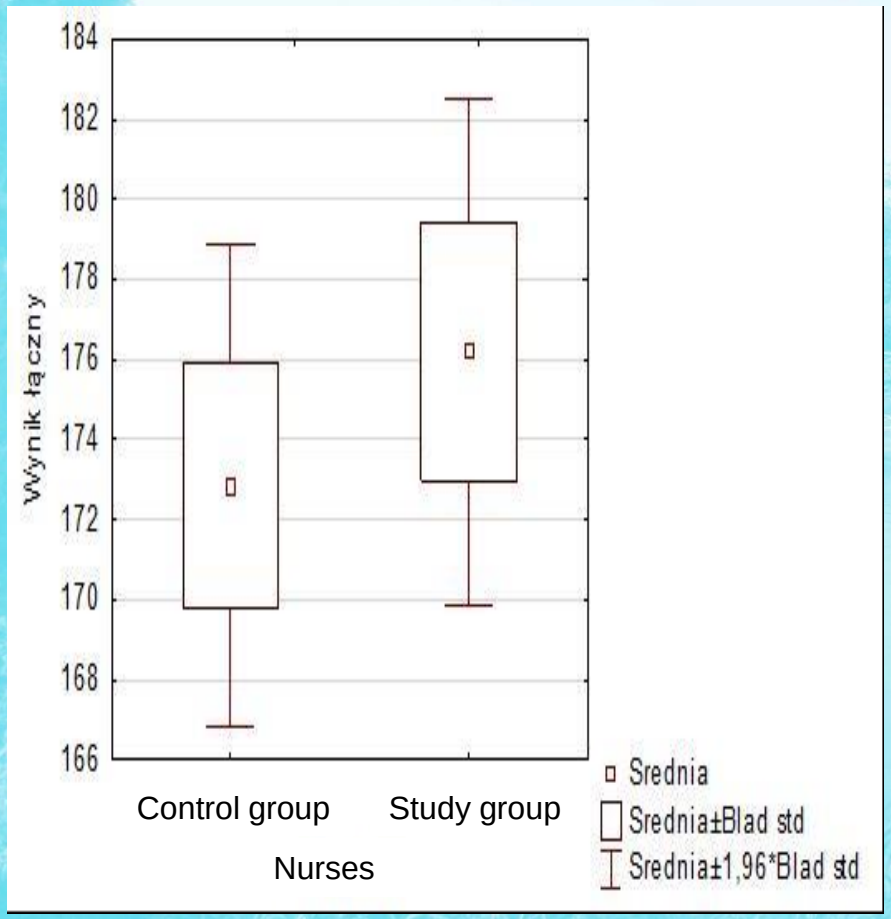


Fig. 12. Overall record - Interpretation graphic t-test

The results of the performed means equality t-test for independent groups and a confidence intervals chart for mean values confirm H 4 (t = 0.754, p = 0.450).

Psychiatric nurses do not differ from nurses working in other therapeutic entities in terms of social competence measured result together.

