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Original Research Article

Social competence of mental health nurses



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ABSTRACT

Introduction: The effectiveness of therapeutic interventions is highly determined by social competence of healthcare professionals. High level of interpersonal skills is particularly important in mental health nursing, where interpersonal relations are both the integral part and the most important source of the nursing process.

Aim: The purpose of the study is to reveal differences in the level of social competence between mental health nurses and general nurses.

Material and methods: 150 registered nursing practitioners from Warmia and Mazury region participated in the study. Analysis included data obtained from 94 nurses. Social Competence Questionnaire (SCQ) was used.

Results and discussion: The level of social competence of the majority of studied nurses (75%) is within an average range (sten 4–7). Mental health nurses have a significantly higher level of social competence than general nurses, with regard to the scale measuring the ability to maintain close interpersonal contact.

Conclusions: To increase the level of social competence of nurses, standards of both undergraduate and postgraduate education should be verified and reviewed.

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1. Introduction

Social competence is defined as interpersonal, relational, communication and interaction skills or as social, practical, emotional intelligence.^{1–4} Terminology in this area is not quite established, yet differences do not result from its content but rather from the lack of uniformity.^{1,3} Selection of reliable

research tools is a considerable problem. Most dilemmas concerned a distinction between social and academic intelligence. Eventually, social intelligence was considered to be a separate category of intelligence.⁵ Question on whether social competence is similar to social skills remains open.² Regardless of the approach, each of the definitions emphasizes that these are the specific behavioral components of the effective social interaction.^{1,2,4} Results of numerous studies

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demonstrate that healthcare professionals encounter difficulties in relations with patients and that many patients are dissatisfied with these relations. Patient dissatisfaction may have a negative impact on the nursing process.⁶⁻⁹ High level of social skills is particularly required in mental health nurses' work, where interpersonal relations are both the integral part and the most important source of the nursing process. Social competence may be both a method and a tool used in working with patients and its modification should be the purpose of interactions and the criterion of success.²

2. Aim

The purpose of the study was to reveal differences in the level of social competence between mental health nurses and general nurses.

3. Material and methods

The study included 150 registered nursing practitioners from Warmia and Mazury region and was conducted in psychiatric departments of the Provincial Complex of Psychiatric Health in Olsztyn and in Department of Nursing, Faculty of Medical Sciences, University of Warmia and Mazury in Olsztyn, in the period from January to March 2013. All studies were anonymous and participation was voluntary. It was conducted with the approval of heads of the departments. The collected research material was divided into two equal groups: study group (group B) which consisted of mental health nurses and control group (group K), which included general nurses. The groups were equalized by age, education and seniority, excluding subjects who did not match the characteristics of the equivalent group. Final analysis included data obtained from 94 nurses. Group B respondents were psychiatric department or hospital employees ($n = 47$; 50.0%). Group K respondents were surgical department nurses ($n = 7$; 7.4%), internal medicine nurses ($n = 3$; 3.2%), employees of neurology departments ($n = 2$; 2.1%), of pediatrics departments ($n = 8$; 8.5%) and of outpatient clinics ($n = 9$; 9.6%). Individual subjects were employed in other hospital departments.

Social Competence Questionnaire (SCQ), a self-report adult version, was used.⁴ The questionnaire consists of 60 diagnostic items which determine various social activities that are the basis for the assessment of social competence of the respondent. Diagnostic items consist of three scales: (1) I scale – competence determining behavioral effectiveness in intimate situations, requiring close interpersonal contact; (2) ES scale – competence determining behavioral effectiveness in social exposure situations; and (3) A scale – competence determining behavioral effectiveness in situations requiring assertiveness.

Raw scores were converted into sten scores (sten 1-3 indicates low scores; sten 4-7 indicates average scores; sten 8-10 indicates high scores). Demographic data were collected from a questionnaire. The obtained research material was analyzed with Student's t-test in order to compare two independent groups and the level of statistical significance was set at $P < 0.05$. Statistical calculations were performed using SPSS software, version 21.0 and Statistica 10.0 (StatSoft Inc.).

