

Original Article

The relationship of emotional intelligence with self efficacy in midwives working in maternity blocks in Khuzestan

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ABSTRACT

Background and objective: Midwifery is based on care and support, and midwifery professionalism depends on the attitude and self-efficacy of the midwives. Paying attention and enhancing the self-efficacy of staff needs identifying the factors predicting or determining it. Emotional intelligence is one of these factors. The aim of this study was to evaluate the relationship between emotional intelligence and self-efficacy in midwives working in maternity blocks in Khuzestan. **Methodology:** This analytical study was conducted on all midwives working in maternity blocks of hospitals affiliated to Ahvaz University of Medical Sciences using census sampling of eligible individuals technique. Data were collected utilizing a demographic questionnaire, Bar-on emotional intelligence questionnaire, and Sherrer self-efficacy questionnaire. They were analyzed by ANOVA, correlation coefficient, and regression analysis tests using SPSS software (version 22). A P-value of less than 0.05 was considered significant. **Results:** The findings of this investigation revealed that 61.2% of the midwives had an excellent level of emotional intelligence and 86.3% had a good level of self-efficacy. A positive and significant correlation was observed between emotional intelligence and self-efficacy ($R = 0.643$, $p < 0.001$). **Conclusion:** Because of vital role and task of midwives in protecting the health of mothers and neonates and the importance of self-efficacy in midwifery work and given the significant relationship of emotional intelligence with self-efficacy, the self-efficacy of the midwiferies can be enhanced through holding training and retraining courses on emotional intelligence area.

Keywords: Emotional intelligence, Self-efficacy, Midwifery

Introduction

A skilled and efficient workforce is considered as one of the tools to achieve organizational goals [1]. Paying attention to the

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workforce is crucial in health organizations, as health organization's efforts ensure the health of active and efficient workforces of other organizations [2]. Midwives are responsible to protect the health of women and empower their social status [3]. Midwifery is associated with care and support, and midwifery professionalism is based on the attitudes and self-efficacy of the midwives [4]. Self-efficacy refers to an individual's perception of his or her potential to effectively and efficiently do specific tasks. The self-efficacy theory is rooted in Bandura's social cognitive theory [5]. He defined self-efficacy as an individual's belief in his or her capability to perform his or her favorite functions [6]. Research recommends that nurses with higher self-efficacy provide high-grade and better health care than nurses with low

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self-efficacy. Nurses with high self-efficacy are more dedicated to their job and have higher stability in difficult circumstances [7]. Self-efficacy enables individuals to organize activities. It also motivates and empowers them. Lack of performing the tasks is due to the lack of self-efficacy in using the skills and self-efficacy leads to more empowerment and improved judgment of the performance [8]. Karimzadeh Shirazi et al reported that low self-efficacy leads to mental states such as fatigue, anger, pain, and suffering in an individual and it results in impaired quality of life [9]. Various researches have reported varying levels of self-efficacy among midwives. In one investigation, most midwives had moderate levels of self-efficacy, and only 19% of midwives reported good levels of self-efficacy [10]. In another study, self-efficacy level of clinical performance of the majority of midwives (99.1%) was medium and high [11]. In one of the studies, 95% of senior midwives had a high self-efficacy and 4.5% had moderate self-efficacy [8]. Paying attention and enhancing the self-efficacy in staff performance requires identifying the factors predicting or determining it. Emotional intelligence is a topic that attempts to clarify and interpret the status of human emotions, feelings, and abilities [1]. According to Bar-on, emotional intelligence is a set of abilities, talents, and skills that provide the knowledge necessary to cope with life problems professionally [12]. Staff with high emotional intelligence can achieve organizational objectives with maximum productivity, satisfaction, and effectiveness [1]. Intervention at the workplace is essential for enhancing emotional intelligence and other emotional abilities. Results of a study have indicated that emotional intelligence is an acquirable skill, and its quality and quantity can be improved by providing appropriate education [13]. Studies have revealed that people with high emotional intelligence utilize coping skills efficiently in the face of problems, so it can be stated that they have a high level of self-efficacy [14]. Darvish et al reported a positive relationship between emotional intelligence and nurses' self-efficacy, and people with high emotional intelligence were more effective than those with low emotional intelligence [11]. Ghanbari Talab et al revealed a positive and significant association between emotional intelligence and self-efficacy so that students with higher emotional intelligence had a higher self-efficacy [15]. As the task of protecting the life of the mother and fetus imposes the greatest stress on midwives, a high level of self-efficacy in this job will have a significant impact on their performance. Since little research has been conducted on the association between emotional intelligence and quality of work-life in the midwifery profession, this investigation was conducted to assess the correlation between emotional intelligence and self-efficacy in midwives working in maternity blocks.