Satisfaction with the currently performed job

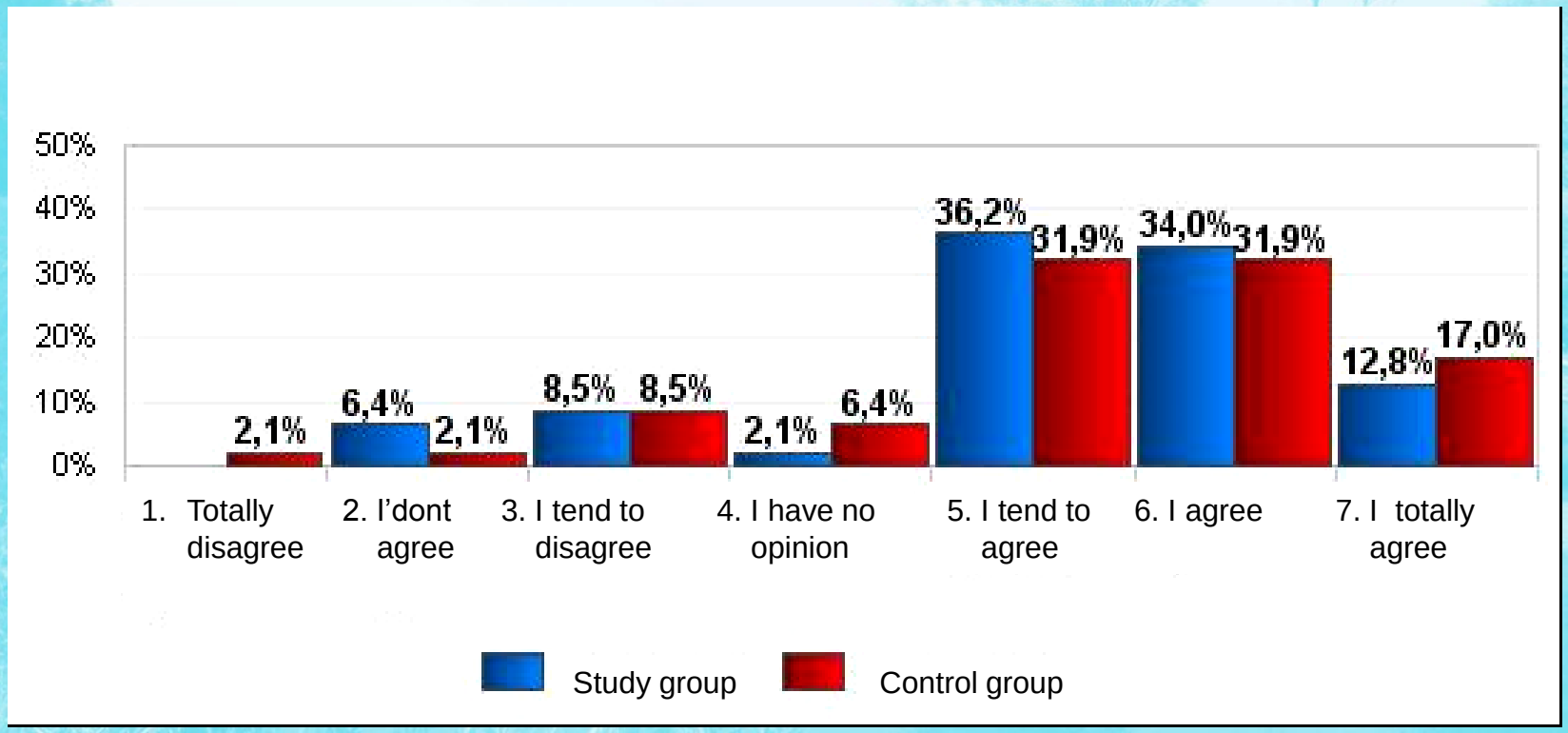


Fig. 13. Satisfaction of respondents with the currently performed job divided into test group (n = 47) and controls (n = 47)