4. Results

Scores of SCQ in each of the scales (I scale, ES scale, A scale) of both study groups are presented in Figs. 1-3. Level of social competence in the majority (75%) of nurses from both study groups falls within the average ranges (sten 4-7). It demonstrates that the majority of nurses (75%) has average predisposition to work with patients and average ability to cope with various social situations, regardless of the place of work.

Analysis of differences in social competence measured by the I scale between group B and group K demonstrated in Fig. 1 shows that 29.8% ($n = 14$) of subjects in group B had high scores while in group K this percentage is much lower, at 10.6% ($n = 5$). Average scores were obtained by 68.1% ($n = 32$) of subjects in group B and 83.0% ($n = 38$) in group K, while low scores were obtained by 2.1% ($n = 1$) of respondents from group B and 6.4% ($n = 3$) from group K.

Competence determining behavioral effectiveness in social exposure situations measured by ES scale are presented in Fig. 2. In both groups percentage of respondents who achieved an average score is similar and in group B it was 68.1% ($n = 32$) and in group K – 70.2% ($n = 33$). Low scores were obtained by 25.5% ($n = 12$) of nurses from group B and 19.1% ($n = 9$) of nurses from group K. High scores were achieved by 6.4% ($n = 3$) of nurses from group B and 10.6% ($n = 5$) of nurses from group K.

Analysis of differences in social competence measured by the A scale between group B and group K is demonstrated in Fig. 3. Low scores in A scale were obtained by 23.4% ($n = 11$) of respondents from group K, while in group B almost three times fewer subjects had such scores (8.5%; $n = 4$). Average scores were obtained by 72.3% ($n = 34$) of nurses from group K and 83.0% ($n = 39$) of respondents from group B. High scores were achieved by 8.5% ($n = 4$) of respondents from group B. In group K this percentage is almost two times lower – 4.3% ($n = 2$).

Verification of the hypothesis that group B nurses differ from group K nurses in terms of competence determining behavioral effectiveness in situations that require establishing deeper interpersonal relations was conducted using t-test for equality of means of independent groups (Table 1 and Fig. 4).

The results of t-test for equality of means of independent groups and graph of the confidence intervals of means confirm the hypothesis that group B subjects differ from group K subjects in terms of social competence measured by the I scale ($t = 1.992$; $P = 0.050$). It proves that mental health nurses have higher competence determining behavioral effectiveness in situations that require establishing deeper interpersonal relations than general nurses. These competence scores or competencies are particularly important in the profession of nurse.

The conducted t-test for equality of means of independent groups and graph of the confidence intervals of means confirmed the hypothesis that nurses from both groups do not differ in terms of social competence measured by ES scale ($t = 0.427$; $P = 0.670$) and A scale ($t = 1.244$; $P = 0.217$).

5. Discussion

Recent studies¹⁰ demonstrate that patients' satisfaction with the quality of medical care strongly depends on the quality of

