ORIGINAL ARTICLE

Association between Socio-Emotional Competence and Self-Efficacy of Nurse-Educators in Peshawar

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ABSTRACT

Aim: To determine the association between socio-emotional competence and self-efficacy of nurse educators in Peshawar.
Method: An analytical cross-sectional study was conducted from November 2022 to February 2023 at the Nursing Colleges of Peshawar. All nurse educators with a minimum of six months of teaching experience were included as study participants. A self-administered questionnaire was used for data collection. This questionnaire consisted of 42 items, 7 for demographic, 25 for the Socio-Emotional Competence Scale having a Cronbach alpha of 0.95, and 10 for the Teachers' Self-Efficacy Scale with a 0.88 Cronbach alpha. Scores below the median were considered low and above the median were taken as high. SPSS version 22 was used for data analysis.
Results: A total of 140 Nurse Educators participated in this study; 68(48.6%) males, and 72(51.4%) females. The majority 137(98%) of them were degree holders, while only 3(2%) were diploma holders. The results showed an X^2 value of 40.3 and a p-value of 0.0001, determining a significant association between both variables. The correlation was measured through the Karl Pearson Correlation Test, resulting in 0.789, which indicates a strong positive correlation between the socio-emotional competence and self-efficacy of nurse educators.
Practical Implication: Training programs for improving nurse educators' socio-emotional competency levels are necessary to enhance their self-efficacy and create a better learning environment for future nursing generations. Developing socio-emotional competence and self-efficacy will result in suitable teaching and learning practices, which in turn will improve students' academic performance.
Conclusion: This study proved a strong association between socio-emotional competence and self-efficacy of nurse educators. Developing socio-emotional competence and self-efficacy will result in suitable teaching-learning practices, improving students' academic performance.
Keywords: Socio-emotional competence, Self-Efficacy, Educators, Nurse Educator, Nursing Faculty, Professional Development

INTRODUCTION

The practice of professional teaching has become more complex and challenging nowadays. The role of professional educators has been extended not only to the display of advanced technical and professional skills but also to exhibit social and emotional competence for effective management of a variety of issues that may arise during their teaching practice[1,2]. The Corona Virus outbreak also exaggerated the need for these competencies as teaching moved from the classroom to online teaching.[3] While instructing and interacting with students, educators frequently feel a wide range of distinct feelings, including happiness, pride, love, rage, tiredness, hopelessness, worry, embarrassment, and boredom[4,5]. Educators may become irritated when students disrespect their fellows or break classroom rules[6].

Educators require awareness of their capabilities to teach effectively. The socio-emotional competence is the combination of skills that individuals need and practice for their personal growth as well as for dealing with interpersonal relations efficiently[7,8]. Educator's socio-emotional competency has a significant impact on the relationships that are built in the classroom and the teaching style. The efficiency of education is increased when teachers have this competency because they are better able to interact constructively with the educational community[9]. Self-efficacy is described as people's convictions that they can accomplish the desired results and carry out the required duties. "The spirit of I can do" is a term used to describe self-efficacy[10]. Higher levels of self-efficacy will enable an individual problem-solving skills. Similarly, individuals with lower levels of self-efficacy cannot handle problems effectively[11].

Self-Efficacy is a subjective phenomenon. Educators' ability to complete tasks efficiently is known as self-efficacy[12]. Moreover, teaching in professional educational institutes and dealing with adolescents are also crucial tasks for teachers. They need to possess a specific set of skills because disruptive and violent conduct, harmful substance use, and interpersonal connection

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issues are all frequent at this stage. [13,14]Understanding the reasons behind emotions enable educators to perform at their best in the classrooms.[15]Educators teach students different approaches to learning[16]. It is also one of the roles of nurse educators to tell students about professional ethics. [17]Professional development is a continuous process. It is important to identity need of required skills and competencies and learn them for professional development[18].

In higher education, the evaluation and improvement of socio-emotional competency have gained attention. Particularly, educators' socio-emotional competency affectshow they instruct and how their pupils acquire these skills. Nursing education in Peshawar, KPK, is also on track to be improved more, as there are now a large number of nursing colleges with a majority of novice teachers. Besides, there has been a dearth of literature on the relationship between the two variables on a global scale, and no study on the same topic has been found in Pakistan. This study has revealed the importance of socio-emotional competence for improving the self-efficacy of nurse educators by building up their self-esteem and boosting their confidence for the effective implementation of teaching and learning strategies.