The hierarchy of social competence

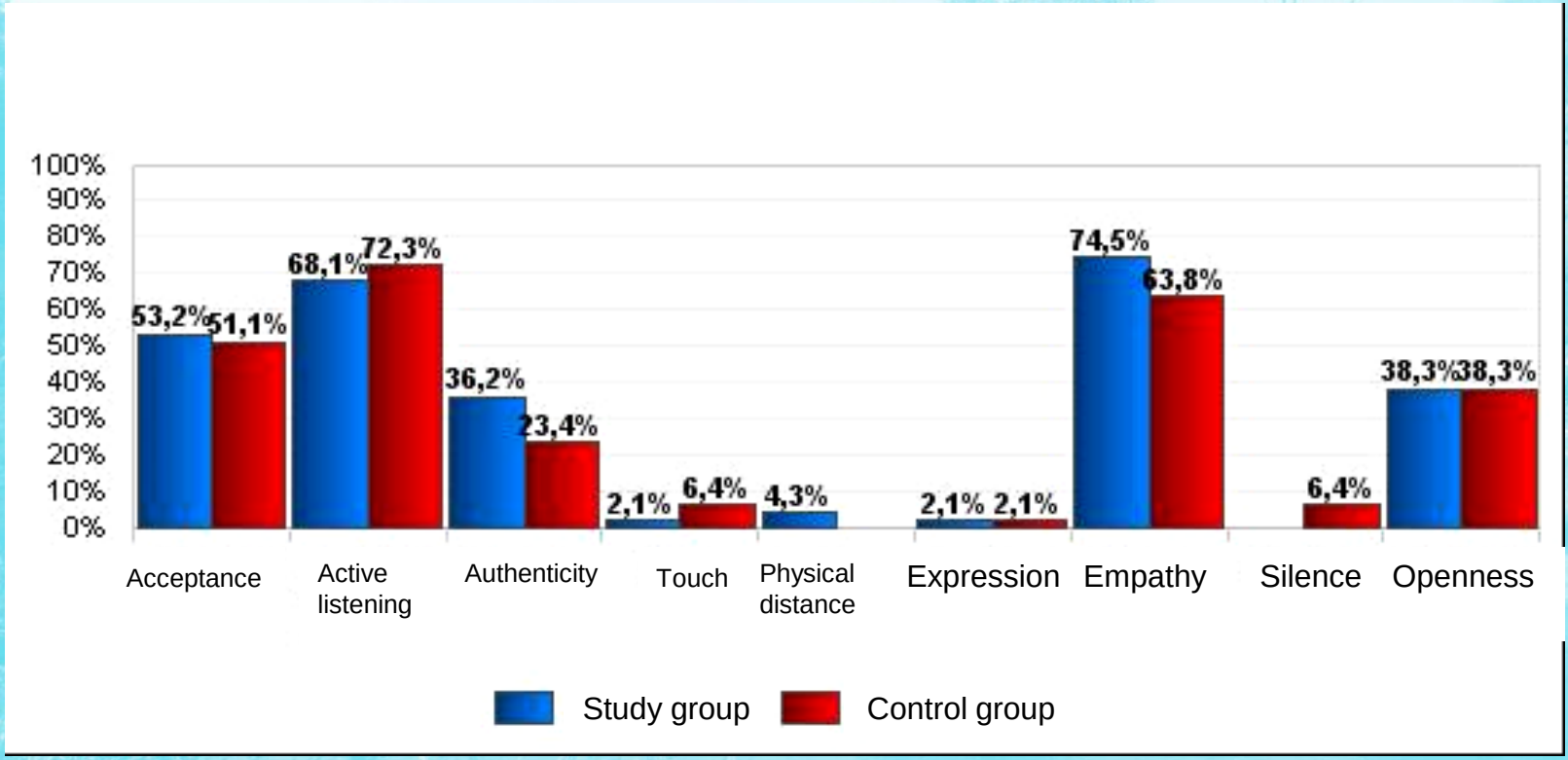
