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A Study on the Correlation of Self-Efficacy, Emotional Intelligence and Interpersonal Skills in Nurses' Nursing Practice of the Elderly in Communities

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Abstract

Objectives: This study was conducted to identify the effect that the self-efficacy and emotional intelligence and interpersonal skills of nurses at geriatric hospitals have on their practice of geriatric care. **Methods/Statistical Analysis**: A questionnaire was distributed to 165 nurses working at 9 geriatric hospitals located in city D and regions C and K regions with 200 or more hospital beds. Data was collected from September 15 to December 31, 2014. Using IBM SPSS/WIN 20.0 program, frequency, t-test, ANOVA, Pearson's correlation coefficients and Multiple regression were analyzed. **Findings:** Results showed that the practice of geriatric care of nurses at geriatric care had a positive correlation with self-efficacy ($r = .47$, $p<.001$), emotional intelligence ($r = .56$, $p<.001$) and interpersonal skills ($r = .39$, $p<.001$) and the factors that had the most significant effect on the degree of practice, in descending order were emotional intelligence, self-efficacy and age. Explanatory power was 32.4%. **Applications/Improvements:** With an aging society and a rapid increase in the number of geriatric hospitals, continued studies are recommended to identify predictive factors for geriatric nursing practice in order to realize higher quality geriatric care. Development of programs to improve self-efficacy and emotional intelligence that can, in turn, enhance geriatric nursing practice, is recommended. The age of subjects was identified as a factor affecting geriatric nursing practice. Therefore, measures to draw nurses who have temporarily retired and are reluctant to re-enter the work force back in the field should be developed. Therefore, in order to increase the level of practice, development and application of programs that can enhance emotional intelligence and self-efficacy are needed.

Keywords: Aged, Emotional Intelligence, Nurse, Nursing Practice, Self-efficacy

1. Introduction

As the population ages, the share of the elderly in medical services is increasing. The quality of services at geriatric hospitals or sanatoriums is determined mostly by the nursing care provider[1]. In particular, nurses account for more than half of the total personnel at hospitals and play the role of directly interacting with patients[2], making the capability of nurses all the more important.

Specifics of the capabilities as required by the times or society are undergoing change. In today's organization, capabilities go beyond simply reason, represented by skills, knowledge and technical ability and include the self-efficacy ability to motivate individuals' behavior or instigate change[3] or emotional intelligence that helps them empathize with others and solve problems together to reach a common goal. Interpersonal skills that allow one to come in touch with people of various

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backgrounds with an open mindset and feel intimacy with them are also valued[4].

Given the nature of nursing care, nurses must go beyond simply transferring knowledge or skills and must be able to control one's emotions and offer comprehensive nursing care including the physical, emotional, cultural and spiritual aspects. Moreover, forming amicable relationships with others in the medical field is also an important capability which can have a positive impact on the practice of geriatric nursing care.

Preceding studies were conducted on the effect that emotional intelligence and organizational commitment have on geriatric nursing[5], the effect of emotional intelligence and self-efficacy on work stress[6], the geriatric knowledge, attitudes and nursing practice of nurses in geriatric hospitals[7]. But there is no study on how self-efficacy, emotional intelligence and interpersonal skills of nurses affect the geriatric nursing practice.

As such, this researcher seeks to verify the self-efficacy, emotional intelligence and interpersonal skill levels of nurses at geriatric hospitals, identify their correlation and how they impact the practice of geriatric nursing to provide a basic set of data for developing educational or intermediary programs that can help nurses in clinical settings.

1.1 Purpose

Specific goals of this study are as follows:

- Identify the level of self-efficacy, emotional intelligence, interpersonal skills and geriatric nursing practice.
- Identify the differences in geriatric nursing practice according to general characteristics of nurses at geriatric hospitals.
- Identify the correlation between self-efficacy, emotional intelligence, interpersonal skills and geriatric nursing practice.
- Analyze the effect of self-efficacy, emotional intelligence and interpersonal skills on nurses at geriatric hospitals.

2. Methods

2.1 Research Design

This study is a narrative investigation research conducted to identify the degree of self-efficacy, emotional intelligence, interpersonal skills and geriatric nursing practice and verify the degree to which the self-efficacy, emotional intelligence and interpersonal skills of nurses at geriatric hospitals have on their geriatric nursing practice.

