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The impact of displaying emotional competence within peer to peer interactions and the care of behavioral health patients

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Emotional competence is a skill set vital to professional nursing practice. Emotional competence refers to the ability to appropriately manage and express one's emotions. Management of one's emotions within both peer to peer and patient interactions is imperative in a psychiatric/behavioral health unit. Additionally, emotionally competent professionals effectively deal with their emotions in situations, without suppressing others. In emotionally competent environments, individuals display a mutual respect for patients and colleagues, a commitment to take responsibility for actions and behaviors, a desire to respectfully correct faulty situations, and the ability to assume full responsibility for self-actions. This presentation will provide an overview of a descriptive study which explored the concept of emotional competence in today's health care environment from practicing psychiatric registered nurses on inpatient nursing units. Registered nurses were asked to identify interactions of emotional competence experienced on nursing units. Content analysis revealed deficits in emotional competence by the following themes: self-awareness, mood management, self-motivation, empathy, and managing relationships. Results can assist managers, administrators and educators on ways to develop emotionally competent programs/environments that are vital to building strong individuals, team, and interdisciplinary networks.

Psychosocial factors and health - related quality of life in liver transplant recipients

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Background: With the development of surgical technology, the health-related quality of life (HRQOL) in liver transplant recipients had improved. But the HRQOL of them were still influenced by multiple factors.

Objective: To test a predictive model of psychosocial factors (perceived social support, perceived self-efficacy, cognitive appraisal of health and coping strategies) influenced HRQOL of liver transplant recipients.

Methods: Convenience sampling was used to recruit patients in a transplant follow-up center of Beijing. A total of 242 liver transplant patients were included. Scales with good reliability and validity were used to collect date. The hypothesized model was tested and modified using structural equation model.

Results: For MCS final model (model of psychosocial factors influenced mental component summary of HRQOL in liver transplant recipients), the fit indices were x^2=73.920 (*df* =23), CFI=0.923, RMSEA=0.096. Perceived social support had a direct positive effect on MCS (β=0.16, p<0.01). Coping strategies influenced MCS directly (β=-0.20, p<0.05). Cognitive appraisal of health had a direct negative effect on MCS (β=-0.31, p<0.01), and had a direct positive effect to coping strategies (β=0.51, p<0.01). Self-efficacy had a direct positive effect on MCS (β=0.19, p<0.05). In addition, self-efficacy had a direct negative effect on cognitive appraisal of health (β=-0.68 p<0.001). For PCS final model (model of psychosocial factors influenced physical component summary of HRQOL in liver transplant recipients), the fit indices were x^2=67.122 (*df*=22), CFI=0.917, RMSEA=0.092. Self-efficacy had a direct negative effect on cognitive appraisal of health (β=-0.68 p<0.001); Cognitive appraisal of health had a direct positive effect on coping strategies (β=0.44, p<0.05), but the effect to the PCS was not significant (0.05<p<0.1).

Conclusions: The results indicated a good fit to predict model. Social support had a direct effect on MCS. The mediating role of cognitive appraisal of health and coping strategies in the relationship between self-efficacy and MCS was supported. The predict model of MCS and PCS can be the foundation for further research and practice on HRQOL in liver transplant recipients.