

Impact of Interpersonal Communication Competence and Organizational Trust as Factors in Psychological Wellbeing

Njoku, Ethelbert Chinaka

Department of Psychology, Imo State University, Owerri, Nigeria

Abstract. Having a good health is very paramount to any person because good health assures the person of life to do all other things that life may bring. This dream of having a good health is usually facilitated by workers in the health profession who work day and night to ensure that the health status of people is not compromised. In this circumstance, the psychological wellbeing of the people becomes very sacrosanct in achieving the good health of the people. The health practitioners must be good to be able to deliver on this privileged mandate of ensuring the good health of the people. Trust is also another important variable that helps in the realization of this assignment as any organization that does not have the requisite trust capital may not achieve much. Thus, proper interpersonal communication competence is very important in ensuring that the health of the people is safe guarded. Two hundred people participated in the research and they were drawn from hospitals in Imo state. The research adopted cross sectional survey design. Regression analysis was used in analyzing the data. Of note, the results indicate that the variables predicted psychological wellbeing. The implication confirms the importance of interpersonal communication competence and organizational trust are important for psychological wellbeing of medical practitioners. Efforts should be made by stakeholders and actors in the health sectors in ensuring maximum attention to issues concerning the manpower.

Keywords: interpersonal communication competence, organizational trust, psychological well being

Introduction

In every society, the health of the citizens is usually paramount to a responsible and people oriented government. The health condition and status of the citizens determine the extent of development that will be seen across the sectors of the economy. Nigeria health sector is a systemic failure. According to it, all health care systems are designed to stand on a tripod, that is: the Preventive arm, the Research arm and the Curative arm. Unfortunately, none of the strands of the tripod is existing as it supposed to be in Nigeria health care delivery system. The medical practitioners which include all persons in the activities of enhancing health are an essential block of any functioning health in any country. Their non-availability means that the clinical and public health services cannot be delivered to the population. Adeloye (2017) asserts that there is a direct link between efficient health care system governance and promising health workers output, which ultimately have positive effects on overall health outcomes. Poor administration and continued underinvestment in health coupled with the spread of diseases, re-emerging diseases and persistent violent conflicts have contributed greatly to the fragile health system in many African countries. Human resources problems have been some of the problems being faced by health institutions. Many nations in Africa have noted the challenge of resources and finance in the prosecution of health care delivery. In Nigeria, the consequence is the migration of thousands of medical practitioners to the western world. This adversely leads to the emptiness of our health care systems manpower. In the prevailing circumstance, efforts must be made to ensure that the available human resources do not evaporate like others. Thus, important psychological variables like Interpersonal Communication Competence and Organizational Trust are isolated and researched to investigate their predictive power and their contribution towards the psychological wellbeing of medical practitioners with the ultimate aim of ensuring that

the available medical practitioners do not leave their fatherland. Levi (1987) defined psychological well-being as a dynamic state characterized by reasonable amount of harmony between individual's abilities, needs and expectations, environmental demands and opportunities. Psychological well-being has more to do with the management of the existential challenges of life such as having meaning in one's life growing and developing as a person. It refers to how people evaluate their lives. Diener and Suh (1997) stated that these evaluations may be in the form of cognitions or in the form of affect. When an individual evaluates his activities or actions, it is within the cognitive part. The affective involves feeling of emotion as regards things that happen to them. These evaluations enable people to check their lives and determine if it is worth living. Individuals within themselves check their variability and unconscious reactions to issues.

Psychological well-being enables an individual to have good output. In a very intensive research done by Diener and Suh (1997), people who score high in psychological well-being later earn high income and perform better at work than people who score low in well-being. It is also found to be related to physical health.

It is a known fact that what a nation wishes is usually what comes or what the nation achieves and strives to get. If the country makes effort to improve her productivity, at the end, the productivity will be achieved because the members of the society will be mobilized towards achieving the purpose. The entire gamut of the powers of the state will be galvanized to ensure that the purpose is realized. Psychological well-being is about lives going well. It connotes feeling fine and working to ensure stability of the totality of an individual. It does not mean that an individual will feel great all the time because nature does not bring goodness all the time. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person's ability to function in his or her daily life (Huppert, 2009). In the prevailing circumstance and conditions of service existing in our health system, inculcating psychological wellbeing skill in medical practitioners is very paramount. Ryff (1989) sees psychological wellbeing as a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related wellbeing as a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviors. The concept of psychological or emotional well-being was originally construed as a challenge in overcoming the hedonistic concept of well-being in psychology.