2.2 Subjects

The study used a questionnaire on the sample parent group. A questionnaire was distributed to 165 nurses working at 9 geriatric hospitals located in city D and regions C and K regions with 200 or more hospital beds. Subjects had a work history of at least 6 months at their organization and consented to the study after understanding the purpose in written form.

The sample size was determined to be 138 people after using G-power 3.1.7 program at a significance level of .05, a power of test of .95 and an effect size of .15 which is the middle level for regression analyses. But considering the drop-out rate of 20%, the final number of subjects was determined to be 170.

2.3 Instruments

2.3.1 Self-efficacy

The self-efficacy measurement developed by Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs and Rogers and revised by Jung was used after revision based on the analysis of confidence from the pre-test. There were a total of 17 questions on a 5 point Likert scale, from 'not at all' given 1 point to 'very much so' given 5 points. A higher score indicates a higher self-efficacy. In the study by Jung, Cronbach's = .94 and this study's confidence level was .95.

2.3.2 Emotional Intelligence

The Wong and Law Emotional Intelligence Scale (WLEIS), developed by Wong and Law and used by Choi was used after revision. A total of 16 questions broken into 4 sub-categories were used. There were four questions each for understanding of one's own emotions, understanding others' emotions, emotional control and emotional application. A seven point Likert scale was used from 'very much so' given 7 points to 'not at all' given 1 point. A higher score indicates a higher level of emotional intelligence. The confidence in the study by Choi was Cronbach's α = .90, while for this study it was .88.

2.3.3 Interpersonal Skills

The tool developed by Warner, translated by PSI Consulting in Korea and revised by Chung was used. A total of 15 questions were broken into 3 sub-categories.

There were five questions each for others' temperament, communication and promoting relationships. A five point Liker scale was used from 'not at all' being given 1 point and 'very much so' being given 5 points. A higher score indicates better interpersonal skills. The confidence level in the study by Chung was Cronbach's α = .86, while for this study it was .88.

2.3.4 Geriatric Nursing Practice

The tool developed by Choi measures nursing practice from the mental, physical and psychological aspects. There are a total of 16 questions. For each question, a response of 'not at all' is given 1 point, while 'Always so' is given 4 points. A higher score indicates more positive practice. At the time of development, the tools' confidence level was Cronbach's α = .88, while the confidence level of this study was .92.

2.4 Data Collection

Data was collected from September 15 to December 31, 2014. Nurses who had worked for 6 months or more at 9 geriatric hospitals with 200 or more hospital beds in regions C and K were used as subjects. The researcher visited the hospital in person, explained the purpose and methodology of the study, gained consent and distributed the questionnaire which was filled out by the respondents themselves. For confidentiality, the questionnaire responses were sealed and stored at a specific venue after which the head nurse of each department was recruited to collect them. A total of 170 copies of the questionnaire were distributed, but five were excluded for insufficient responses and 165 copies were used for the final analysis.

2.5 Data Analysis

The collected data was analyzed using IBM SPSS/WIN 20.0 program.

- The general characteristics, self-efficacy, emotional intelligence, interpersonal skills, geriatric nursing practice were analyzed for frequency, percentage, mean, standard deviation and range.
- The difference in the degree of geriatric nursing practice according to general characteristics was analyzed using one-way ANOVA and independent t-test. A post-test was done using Scheffe test.
- The correlation between the subjects' self-efficacy, emotional intelligence, interpersonal skills and geriatric nursing practice was analyzed using Pearson's correlation coefficients.
- The explanatory power of self-efficacy, emotional intelligence and interpersonal skills on geriatric nursing practice was analyzed using stepwise multiple linear regression.

2.6 Ethical Consideration

The content and methodology of this study were approved of by the Biological Ethics Review Committee at K University (IRB No. KNU_IRB_2014-26) and the ethics guidelines were observed during the study period. Before collecting data, participants were given an explanation on the purpose and methodology of the study and a consent form was asked to be signed. It was agreed that subjects would remain anonymous and their responses would be confidential. After gaining a written signature on the consent form, the questionnaire was distributed.