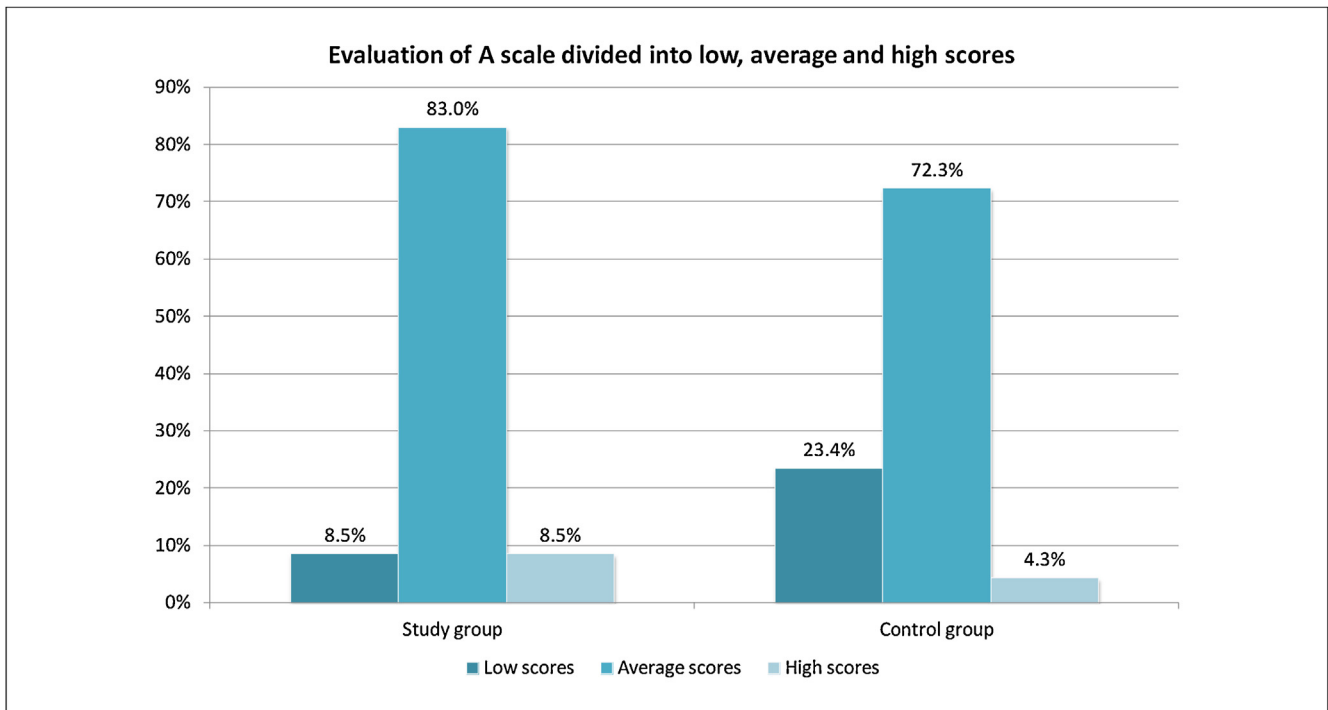


Fig. 1 – Evaluation of I scale divided into low, average and high scores in the study group (n = 47) and control group (n = 47) – own research.

relationships with medical staff. Due to the fact that nursing is one of the most extensive health services in direct patient contact, nursing process significantly affects quality of this service.^{11,12} Increasingly more employers expect not only the

relevant qualifications, but also certain emotional expression from their employees.¹³

The purpose of the study was to reveal differences in the level of social competencies between nurses employed in