Previous researches of the lives of medical practitioners have mainly focused on some of the inherent diseases and sicknesses they are exposed to or they suffer and less attention has been paid to the psychological condition of the work they do. There is little interest and knowledge about what keeps them feeling well especially in a hostile medical environment like Nigeria. Though, this may simply reflect the tendency for psychological research to focus on pathology rather than health, it nevertheless leaves medical practitioners with little information to guide them in living positive and healthy lives. Thus, research on psychological wellbeing of medical practitioners, offers practical advice to medical practitioners and policymakers, and gives some healthy alternatives to medical practitioners damaging ways of living and working. It is necessary to inculcate in medical practitioners the ability to influence their own happiness through their personal values and choices, and the need for them to have some control over their external work environment. Yarney (2001) identified five main practices as very important for medical practitioners. They are spending time with family and friends, religious or spiritual activity, self-care, finding meaning in work, setting limits around it, and adopting a healthy philosophical outlook, such as being positive or focusing on success. Drawing on these practices, medical practitioners could therefore foster their own wellbeing by re-examining their personal lives and values. This might include changing their relationship to money; devoting more time to intimate

relationships; or adopting a regular self-care practice such as meditation, which is effective in reducing anxiety. Burke (2012) examined the psychological well-being among nurses in Spain. The result of the study shows that nurses with higher levels of work-family interference and emotional demands reported lower levels of psychological wellbeing in terms of greater anxiety and depression ($r = -.31$ and $-.26$,) respectively. Nurses indicating higher levels of all three sources of social support (supervisor, co-workers, spouse/partner, family and friends) also reported higher levels of psychological well-being ($r = .09$, $.08$, and $.04$) respectively. In a related research, Gardiner (2005) examined the role of psychological well-being in retaining rural general practitioners. The sample consists of 187 general practitioners in South Australia. The Questionnaire includes questions about their level of support in rural practice, psychological health and intentions to leave rural practice. The finding of the study indicated that medical practitioners that had conclusion of living the rural practice had high level or score in anxiety, stress and lower quality of work life. General practitioners who considered leaving rural practice also reported having fewer colleagues with whom to discuss professional issues. Babalola and Olumuyiwa (2015) studied job satisfaction and psychological wellbeing among mental health nurses on the sample of 110 psychiatric nurses. The Minnesota Satisfaction Questionnaire (MSQ) and General Health Questionnaire (GHQ-12) were used. Result revealed that 84.5% of nurses reported positive psychological wellbeing, while 15.5% had psychological distress. The result indicated that job satisfaction had a relationship with psychological well being that is positive and high. Majority of the respondents in the study reported that they were satisfied with their work. Many of them also reported positive psychological wellbeing. There was a significant positive relationship between job satisfaction and psychological wellbeing.

Another significant variable that underlies the development of psychological wellbeing is Interpersonal Communication Competence. In the knowledge economy, information in either personal or organizational communication means power for all participants, regardless of where and context. Communication is a key element of human development. Medical practitioners use communication in the delivery of their duties. Those who have mastered how to use information can use their information change realities, meanings and perceptions. The medical practitioner in this context is the one who voluntarily or involuntarily communicates and develops the communication skills and change clients and workers behavior positively or negatively, while generating the parameters needed to create an environment favorable to the development of the personality in an organizational context. Proper understanding and full grasp of communication skills helps in better perception of issues and proper knowledge of needed semantics helps the medical practitioner to respond appropriately to the varying message stimuli in the environment. Also, communication is the most important manifestation of interactions between medical practitioners and their specific environment. Most experts agree that success in the relationships between medical practitioners and the environment in which they manifest is influenced by effective communication. . Interpersonal communication competence is a person's talent or capability to utilize communication as a potent tool to accomplish triumphant relationship in working groups. It connotes an individual's innate skill in delivering thoughts and information appropriately. Competencies at work place may include both technical and behavioral skills, but Interpersonal Communication Competence relates to the behavioral skill that is basically required to operate at all levels but specifically at Supervisor, Middle managers and Senior Managers level. It important in handling sensitive critical incidents and implementing executive decisions (Cage et al., 2003). Avkiran and Turner (1996) explain that it is the ability to respond to staff's needs positively, fostering a non-discriminatory work environment where staff can develop to their full personal potentials and delegating authority.