3. Results

3.1 General Characteristics of the Subjects

The mean age of the subjects was 43.4 years, with those between ages 40-49 counting the most at 62 people (37.6%), followed by those aged 50 or older at 48 people (29.1%), ages 30-39 at 40 people (24.2%) and those aged 29 or younger at 15 people (9.1%). There were 3 male respondents (1.8%) and 162 female respondents (98.2%). Most of them or 140 people (84.8%) were married. 94 respondents (57.0%) answered that they have a religion. In terms of educational background, those who graduated a school with a three year curriculum counted for 110 people (66.7%). Clinical experience was an average of 11.9 years, with those with 7 years or more counting 121 people (73.3%). The average years of experience in geriatric nursing was 5.6 years, with those with 7 years or more experience counting 45 people (27.3%) accounting for the highest share. 78 subjects responded (47.3%) that they had lived with grandparents when growing up and 91 subjects (55.2%) responded that they had an elderly neighbor, of which 78 subjects (47.3%) said that they had a close, friendly relationship with them Table 1.

Table 1. General characteristics of subjects (N = 165)

Characteristics	Categories	Number (%)	Mean
Age (years)	≤29 30-39 40-49 50≤	15(9.1) 40(24.2) 62(37.6) 48(29.1)	43.4
Gender	Male Female	3(1.8) 162(98.2)	
Spouse	Single Married	25(15.2) 140(84.8)	
Religion	Yes No	94(57.0) 71(43.0)	
Education	College University above	110(66.7) 45(27.3) 10(6.1)	
Total clinical career (year)	≤1 1<, ≤3 3<, ≤5 5<, ≤7 7 <	1(0.6) 10(6.1) 9(5.5) 24(14.5) 121(73.3)	11.9
Elderly nursing career (year)	≤1 1<, ≤3 3<, ≤5 5<, ≤7 7<	15(9.1) 32(19.4) 42(25.5) 31(18.8) 45(27.3)	5.6
Experience living with the elderly	Lived with grandparents as a child Never lived with grandparents	78(47.3) 46(27.9) 41(24.8)	
Elderly neighbors	Yes No	91(55.2) 74(44.8)	
Intimacy with elderly neighbors	Not at all Not friendly Friendly Very friendly Non-applicable	0(0.0) 13(7.9) 78(47.3) 14(8.5) 60(36.4)	

3.2 The Self-Efficacy, Emotional Intelligence, Interpersonal Skills and Geriatric Nursing Practice in Subjects

The self-efficacy of subjects scored 3.79 points (±0.46) on a scale of 5. Emotional intelligence scored 4.95 points (±0.76) on a scale of 7, with the subcategory of 'understanding one's own emotions' scoring the highest at 5.26 points (±0.84), followed by 'understanding others' emotions' at 4.96 points (±0.89), 'application of emotions' at 4.95 points (±0.88) and emotional control at 4.63 points (±1.01). Interpersonal skills scored 3.58 points (±0.46) on a scale of 5, with the subcategory 'others' temperament' scoring the highest at 3.80 points (±0.47), followed by 'communication' at 3.65 points (±0.51) and 'promoting relationships' at 3.33 points (±0.64). Geriatric nursing practice scored 3.52 points (±0.35) on a scale of 4. (Table 2).

Table 2. The self-efficacy, emotional intelligence, interpersonal skills and geriatric nursing practice of subjects (N = 165)

Variables	Mean±SD	Range(Min-Max)
Self-efficacy	3.79±0.46	3.72-3.86
Emotional intelligence	4.95±0.76	4.83-5.07
Understanding one's own emotions	5.26±0.84	5.13-5.39
Understanding others' emotions	4.96±0.89	4.82-5.10
Emotional control	4.63±1.01	4.48-4.79
Emotional application	4.95±0.88	4.81-5.08
Interpersonal skills	3.58±0.46	3.51-3.65
Others' temperament	3.80±0.47	3.73-3.87
Communication	3.65±0.51	3.57-3.73
Promoting relationships	3.33±0.64	3.23-3.43
Geriatric nursing practice	3.52±0.35	3.47-3.58

3.3 The Differences in the Degree of Geriatric Nursing Practice according to the General Characteristics of Subjects

There was a significant difference in the geriatric nursing practice of subjects according to their general characteristics, namely to their age (F = 6.449, P<.001). The degree of geriatric nursing practice was significantly higher in those aged 50 or higher (3.66 points) than those aged 29 or younger (3.31 points) or those aged 30-39 (3.41 points) (Table 3).