METHODOLOGY

An analytical cross-sectional study design was used to find the association between study variables in the nursing colleges of Peshawar. Study population was **n**urse educators working in nursing colleges of Peshawar. The duration of the study was four months from November 2022 to February 2023.
Sampling Technique: A universal sampling technique was used for selecting Nurse educators from all nursing institutes, including government and private ones in Peshawar.
Sample Size: This study sample size was 140 Nurse Educators.
Ethical consideration: Before the commencement of data collection, approval was obtained from the Heads of all nursing colleges. Moreover, written informed consent was taken from each participant.
Inclusion Criteria: All nursing teachers having either a nursing diploma, Generic BSN, Post RN, MSN, or Ph.D. degree with a

minimum of six months of teaching experience and a valid PNC license were included.

Exclusion Criteria:
- All nurse educators performing either managerial or administrative roles and not involved in classroom teaching were excluded from the study.
- Those nurse educators who were not willing to participate in the study were excluded from the study.

Data Collection Tool: A self-administered questionnaire consisting of 42 items, 7 for demographic, 25 for the Socio-Emotional Competence Scale (SECS), and 10 for the Teachers' Self-Efficacy Scale (TSES) was used to measurethe association of socio-emotional competence with the self-efficacy of nurse educators. SECS consists of 25 items representing the five dimensions including self-awareness, social awareness, self-management, relationship management, and responsible decision-making with a Cronbach alpha of 0.95. Ralf Schwarzer (1999) developed TSES following Bandura's social cognitive theory (Bandura, 1997) consisting of 10 items and a 0.88 Cronbach alpha. There were 4 options for each item: exactly true, moderately true, barely true, and not at all true.

Data Analysis: SPSS version 22 was used for the analysis of the data.Chi-Square Test as well as Karl Pearson Test was applied to determine the association between study variables.

RESULTS

Demographic data was collected to find the basic characteristics of participants as well as the association of demographic variables with socio-emotional competence and self-efficacy. The data was collected from 51% female, and 49% male nurse educators so there was not much difference in the gender category. The majority of the nurse educators' ages were 25-30 years (40%), followed by the age of 30-35years (27%) confirming that nursing teachers were young in the majority. Most of the nursing teachers were married counting about 68%. As the study was conducted in Peshawar, populated by Pushtoon tribes, most of the participants 91% were Pushtoon. By qualification, approximately 98% of nurse educators were degree holders and only 2% were diploma holders. About 60% of nurse educators were novices, having less than five years of experience. In our research, the public and private sectors were treated equally (Table 1).

The mean, median, and standard deviation were calculated for both variables (Table 2). Categories were made based on the median. Approximately, 48.6% of nurse educators exhibited a low level of socio-emotional competence while 51.4% indicated a high level of socio-emotional competence. Additionally, 56.4% of nurse educators had a low level of self-efficacy whereas 43.6% had a high level of self-efficacy (Table 3).

The association between socio-emotional competence and self-efficacy was determined through the Chi-square test. Initially, both variables were categorized as low or high based on their medians. Hence, the median of socio-emotional competence was 81; therefore, participants above 81 were considered to have higher socio-emotional competence and those below 81 were taken to have lower socio-emotional competence. Furthermore, the median for self-efficacy was 35, so participants above 35 exhibited high self-efficacy level, and participants below 35 reflected low self-efficacy. Then, the chi-square test was applied to find out the association between both variables. The result showed an X^2 value of 40.35 and a p-value of 0.0001 indicating a significant association between the two variables. Hence, the null hypothesis is rejected in favour of the alternate hypothesis and it is concluded that there is an association between both variables (Table-4).

The strength of the association is identified by the Karl Pearson Correlation Test. The value of r = 0.789 in the data below indicates a strong positive correlation between socio-emotional competence and self-efficacy, as evidenced by a p-value of 0.0001. The value of r (0-0.25) is regarded as weak, (0.25-0.75) as intermediate, and 0.75-l as a strong correlation (Table-5).