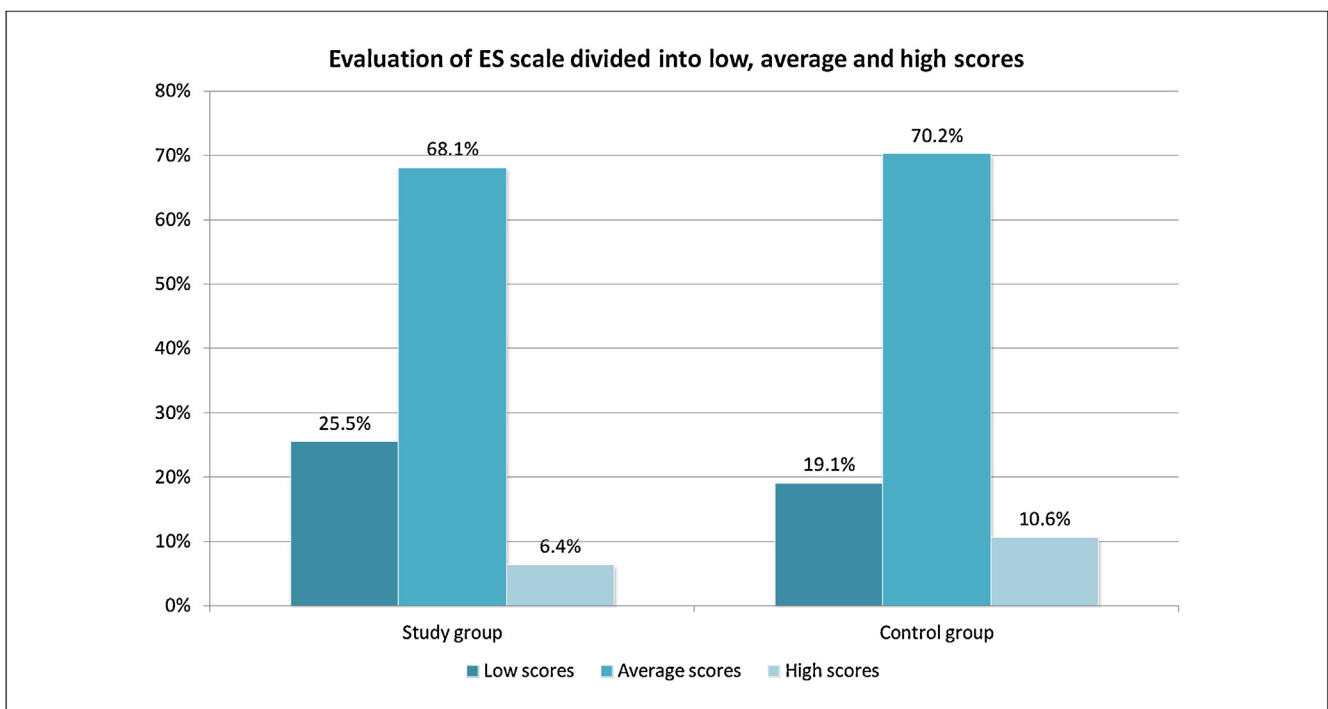


Fig. 2 – Evaluation of ES scale divided into low, average and high scores in the study group (n = 47) and control group (n = 47) – own research.