3.4 Correlation between the Self-Efficacy, Emotional Intelligence, Interpersonal Skills and Geriatric Nursing Practice in Subjects

Geriatric nursing practice had a positive correlation with self-efficacy (r = .47, p<.001), emotional intelligence

Table 3. Differences in the degree of geriatric nursing practice according to the general characteristics of subjects (N = 165)

Characteristics	Categories	N	Geriatric nursing practice		
			M±SD	t or F (*p*)	Scheffe
Age (years)	≤29[a]	15	3.31±0.32	6.449	a,b<d
	30-39[b]	40	3.41±0.39	(<.001)	
	40-49[c]	62	3.55±0.35		
	50≤[d]	48	3.66±0.25		
Gender	Male	3	3.17±0.72	-1.646	
	Female	162	3.72±0.58	(.102)	
Marital status	Single	25	3.76±0.57	0.439	
	Married	140	3.71±0.59	(.661)	
Religion	Yes	94	3.76±0.60	1.071	
	No	71	3.66±0.57	(.286)	
Educational background	College[a]	110	3.52±0.33	0.624	
	University[b]	45	3.50±0.38	(.537)	
	above[c]	10	3.64±0.30		
Total nursing experience (year)	≤1[a]	1	3.00±0.00	1.375	
	1<, ≤3[b]	10	3.48±0.28	(.245)	
	3<, ≤5[c]	9	3.42±0.40		
	5<, ≤7[d]	24	3.45±0.39		
	7 <[e]	121	3.55±0.34		
Geriatric nursing experience (year)	≤1[a]	15	3.41±0.48	1.723	
	1<, ≤3[b]	32	3.44±0.28	(.147)	
	3<, ≤5[c]	42	3.52±0.37		
	5<, ≤7[d]	31	3.54±0.30		
	7<[e]	45	3.62±0.34		
Experience in living with the elderly	Lived with grandparents as a child [a]	78	3.49±0.38	1.338	
				(.265)	
	Living with elderly parents [b]	46	3.59±0.29		
	None [c]	41	3.52±0.34		
Is there an elderly person that you are personally close with outside of work?	Yes	91	3.73±0.61	0.461	
	No	74	3.69±0.56	(.646)	
Degree of friendliness/intimacy with the close elderly person	Not friendly or close [a]	13	3.55±0.28	0.954	
	Friendly and close [b]	78	3.56±0.34	(.416)	
	Very friendly and close [c]	14	3.54±0.34		

(r = .56, p<.001) and interpersonal skills (r = .39, p<.001). That is, higher self-efficacy and emotional intelligence were correlated with higher degree of geriatric nursing practice. It had a positive correlation with emotional intelligence and self efficacy (r = .63, p<.001), indicating that higher self-efficacy meant higher emotional intelligence. Interpersonal skills and self-efficacy (r = .54, p<.001) and interpersonal skills and emotional intelligence (r = .60, p<.001) also had a positive correlation, indicating that higher self-efficacy meant higher interpersonal skills and higher emotional intelligence meant higher interpersonal skills (Table 4).

3.5 Factors that Affect the Practice of Geriatric Nursing

To identify the effect of self-efficacy, emotional intelligence and interpersonal skills on the degree of geriatric

Table 4. Correlation between self-efficacy, emotional intelligence, interpersonal skills and the degree of geriatric nursing practice (N = 165)

Variables	Self-efficacy r (*p*)	Emotional intelligence r (*p*)	Interpersonal skills r (*p*)	Geriatric nursing practice r (*p*)
Self-efficacy	1			
Emotional intelligence	.63(<.001)	1		
Interpersonal skills	.54(<.001)	.60(<.001)	1	
Geriatric nursing practice	.47(<.001)	.53(<.001)	.39(<.001)	1

nursing practices, stepwise multiple linear regression was conducted. Of self-efficacy, emotional intelligence, interpersonal skills and general characteristics of subjects, age which had showed a significant difference was treated as a dummy variable.

Before the regression analysis, the conditions for multi-linearity, independence, regularity and homoscedasticity were verified. A verification of multi-linearity showed that tolerance was more than 0.1, while the Variation Inflation Factor (VIF) did not go over the reference point of 10. Condition index was 1.00~24.19 which is not over 30 so we could exclude the issue of multi-linearity. Verification of independence of errors showed that the Durbin-Watson statistic was 2.01 which are close to 2, indicating that there was no self-relation. A scatter plot of the standardization residual did not show a regular pattern, satisfying the homoscedasticity. In the normal distribution probability of the residual the points on the graph showed a normal distribution with the straight line of 45 degrees at the center, verifying the regularity of the errors. Cook's distance value, too had a maximum value of .105, showing no value that exceeds 1.0. This indicates that the regression analysis results are reliable ($F = 6.593$, $p<.001$).