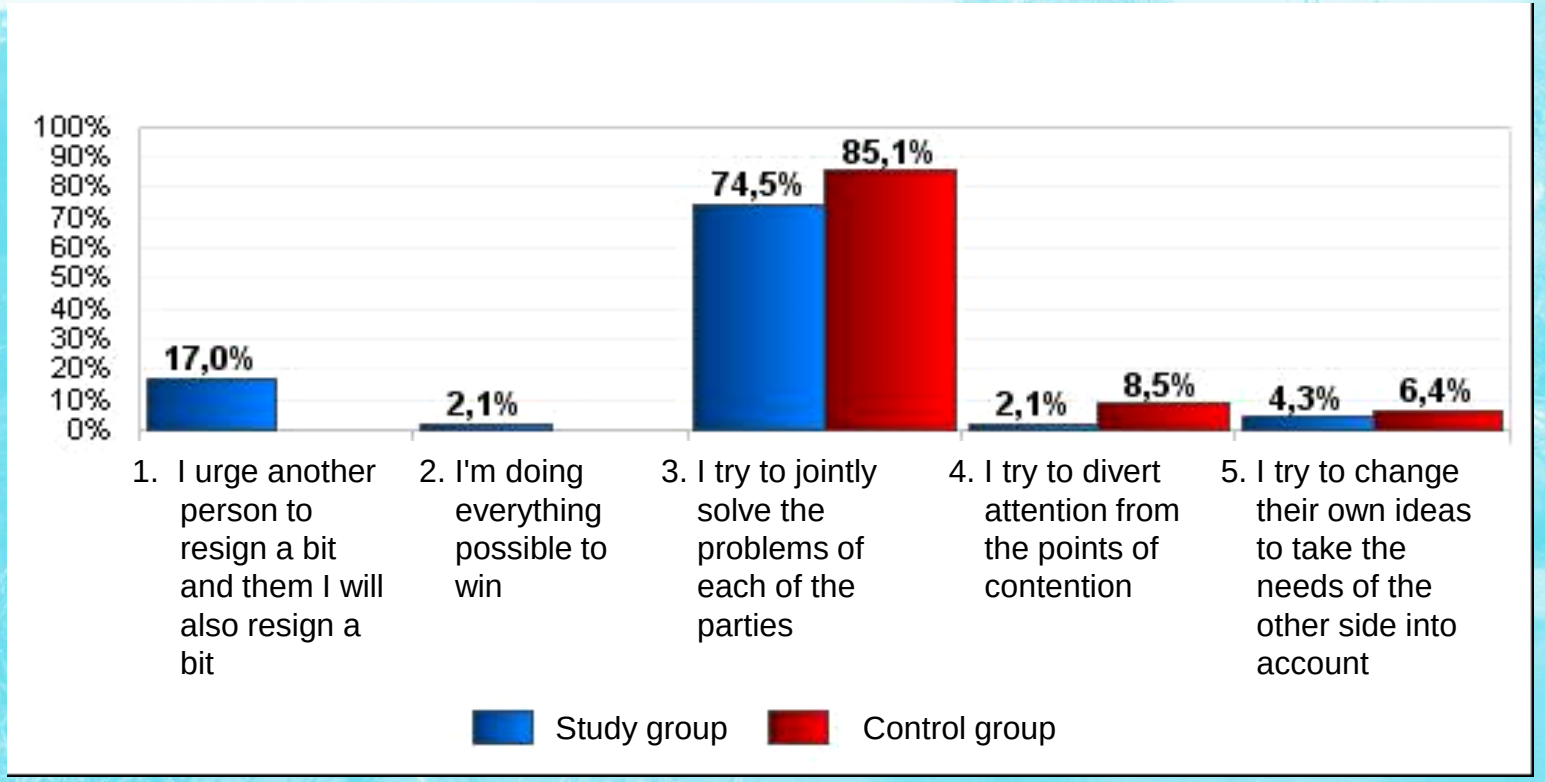