Interpersonal Communication Competence is defined into the following four categories: first, communication that includes verbal, nonverbal and listening skills; second, conflict resolution and negotiation skills; third, collaboration and team work skills; and fourth, cross-cultural skills (Christie, 2012). Zenger and Folkman (2002) studied the 360° degree feedback of about 20,000 leaders and compared the top 10% of them with the bottom 10% through the eyes of their subordinates, peers and bosses. From this study, the vital competencies necessary for management leaders were identified and it was derived as interpersonal communication skills to be the differentiating competencies of respondents. In the words of Spitzberg and Cupach (1984), a competent communicator in an organization, is an individual, who can recognize which skills are needed in a particular situation and understand properly how to make use of it. Therefore, the higher the level of communication, the stronger is the interpersonal skills and more powerful is the association between individuals in the dyadic process. Tolmates and Reino (2006) point out that self-awareness is one of the key characteristics of an individual's communication competence in the work place settings. In is a survey conducted among 867 employees in private and 379 employees in public at senior middle, middle levels and including specialists and workers too that was aimed at finding out the impact of emotions on a person's workplace behavior. The researchers considered self-awareness as one of the components of emotional factors for measuring the interpersonal levels of respondents. The respondents were men and women. The research results indicate that self-awareness is one of the key characteristics of interpersonal competence of employees. The interpersonal scores of people in private sector are relatively higher than public sector and the perception level of women about their self-awareness in interpersonal context is relatively high in private sector. Weisinger (1998) confirms, self-awareness can manipulate intrapersonal skills as how to develop oneself using the concept of self-awareness and self-awareness can also influence interpersonal skills as how to be more effective on relationships with others applying the self-knowledge. As per the study executed by Baron (2000), self-awareness is one of the components of emotional intelligence that can influence the overall ability of person's work life. Medical practitioners have continued to affirm the connection between healing and human relationships. The literature to date has focused on how Medical practitioners build relationships with their patients using communication skills: specific, observable physician behaviors that are primarily verbal in form and have been shown to be associated with positive patient relationships and health outcomes. However, there is accumulating concern that focusing only on the Medical practitioners is too narrow a view. Cooper et al. (2003) have observed that we examine Medical practitioners – patient communication “largely as a physician monologue”. This view neglects the reciprocal nature of discourse and the importance of a Medical practitioner's ability to interpret patient cues and adapt communication to individual patients. It also overlooks the personhood of the doctor, the fact that his/her characteristics and internal experience impact the interaction and its outcome. Communication is the exchange of information. The instrumental tasks of health care are transacted in the doctor–patient relationship through the verbal channel of communication. Each participant relies on the specificity and precision of a shared abstract language to identify relevant concerns, construct an historical context, and plan an approach to care.

Communication in the medical field also entails proper understanding and knowing the cues that may be coming out from time to time in the process of treating the patient. Proper understanding of a treatment method by both the patient and the medical practitioner is very important as it will create room for cross fertilization of ideas and information as the treatment is ongoing. Nonverbal communication includes extra textual elements of a face-to-face exchange such as posture, facial expression, and dress, and it can support, modify, or even contradict verbal messages. Although some interpersonal strategies are deliberate and

consciously employed, much interpersonal presentation is a spontaneous expression of inner feelings, attitudes, and values.