Regression analysis shows that the factor that had the most impact on geriatric nursing practice was emotional intelligence (ß = .363, p<.001), followed by self-efficacy (ß = .221, p = .008) and age (ß = .167, p = .011). The results were statistically significant. The Adjusted R^2 value that shows the explanatory power of the model was .324, indicating the explanatory power was 32.4% (Table 5).

4. Discussion

This study identified the effect that self-efficacy, emotional intelligence and interpersonal skills in geriatric hospital nurses had on their practice. The major results can be discussed as follows:

First, the self-efficacy of subjects were 3.79 points (.46) out of a total of 5 points, indicating a higher than normal self-efficacy. This was similar to results in preceding studies where university hospital nurses scored 3.27 points and 3.40 points[8,9]. This indicates that subjects had a mid-level of personal belief that they can organize and carry out well their specific behaviors in a tense or unanticipated situation[10]. The emotional intelligence of subjects scored 4.95 points (.76) out of a total of 7 points. In a study using the same tool on university hospital nurses, the score was 4.69 points[11] and in the study using a 5 point scale on sanatorium nurses[12] the score was at a similar level at 3.51 points.

Table 5. Factors affecting geriatric nursing practice

Variables	B	SE	ß	t	p
Constant	2.037	.189		10.757	<.001
Emotional intelligence	.165	.038	.363	4.394	<.001
Self-efficacy	.167	.063	.221	2.670	.008
Age	.126	.049	.167	2.568	.011

$R^2 = .337$, Adjusted $R^2 = .324$, $F = 6.593$, $p<.001$

Among the sub-categories of emotional intelligence, understanding one's own emotions was the highest at 5.26 points (.84), followed by understanding others' emotions at 4.96 points (.89), emotional application at 4.95 points (.88) and emotional control at 4.63 points (.01), which corresponded to the results of preceding studies[13,14]. Nurses need to be able to control their own emotions no matter what the situation, be able to understand patients' point of view and be empathetic in order to provide high quality medical services. Moreover, to efficiently communicate with people of different professions in the medical field or the legal guardians of patients, they need to have an accurate understanding of others' emotions and the ability to empathize with others. These abilities all fall under emotional intelligence[15]. Therefore, based on the study results, it seems that more focus should be placed on emotional application and emotional control, two categories that scored relatively lower than understanding others' emotions or understanding one's own emotions. Emotional application refers to the ability to make use of one's emotions to solve problems and be productive. Emotional control refers to going beyond simply understanding others' emotions to using emotions to solve problems and control emotions[16]. These capabilities are essential in providing comprehensive nursing that incorporates the physical, emotional, social and spiritual aspects and are all the more important in geriatric care.

Interpersonal skills scored, out of a total of 5 points, 3.58 points (.46), indicating a higher than normal degree. Of the sub-categories, others' temperament scored the highest at 3.80 points (.47), followed by communication at 3.65 points (.51) and promoting relationships at 3.33 points (.64). But direct comparison is not possible since there are no preceding studies that used the same tool. When compared with studies that used other tools, the scores for nurses in sanatoriums and general hospitals were 3.37 points and 3.44 points, respectively, indicating a similar result as this study[17,18]. Given that nursing deals with human beings, interpersonal skills inevitably are linked to the quality of nursing. Therefore measures to improve such capabilities would have to be developed.

The degree of geriatric nursing practice scored 3.52 points (.35) out of a total of 4 points, which was mid to high level. Studies using nurses from sanatoriums and geriatric hospitals had a score of 3.49 points and 3.54 points, supporting these study results[19,20]. This study showed that the geriatric nursing practice had a positive result but since the study was undertaken from the perspective of the nursing care provider, there seems to be a need to compare the results with those from a study conducted from the recipients' point of view.

Second, the general characteristic that showed a difference in geriatric nursing practice was age. This result corresponded with that of other studies where age had a significant difference[5,7]. This seems to be due to the fact that higher age in subjects led them to experience aging themselves and that age is generally associated with the length of their job experience, too. More experience would have likely been associated with better understanding of the elderly and better nursing practice. Meanwhile other factors that showed a difference in geriatric nursing care in preceding studies such as marital status, clinical experience, past experience living with an elderly did not show significant difference in this study. Since these factors are affected by various conditions such as the characteristics of the subject or the environment, repeated studies would be needed.