Fig. 14. The most important social skills by nurses surveyed divided into test group (n = 47) and controls (n = 47)

Strategies for resolving conflitcts



Ryc.15. Strategies for resolving conflicts divided into test groups (n = 47) and controls (n = 47)

Sources of social support used by the surveyed nurses

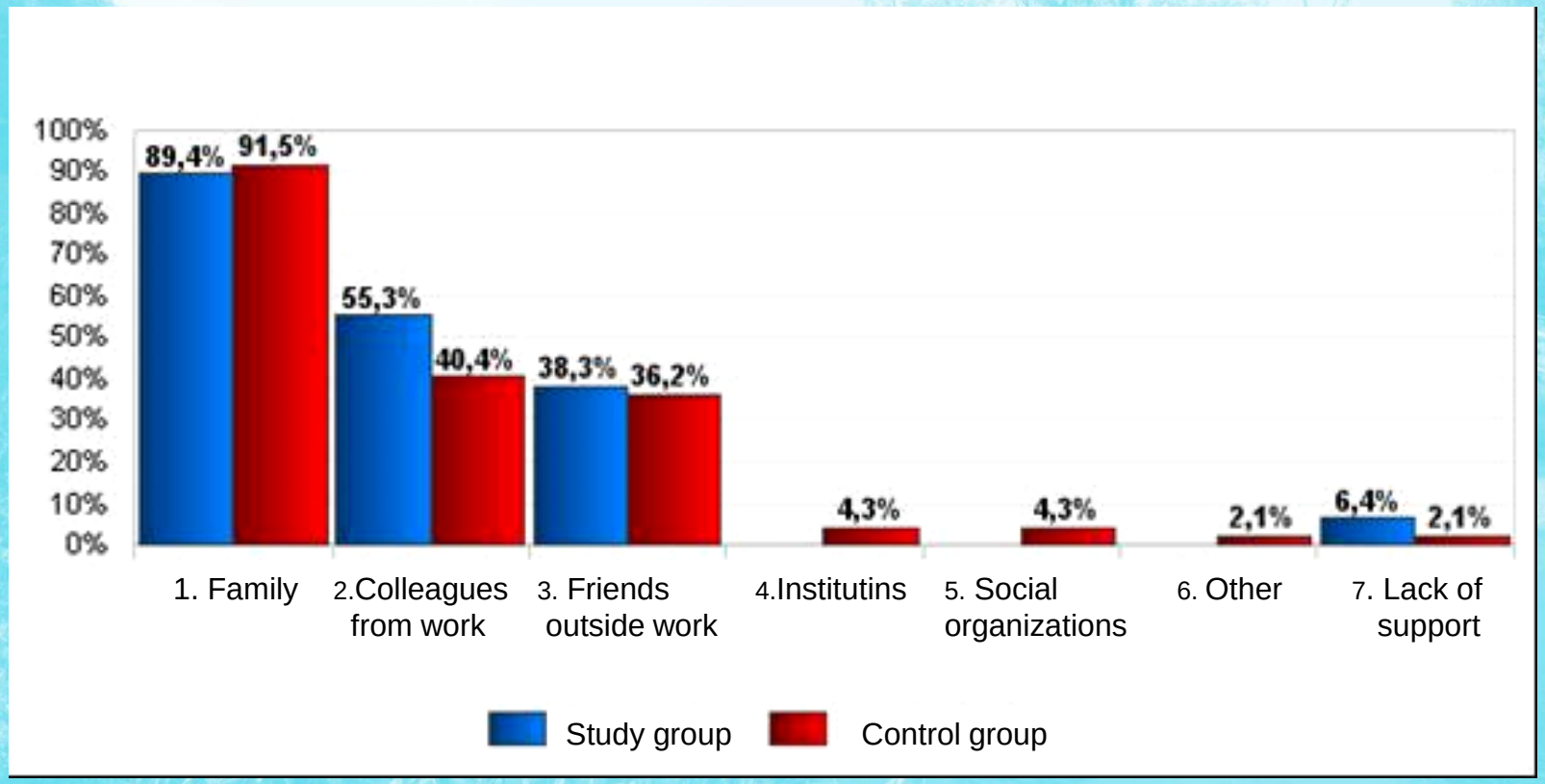


Fig. 16. Sources of social support used by the respondents in difficult situations divided into test group (n = 47) and controls (n = 47)

Summary of Results

- Social competence of most nurses from both groups stays within the ranges of the average, in terms of the overall result and the respective scales (4-7 sten).

- Nurses from group T have significantly higher levels of SC in the I scale ($t = 1.992$, $p = 0.050$), relating to the effectiveness of behavioral skills needed in situations which require developing close interpersonal relationships in comparison with nurses from the group C. These competences are particularly desirable for a nurse.

- Nurses, regardless of where do they work, do not differ in terms of competence on the A scale, which determines effectiveness of behaviour in situations requiring assertive behaviour and in terms of skills on the SE scale conditioning effectiveness of behaviour in situations of social exposure.

- Nurses from group T did not differ in terms of job satisfaction level from nurses in group C. The majority of nurses feel satisfied with their jobs, although the intensity of this feeling varies.
- The majority of respondents (79.8%; n = 75) in both groups chose a strategy of cooperation as a strategy for resolving conflicts based on solving the problems of each party. In Group T, 17.0% (n = 8) people used a strategy of compromise, based on a mutual giving up of some of their own interests, in group CS none has applied such solutions.
- For the majority of the nurses surveyed, regardless of workplace, empathy is an interpersonal skill with the highest average importance, followed by acceptance, active listening, and then openness and authenticity.
- The main source of social support in difficult situations in both groups is the family, followed by friends and colleagues from work, then friends outside the workplace. The family has the greatest average importance among sources of social support in both groups.

What is psychological resilience? The theory of Ego - Resilience - resilience is a constant disposition of personality which determines the process of flexible adaptation to the constantly changing requirements of life (Block, Kreman, 1996).

Hypothesis : The higher the level of emotional intelligence, the higher the level of psychological resilience in both study groups.

The linear regression analysis model allows us to predict the impact of emotional intelligence, $F(1, 58) = 32.185$; $p < 0.001$. Predictor - emotional intelligence significantly predicts the level of dependent variable which is psychological resilience.

- Emotional intelligence affects psychological resilience. The ability to use emotions to support thinking and action and the ability to recognize emotions is associated with the competence of immediate response and evaluation of changes taking place within oneself and the environment, which in turn provides the flexibility and fluidity in one's own functioning.

social competence in „distorting mirror"

A patient is walking down the hall of a psychiatric hospital with a toothbrush on a leash.

A doctor approaches the patient and asks how he feels and how his dog Azor is. The surprised patient responds to the doctor "this is not a dog but a toothbrush on a leash".

The glad doctor runs to his colleagues and says that the patient has recovered.

When the doctor vanished out of sight, the patient turns to the toothbrush and says, „Hey, Azor, see how we pulled a fast one on the guy? Let's keep strolling on ... .."

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