Methodology

The current investigation is a analytical (cross-sectional) study performed in Khuzestan in 2018. The research environment comprised of the maternity wards of hospitals affiliated to Ahvaz Jundishapur University of Medical Sciences. Census sampling of eligible individuals was used in this study. The research inclusion

criteria included working in the maternity ward and having at least one year of employment history. The exclusion criteria included having known mental illness, taking psychiatric drugs, individuals trained to enhance emotional intelligence, and having major stress during the last 6 months. Data were collected utilizing a demographic questionnaire, Bar-on emotional intelligence questionnaire, and Sherrer self-efficacy questionnaire. The Bar-on questionnaire includes 90 questions and 15 components. The minimum score for the subjects was 90 and the maximum score was 450. Based on the articles that used this test, in this study, this score was converted to a scale of 0 to 100 at four levels of weak (0-24), moderate (25-49), good (50-74), and excellent (75-100) [12]. The Sherrer self-efficacy questionnaire includes 17 items. The maximum self-efficacy score is 85 and the minimum score is 17 [16]. Bar-On reported Cronbach's alpha coefficient of 69% to 86% with a mean of 76% for the reliability of emotional intelligence questionnaire [17]. Samoeei reported Cronbach's alpha 0.93 for the reliability of this questionnaire by internal consistency [18]. Sherrer also estimated the overall self-efficacy reliability as 0.86 using Cronbach's alpha method and In the study conducted by Asgharnejad et al., its reliability was reported as 0.83 using Cronbach's alpha technique [16]. To conduct this investigation, after obtaining the approval of the Ethics Committee and obtaining permission from the Research Deputy of Ahvaz Jundishapur University of Medical Sciences, a letter of introduction was submitted to heads of the hospitals affiliated to this university, nursing managers, and managers of the units. Then, all midwives of the maternity blocks were selected according to the inclusion and exclusion criteria. After explaining the goals of the research and ensuring the participants that their information would remain confidential and completing their consent form, a demographic questionnaire, Bar-on emotional intelligence questionnaire, and Scherrer self-efficacy questionnaire were provided for them. Finally, 218 questionnaires were completed and collected. Data were analyzed by utilizing SPSS 22 software. To determine the correlation between emotional intelligence and self-efficacy, the Pearson correlation coefficient and Spearman correlation coefficients, and ANOVA tests were utilized for ranked data. Finally, Multiple Linear Regression was used. The significance level was considered 0.05 in all tests.

Results

The results of the present research revealed that the age of the subjects was 24-54 years with a mean age of 33.31 ± 7.16 years. The mean employment history of them was 8.80 ± 6.7 years and 86.7% of them had a bachelor's degree. In terms of employment history, 35.8% had official employment status, 84.4% had rotational work shifts, and 53.7% had moderate economic status. 42.2% reported a monthly income between 25 and 30 million Rials (Table 1). The absolute and relative frequency of emotional intelligence and self-efficacy of the subjects were as follows: 61.2% of subjects had an excellent level of emotional intelligence, 38.4% had a good level of emotional intelligence,

and 0.5% had a moderate level of emotional intelligence. 86.3%, 13.2%, and 0.5% of subjects, respectively, had good, moderate, and poor levels of self-efficacy.

According to the correlation coefficients shown in Table 2, among the midwives, all dimensions of emotional intelligence had a direct and significant correlation with self-efficacy. Among the dimensions of emotional intelligence, independence had the highest correlation with self-efficacy and empathy had the lowest correlation with self-efficacy. The correlation coefficient between emotional intelligence and self-efficacy was 0.643 and the significant level was 0.001. The self-efficacy score can be also calculated by using linear regression test in this way:

$$(Emotional\ Intelligence\ score) \ 0.166 + 9.710 = \text{Self-efficacy}$$

Table 1- Demographic characteristics of midwives working in maternity blocks of hospitals affiliated to Ahvaz Jundishapur University of Medical Sciences

		mean ± SD	
age		33.7±31.16	
Work experience		8.80 ± 6.7 years	
variable		n	%
Level of education	associate	9	4.1
	bachelor	189	86.7
	master	20	9.2
Employment type	official	78	35.8
	In treaty	57	26.1
	contractual	34	.156
Work shift	project	49	22.5
	Fixed morning	30	13.8
	rotational	184	84.4
Economic status	Fixed night	4	8.1
	excellent	2	0.9
	good	92	42.2
Monthly income	moderate	117	53.7
	poor	7	3.2
	15-20 million Rials	7	3.2
	20-25 million Rials	78	35.8
	25-30 million Rials	92	42.2
	Over 30 million Rials	41	18.8