Third, self-efficacy, emotional intelligence and interpersonal skills all had a positive correlation with geriatric nursing practice. This supports the results of the study where self-efficacy had a significantly positive correlation with emotional intelligence[6]. The study where emotional intelligence had a positive correlation with interpersonal skills[18,19] and the study where emotional intelligence had a significantly static correlation with geriatric nursing practice[5]. This can be interpreted as higher self-efficacy, emotional intelligence and interpersonal skills associated with better geriatric practice. Therefore, to improve geriatric nursing practice, measures to improve self-efficacy, emotional intelligence and interpersonal skills should be developed.

Fourth, the predictive factors affecting the geriatric nursing practice was 27.2% for emotional intelligence, 2.9% for self-efficacy and 2.3% for age, which explained a total of 32.4% of geriatric nursing practice. A higher emotional intelligence, self-efficacy and age meant a higher degree of geriatric nursing practice. The study that reviewed the effect of emotional intelligence and organizational commitment on geriatric nursing practice[5] identified emotional intelligence as the variable with the greatest explanatory power, supporting the results of this study.

The results of this study indicate that nurses' emotional intelligence which had the highest explanatory power is closely associated with geriatric nursing practice. Emotional intelligence refers to the capability of

understanding others' emotions in various situations, controlling one's own emotions and making efficient use of recognized emotions[10]. This capability seems to have a direct link to better understanding not only the social or financial issues faced by the elderly, but issues related with aging. With a rapid increase in the elderly population, the emotional intelligence of nurses is an important capability that can help improve the quality of geriatric nursing care. Therefore, various educational programs that promote emotional intelligence in nurses must be developed and implemented at geriatric hospitals on an ongoing basis.

Self-efficacy had an explanatory power of 2.9% as a predictive factor for geriatric nursing practice. Self-efficacy refers to the belief that one can successfully conduct specific activities in a specific situation[20]. This capability seems to affect the thought patterns or emotions of nurses who need to make decisions and bear responsibility in various nursing situations and therefore affects geriatric nursing practice in turn, too. As such, measures to reinforce internal motivating factors such as self-efficacy should be developed[15].

Age had a 2.3% explanatory power as a predictive factor, similar to that of self-efficacy. Older nurses had a better understanding of the elderly as they themselves have experienced the aging process. They differed greatly from nurses who only had an indirect experience with aging. Moreover, age is correlated with job experience. Given that an older age is likely to be correlated with a longer job experience, age should be considered for staffing and re-training must be conducted so that some nurses can be re-allocated to clinical settings for geriatric nursing.

Interpersonal skills, too, were selected as an important variable and many studies have been conducted on this, but in the end, despite there being a static correlation between interpersonal skills and geriatric nursing practice, the explanatory power was not significant in geriatric nursing practice. Nurses with higher interpersonal skills were thought to be competent in forming relationships with the elderly patients who then would have an effect on geriatric nursing practice, but the results of this study showed that it didn't have such an effect. Therefore, repeated studies and in-depth analysis would be needed.

The results of this study are meaningful in that they show that self-efficacy and emotional intelligence are important factors in geriatric nursing practice and that the age of the nurse cannot be ignored, either.

5. Conclusion

A regression analysis was conducted in each stage in order to understand how much self-efficacy; emotional intelligence, interpersonal skills and general characteristics explained the degree of geriatric nursing practice. Emotional intelligence explained 27.2% (ß = .363, p<.001), while self-efficacy explained 2.9% (ß = .221, p = .008). Interpersonal skills had no explanatory power. Moreover, age had an explanatory power of 2.3% (ß = .167, p = .011), indicating that these variables combined explained 32.4% of the degree of geriatric nursing practice. Therefore, measures to improve nurses' self-efficacy and emotional intelligence in order to enhance the degree of geriatric nursing practice should be developed. To that end, various programs need to be developed and implemented to promote self-efficacy and emotional intelligence.

Based on these findings, the following is suggested. First, with an aging society and a rapid increase in the number of geriatric hospitals, continued studies are recommended to identify predictive factors for geriatric nursing practice in order to realize higher quality geriatric care. Second, development of programs to improve self-efficacy and emotional intelligence that can, in turn, enhance geriatric nursing practice is recommended. Third, the age of subjects was identified as a factor affecting geriatric nursing practice. Therefore, measures to draw nurses who have temporarily retired and are reluctant to re-enter the work force back in the field should be developed.

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