Another significant variable in this study is Organizational trust. Trust plays a key role in organizational learning and performance as organizations learn continuously (Drucker, 1999; Senge, 1990). Organizational trust is the ability of an organization to align its culture and transactions to be in conformity its delivery to the employees. The ability of a patient to trust the medical practitioners in most cases is determined by the level and quality of relationship that exist between them. When there is the existence of quality and respectful relationships, bonds amongst the medical practitioners and the patients are created with ease. However, when the quality is abysmal, co-operation becomes a nightmare and this totally affects the health care delivery. In Nigeria, the obvious communication between medical practitioners and patients has not been researched appropriately; however, hindsight observation notes that the quality of communication has never been of quality. Organizational trust builds on the quality of culture established when the organization is being formed. No organization grows beyond the existing culture. Thus, formation of a culture that is based and established on trust galvanizes other developments that may definitely emerge as the organization grows. Untrained leaders at the formative stage of the organization may build fear and anxiety in the organizational system as a way to get obedience and compliance to authority, but in the long run, it becomes a liability for the organization as modern organizations do not thrive with fear and anxiety. Trust is usually viewed as important for successful organizational function, and distrust (whose roots may be traced to various fears) is considered deleterious for organizational harmony and performance. Drucker (1999) states emphatically that trust is present and is important for the exchange of knowledge within organizations and that this exchange is crucial if organizations are to successfully compete and survive. The hoarding of knowledge is common in organizations, and tends to hinder organizational productivity. Unfortunately, leaders of organizations often respond defensively to inquiries regarding trust levels in their organizations and their responses may hinder personal as well as organizational learning.

Trust is subtle, and is sensitive to situation as well as organizational context. In most instances, measuring organizational trust is very difficult, however, the perception individuals and their disposition and readiness to actively participate in the activities of the organization provides a lee way to assessing the level of trust they have in the organization. These perceptions are gleaned from the value of interactions and responses they get from the leaders of the organization and more importantly the rate at which the management of the organization fulfill their obligations and respond to their promises. Statistical analyses are often helpful as a part of the triangulation process, and may help us to weed out factors relating to organizational trust which appear plausible based on qualitative literature, but are shown to lack statistical significance. Medical practitioners' perception of the level of trust in the organization is a significant factor in having a good communication that invariably leads to psychological wellbeing.

Statement of the Problem

The role of good health care system in the development of a nation cannot be overstressed. The health of the citizens determines the level of productivity in the country. The strength of the manpower of a nation is directly related to the positive health index of the citizens. This positive health index is a conglomeration of many factors among which, the psychological wellbeing of the medical practitioners is a significant factor. With the high level of decay in infrastructure in this country and the preponderance of unfulfilled promises to medical practitioners, the psychological state of most of the workers is totally devastated. No worker can function effectively when the basic issues of life are not available. The down

turn in the economy with its sloop in recession in 2016 brought an unimaginable hardship and psychological trauma on the citizens. It cannot continue like that. This study in this circumstance is a help and contribution to the medical practitioners knowledge base so that they find help in this challenging time. No matter the negative economic figures and lack of support from the government, their work must go on especially as it is seen as humanitarian. This study therefore will explore and find out if interpersonal communication competence and organizational trust can predict Psychological wellbeing of medical practitioners in Imo state. The research is set out to answer the following research questions:

- 1) Does the level of interpersonal communication competence improve the psychological wellbeing of medical practitioners?
- 2) Does the level of organization trust improve the psychological wellbeing of medical practitioners?

It is therefore hypothesized that:

- 1) Interpersonal communication competence will predict psychological wellbeing of medical practitioners in Imo State.
- 2) Organizational trust will predict psychological wellbeing of medical practitioners in Imo State.

Method

Participants

Two hundred medical practitioners were selected through convenient sampling from the medical facilities in Imo state Nigeria. They were 120 males and 80 females. They freely gave their consent to participate in the research. The participants were drawn from all the facets of health workers in Imo State. The age range is between 25 years to 50 years with mean age of 41.3. The lowest educational qualification is West African examination council certificate and the highest educational qualification if first degree. The medical practitioners have worked between 5 years and 20 years.

Instruments

Three instruments were used in this study: they were Interpersonal communication competence scale, Organizational trust scale and Psychological wellbeing scale.

Interpersonal Competence Scale: This is a self report scale that measures the level of interpersonal communication competence of individuals. The scale has significant dimensions like assertiveness, expressiveness etc. The scale has 43 items with alpha coefficient of 0.86. It has a five point Likert format. The scale has 35 positive items and 8 negative items. A pilot study was conducted using 50 participants and the Cronbach alpha yielded 0.82.