Table 2- Correlation coefficient between emotional intelligence and its components and self-efficacy in

midwives working in maternity blocks of hospitals affiliated to Ahvaz Jundishapur University of Medical Sciences		
Emotional intelligence dimensions	Self-efficacy	
	Correlation coefficient	p-value
Problem solving	0.515	0.001
Happiness	0.420	0.001
Independence	0.630	0.001
Stress tolerance	0.519	0.001
Self-actualization	0.366	0.001
Emotional self-awareness	0.543	0.001
Reality-testing	0.595	0.001
Interpersonal relationship	0.470	0.001
optimism	0.310	0.001
Self-respect	0.509	0.001
Impulse control	0.532	0.001
flexibility	0.532	0.001
Responsibility	0.398	0.001
empathy	0.304	0.001
Self-assertiveness	0.546	0.001
Overall emotional intelligence	0.643	0.001

Discussion

The findings of the present study suggest that the majority of participants (61.2%) had a high level of emotional intelligence. These results are in line with the results of the research conducted by Hatam Gooya, which reported a good emotional level in 77.8% of nurses^[12]. However, they are inconsistent with the results of the investigation conducted by Delpasand, which showed that nurses have moderate emotional intelligence^[19]. It might be due to different research tools and a lower sample size. However, the self-efficacy results recommend that the majority of midwives (86.3%) had a good self-efficacy. These findings are in line with the results of the research conducted by Amini et al^[20], in which 54.8% had strong self-efficacy. However, in the study conducted by Taghizadeh et al.^[10], the highest level of self-efficacy in disasters was at moderate level in the midwives (51%), which is probably due to the fact that preparedness of health care providers during disaster is a relatively new issue and it has been less planned in Iran.

As the results indicate, based on the correlation coefficient between emotional intelligence and self-efficacy ($r = 0.643$, $p < 0.001$), overall emotional intelligence has a positive and significant relationship with self-efficacy, meaning that with increasing the emotional intelligence of midwives, their self-efficacy also increases. These results are in line with the results of investigations performed by Darvish et al. ($p < 0.01$, $r = 0.30$)^[11]

in nurses, Mouton et al. [21] in teachers ($p = 0.001$, $r = 0.28$), and Bikzad et al. ($p < 0.001$, $r = 0.349$) [22] and all components of emotional intelligence in the participants, including problem-solving, happiness, independence, stress tolerance, self-actualization, emotional self-awareness, reality-testing, interpersonal relationships, optimism, self-respect, impulse control, flexibility, responsibility, empathy, and self-assertiveness were significantly correlated with self-efficacy. Among the emotional intelligence components, the highest correlation with self-efficacy belonged to the independency component ($p < 0.001$, $r = 0.630$). This result is in line with the result of the study conducted by Zakeri [23], that reported a significant correlation between job independence and some of its dimensions and self-efficacy ($r = 0.552$). The lowest correlation also belonged to the empathy component ($p < 0.001$, $r = 0.304$), which is in line with the result of the study conducted by Jenaabadi [24], which reported a significant relationship between empathy training and academic self-efficacy. In general, the present investigation revealed a significant linear association between emotional intelligence and self-efficacy. The self-efficacy score could be obtained through the linear equation (emotional intelligence score; $0.166 + 9.710$). It indicates that by increasing the midwives' emotional intelligence, their self-efficacy also increases. In explaining the correlation between emotional intelligence and self-efficacy, it can be noted that emotional intelligence includes a set of interrelated skills for accurately and completely perception of emotion, assessment, and expression of emotions, access and the creation of emotions to facilitate thinking, ability to understand emotions and emotional knowledge, and the ability to control and regulate emotions for emotional and intellectual growth. Self-efficacy beliefs also affect the way people think and cope with problems, emotional health, decision making, coping with stress and depression. Both of them include a set of skills, talents, and abilities that improve the ability to cope with environmental pressures successfully. Hence, both variables have a positive association with each other and predict each other [15].

Conclusions

Given the significant relationship between emotional intelligence and self-efficacy of the midwives, it is possible to improve the emotional intelligence of the midwives and their self-efficacy by holding training and retraining courses.

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