Table 1: Socio-Demographic Variables

Range	Frequency	%age
Gender		
Male	68	48.6%
Female	72	51.4%
Age		
25-30	56	40.0%
>30-35	38	27.1%
>35-40	18	12.9%
>40	28	20.0%
Marital status		
Unmarried	42	30.0%
Married	96	68.6%
Widow/widower	2	1.4%
Ethnicity		
Pushtoon	128	91.4%
Punjabi	9	6.4%
Balochi	2	1.4%
Others	1	.7%
Qualification		
Diploma Nursing	3	2.1%
Post RN BSN	45	32.1%
BSN	50	35.7%
MSN	38	27.1%
Ph.D. Nursing	4	2.9%
Teaching Experience		
6 months - 1year	32	22.9%
1 - 5 years	53	37.9%
5 - 10 years	23	16.42%
>10 years	32	22.9%
Sector/Institutions status		
Public	68	48.6%
Private	69	49.3%
Others	3	2.1%

Table 2: Measures of Central Tendency & Dispersion

	Socio-emotional Competence	Self-Efficacy
Mean	79.3500	33.7286
Median	81.0000	35.0000
Std. Deviation	12.00835	5.08891
Minimum	33.00	11.00
Maximum	100.00	40.00

Table 3: Levels of Socio-emotional Competence & Self-efficacy

Category	Frequency	%age
Low Level of Socio-emotional Competence	68	48.6%
High Level of Socio-emotional Competence	72	51.4%
Low Levels of Self-efficacy	79	56.4%
High Level of Self-efficacy	61	43.6%

Table 4: Association of Socio-emotional Competence and Self-Efficacy

Level of Socio-emotional Competence	Level of self-efficacy	
	Low Level of Self-efficacy	High Level of Self-efficacy
Low Level of Socio-emotional Competence	57	11
High Level of Socio-emotional Competence	22	50
Chi-Square Test		
Value	df	P. Value
40.359a	1	.0001

Table 5: Correlation between Socio-Emotional competence and Self-Efficacy

		Socio-Emotional Competence	Self-efficacy
Socio-Emotional competence	Pearson Correlation	1	.789
	Sig.(2-tailed)		.0001
	N	140	140
Self-efficacy	Pearson Correlation	.789	1
	Sig.(2-tailed)	.000	
	N	140	140

DISCUSSION

This study found a higher level of socio-emotional competence in 72(51.4%), and a lower level in 68(48.6%) participants. The results of our study can be comparable to Carmen et al., (2022), who revealed an adequate level of socio-emotional competence in newly graduated university students who were predicted to be future teachers of secondary schools[19].

The current study revealed a high level of Self-efficacy in 61(43.6%) respondents while 79(56.4%) teachers exhibited a low level. These findings are similar to a study recently conducted in Indonesia, which claimed moderate self-efficacy in 61.11% and high self-efficacy in 38.89% of participants[20]. Whereas the results are in contrast to a study, which found a high degree of self-efficacy in teachers[21]. The self-efficacy mean score were 32.73 in the current study but the mean score was 21.60 in a causal-correlational study on teachers at Midwest Christian University United States[22].

In our study, most participants had generic BSN degrees which constitute 35.7% and 32.1% of participants were Post RN degree holders, 27.1% had MSN qualifications, and 3% belongs to the Ph.D. category. But the other study done for finding the self-efficacy of teachers all over Pakistan showed different findings from our study. According to that study, most subjects belong to doctorate degrees 65.2% and 32% of participants were Master's degree holders[23].

The correlation of socio-emotional competence with self-efficacy of nursing teachers was measured through the Karl Pearson correlation test and the score was 0.789, which indicates a strong positive correlation between socio-emotional competence and self-efficacy of nursing teachers. The findings of our study were also consistent with the results of a study conducted by Carmen et al. (2022), which determined that socioemotional competency had a significant correlation with self-efficacy in a future secondary school teacher[19].

Moreover, this study did not find any significance regarding sociodemographic data and study variables determined by using the Chi-square test. The results go in contrast to a recent study, which found an association between age, sex, and experience with socio-emotional competency. The study also highlighted that women were more competent and efficient than men. The difference in findings may be due to the demographic characteristics of our participants as most of them were young and had less teaching experience[14].

CONCLUSION

This research found a strong link between socio-emotional competence and self-efficacy. It is concluded that the socio-emotional competence and self-efficacy of nurse educators play an important role in enhancing the quality of nursing education. Hence, training programs for improving nurse educators' socio-emotional competency levels are necessary to enhance their self-efficacy and create a better learning environment for future nursing generations. Developing socio-emotional competence and self-efficacy will result in suitable teaching and learning practices, which in turn will improve students' academic performance. This study also indicates a transition in nursing education since the majority of nurse educators are degree holders: 36% generic BSN, 32% post-RN, 27% MSN, 3% Ph.D. and only 2% are diploma holders. Due to time and resource constraints, we collected data only from nursing colleges in Peshawar. Therefore, the result might be better with a large sample involving all nursing colleges across Pakistan.

Conflict of interest: Nil

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