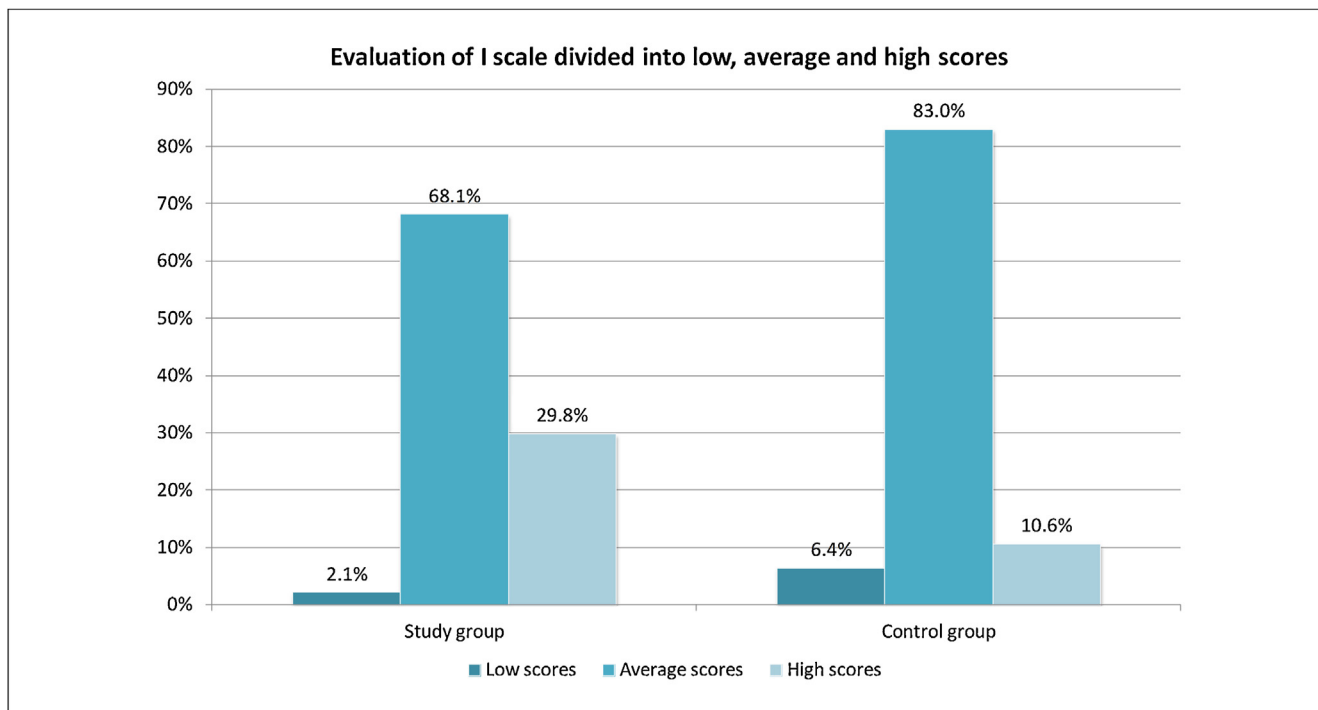


Fig. 3 – Evaluation of A scale divided into low, average and high scores in the study group (n = 47) and control group (n = 47) – own research.

psychiatric department/hospital and nurses employed in other healthcare facilities. Results of SCQ showed that social competence of the majority of nurses, regardless of the place of work, fall within the average ranges (sten 4–7).¹⁴ Similar results were reported by Matczak¹ and Rutkowska³ who measured social competencies of nurses as a professional group. In the literature attention is drawn to the fact that individuals with high social competence better adapt to various life events.^{4,15} Own research data demonstrate that the majority (approximately 75%) of studied nurses have the average predisposition both to work with patients and to cope with various social situations, including professional situations.¹⁴

Considering the fact that social competence is determined by congenital factors and environmental influences, it may be assumed that one of the reasons for achieving an average score in SCQ by studied nurses may be a certain personality structure.^{1-3,16-18} Reports from studies show that over 10% of the world's population may have considerable difficulty coping with everyday social situations.⁴ Another cause may be lack of knowledge and training of nurses regarding augmentative and alternative communication.^{19,20}

Analysis of competence measured by each of the SCQ scales demonstrated that mental health nurses have reached higher

scores in the I scale determining behavioral effectiveness in situations requiring close interpersonal contact. In other scales that measure competence determining behavioral effectiveness in social exposure situations (ES scale) and situations requiring assertiveness (A scale) results obtained by studied nurses are similar, regardless of the place of work.¹⁴ Professions that require building deeper relationships, predominantly in caring professions, such as nursing, competence measured by the I scale are of particular importance.¹ In the literature there are no reports of studies comparing social competence of mental health nurses and general nurses.

Some authors emphasize the importance of proper selection of nursing staff and suggest ability for empathy and maintaining a good emotional contact to be the criteria of choice.^{1,10-12,20-24} Finke et al.¹⁹ analyzed scientific literature published in English from 1990 to 2007 in terms of the importance of nurse communication with patients with

Table 1 – t-Test for equality of means of independent groups – own research.

Nurses	N	Mean	Standard deviation	t	P
I scale Group B	47	45.574	6.255	1.992	0.050
Group K	47	43.340	4.469		

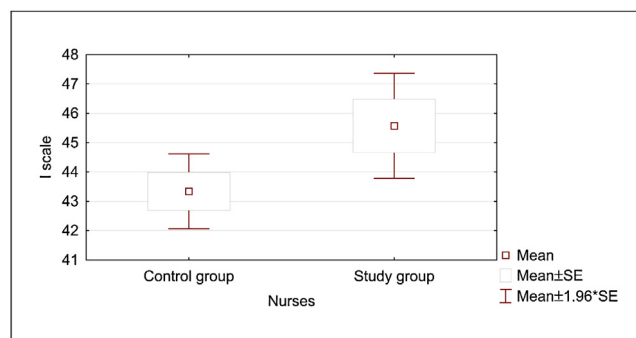


Fig. 4 – I scale – graphic interpretation of the t-test – own research.

complex communication needs. Patients dissatisfied with the nurse-patient relationship were frustrated, felt lack of control and physical discomfort.

Reliability and suitability of SCQ used were confirmed in numerous studies; however, results of the study should be treated with caution as it might be distorted due to understated or inflated self-assessment of the respondents.¹ In addition, the conducted study does not consider influence of other factors on the level of social competence, such as personality characteristics, working conditions, burnout syndrome and life satisfaction of study participants. Undertaken research problem seems to be of particular importance since regardless of changing skills and competence requirements, the essence of the nursing process is always the patient and therapeutic relation.¹⁵ Results of the study provide material to review the standards of nursing education.