Organizational Trust Scale: The scale was developed by Daboval et al. (1994). It is used to measure the level of organizational trust of individuals. It has 21 items. It is developed in Likert format ranging from 1 to 5. The scale has a Cronbach alpha of 0.83. A pilot study was conducted using 75 participants and the Cronbach alpha yielded 0.85.

Psychological Wellbeing Scale: The scale was developed by Ryff (1989). It has 43 items with 6 point Likert format. It has 6 subscales. It has a coefficient alpha of 0.91. A pilot study was conducted using 50 participants and the Cronbach alpha yielded 0.79.

Procedure

The data that gave the needed information for the study were in January, 2019. Three hundred and fifty copies of each of the instruments were distributed to the participants who had already given their consent for the study. The copies of the instruments were distributed

to the medical practitioners in the 3 political zones of the state. Out of the three hundred distributed, two hundred and thirty were returned indication 75% return rate. However, thirty copies were discarded due to improper filling making the study to work with 200 copies as authentic and were used for data analysis.

Design and Statistics

The design of the study is cross sectional research design and the statistics is Standard Multiple Regression Analysis was used for data analysis.

Table 1: Table of correlations for key variables used in the study

| | Psychological Wellbeing | Interpersonal Communication | Organizational Trust |
|------------------------------------|-------------------------|-----------------------------|----------------------|
| Depression | 1.0 | | |
| Interpersonal Communication | -.032 | 1.0 | |
| Organizational Trust | -.132 | .231** | 1.0 |

Table 2: Regression analysis

| | Step 1 β | Step 2 β | |
|--|----------------|----------------|---------|
| Step 1 Interpersonal Communication | -.032 | -.002 | .044 |
| Step 2 Organizational Trust | | -.132 | -.048 |
| ΔF | .23 | 3.63 | 16.35** |
| R^2 | .001 | .017 | .087** |
| ΔR^2 | | .016 | .069** |
| Df | 1,218 | 1, 217 | 1, 216 |
| Dublin Watson | 1.95 | | |

Results and Discussion

The Pearson correlation for all variables used in the study was run as presented in Table 1 above. This is necessary to avoid multi-collinearity. The table shows that Psychological wellbeing had a positive significant relationships with interpersonal communication competence ($r = .289, n = 200, p < .05$) and Organizational trust ($r = .231, n = 220, p < .01$). The results imply that psychological wellbeing score is associated to high interpersonal communication competence scores. Also, a higher level of organizational trust is associated with high level of psychological wellbeing of medical practitioners in Imo State.

The result of a hierarchical multiple regression analysis as presented in Table 2 above tested the two hypotheses of the study. The overall model of the two step hierarchical regression analysis was not significant [$R^2 = .001, F(1, 218) = .226, p > .05; R^2 = .017, F(1, 217) = 1.93, p > .05; R^2 = .087, F(1, 216) = 6.83, p < .01$]. The overall fit of the model shows that only 8.7% of the variation in psychological wellbeing scores has been explained. Also, the Durbin-Watson of 1.95 falls within the accepted range ($1.5 < D < 2.5$), indicating that there is no autocorrelation problem in the data and that the error term is independent.

In the first hypothesis, interpersonal communication competence was regressed into the model and it explained 0.1% of the variations in psychological wellbeing scores among medical practitioners in Imo State. Therefore, the first hypothesis is accepted. However it is worth noting that interpersonal communication competence is inversely related to psychological wellbeing such that as interpersonal communication competence, psychological wellbeing reduces, though not significantly.

Analysis of the second hypothesis shows that Organizational trust explained only 1.6% of the variations in psychological wellbeing scores among medical practitioners in Imo State. Organizational trust did predict psychological wellbeing scores ($\beta = -.132$, $p > .05$, $t = -1.91$).

The above result showed the important need for medical practitioners to explore the tremendous advantage interpersonal communication competence. The medical practitioners cannot afford to lose out in the basic amenities that ought to be provided to them to function effectively, good conditions of service and also in the ever available skill they can cultivate in order to remain relevant in their profession. Organizations must also prove to medical practitioners that they can be trusted and engage medical practitioners so that they can continue to do this tremendous work they are doing for humanity.

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