6. Conclusions

Knowledge of social competence can be a source of information about the areas of deficits for nurses interested in personal and professional development and a guide for entities responsible for training standards for nurses.

Conflict of interest

None declared.

REFERENCES

1. Matczak A. [Social competence questionnaire]. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego; 2011 [in Polish].
2. Rosiński D. [Social competence of an individual – preventive perspective]. *Czasopismo Psychol.* 2007;13(1):61–70 [in Polish].
3. Rutkowska K. [Determinants of social competence of nurses – selected problems]. *Nasz Głos Biul OIPiP.* 2005;5:12–15 [in Polish].
4. Starostka E. [Social competence and interpersonal skills]. <http://www.psychologia.net.pl/artukul.php?level=254>. Accessed 15.03.2015 [in Polish].
5. Śmieja M. [The three-dimensional model of social intelligence]. *Czas Psychol.* 1999;5(2):141–152 [in Polish].
6. Alvarez GF, Kirby AS. The perspective of families of the critically ill patient: their needs. *Curr Opin Crit Care.* 2006;12(6):614–618.
7. Levy MM, Mc Bride DL. End of life care in the intensive care unit. *Tate of the art in 2006. Crit Care Med.* 2006;34(11):306–308.
8. Lilly CM, De Meo DL, Sonna LA, et al. An intensive communication for the critically ill. *Am J Med.* 2000;109:469–475.
9. Lilly CM, Sonna LA, Haley KJ, Massaro AF. Intensive communication four –year follow – up from clinical practice study. *Crit Care Med.* 2003;31:394–399.
10. Kotarba A. [Psychotherapeutic attitude as the key to positive outcomes in care and treatment]. *Biul OIPiP.* 2012;1:18–19 [in Polish].
11. Kapała W, Lesińska-Sawicka M. [Exciting profession]. *Mag Pielęg Położ.* 2011;3:22–23 [in Polish].
12. Motyka M. [Empathy and nursing studies]. *Sztuka Leczenia.* 2006;13(1/2):33–38 [in Polish].
13. Szczygieł D, Bazińska R, Kadzikowska-Wrzosek R, Retowski S. [Emotional work in service occupations]. *Psychol Społ.* 2009;43(11):155–156 [in Polish].
14. Gadecka W. [The importance of interpersonal skills in the nursing process]. [Master's thesis] Olsztyn: Faculty of Medical Sciences, Department of Nursing, University of Warmia and Mazury; 2013:21–81 [in Polish].
15. Rutkowska K. [Social competence – buffer against burnout of nurses]. *Med Ogólna Nauki Zdr.* 2012;18(4):319–323 [in Polish].
16. Krysińska K. [Empathy of healthcare professionals and their willingness to provide non-medical assistance to patients after suicide attempts]. *Przepl Psychol.* 2000;43(3):309–321 [in Polish].
17. Leopold MA. [Understanding the concept of emotional competence]. *Pol Forum Psychol.* 2001;1(2):155–182 [in Polish].
18. Leopold MA. [Components of emotional competence]. *Czas Psychol.* 2006;2(2):191–204 [in Polish].
19. Finke EH, Light J, Kitko L. A systematic review of the effectiveness of nurse communication with patients with complex communication needs with a focus on the use of augmentative and alternative communication. *J Clin Nurs.* 2008;17(16):2102–2115.
20. Kliś M. [The role of empathy in healing]. *Sztuka Leczenia.* 2002;7(3):109–117 [in Polish].
21. Graczyk A. [Do you work under stress?]. *Mag Pielęg Położ.* 2011;6:40–41 [in Polish].
22. Motyka H. [Interpersonal communication in healthcare]. *Med Rodz.* 2010;4:124–128 [in Polish].
23. Motyka M. [The role of active listening in therapeutic communication with patients]. *Probl Pielęg.* 2011;19(2):259–265 [in Polish].
24. Wilczek-Rużyczka E. [Understanding the suffering of a patient]. *Mag Pielęg Położ.* 2003;5:6–7 [in Polish].