Relationship Between Emotional Regulation Strategies and Self Reported Defence Mechanism of Nursing Students

Bilby K.C.[1], Naveenakumari Mabbu[2], Rajya lakshmi M.[3],
Sanakayala Sumanjali[4], Anumol Joseph[5], Keerthi Samuel[6], Shiny Jose[7]

[1-4]MSc Nursing 1st Year Students [5]Assistant Professor [6,7]Lecturers,
Vijaymarie College of Nursing, Begumpet, Hyderabad, Telangana 500016, India.

Abstract

Introduction: Nursing students directly or indirectly face many stressful situations which play an important role in the acquisition of professional abilities. This study aimed to identify the relationship between emotional regulation strategies and self–reported ego defence styles among nursing students at selected college of Hyderabad. *Methods:* Subjects of this study included 32 nursing students. Data was collected by using the Defence Style Questionnaire 40'' (DSQ-40), and Emotion Regulation Questionnaire (ERQ). *Results:* The findings showed that, there was positive significant correlation between ego defence mechanism and emotional regulation strategies. *Conclusion:* Emotional regulation might be improved through utilizing adaptive defence styles in order to prepare nursing students to fulfil their experiences more effectively.

Keywords: Defence Mechanisms; Emotional Strategies; Nursing Interns.

Introduction

Educational year represents the first actual contact of the nurse graduates with the real work environment with all its challenges. Research findings suggest that the conflicting demands of being a student and an emerging professional can be particularly distressing. Nursing students directly or indirectly face many stressful situations which play an important role in the acquisition of professional abilities. Despite the negative consequences of stress on psychological growth and quality of patient care, nurses' psychological reaction has not been yet studied in nursing research [1].

Many nurses reported being distressed and emotionally overwhelmed in dealing with new or traumatic experiences when rotating various critical clinical settings in a study conducted at Alexandria Main University Hospital. Furthermore, It was observed that nursing students were experiencing bulling behaviours from seniors and colleagues, some of them chose not to report their feelings because of having no authority to set limit or fear of being evaluated negatively by their preceptors, while the others engaged in defensive behaviours in the form of acting out and passive aggressive behaviours and some projecting their anger on to others including patients, staff and colleagues [2]. The experienced stress is likely to be exacerbated by lack of emotional regulation and adopting immature defences that cause many forms of defensive behaviours. Consequently, nurses may experience burnout, low satisfaction in professional and social life and resign in the early phases of career [2].

Emotion regulation is a key element of most theories of emotion. It refers to a person's ability to understand and accept his or her emotional experience, to engage in healthy strategies to manage uncomfortable emotions when necessary, and to engage in appropriate behaviour when distressed. Emotion regulation capacity may enhance the ego functioning that reflected in one's Psychological adaptations. There are two commonly used strategies for regulating emotions. The first, cognitive reappraisal, involves changing how one thinks about a situation to decrease its emotional impact. The second, emotional suppression, involves inhibiting ongoing emotion-expressive behaviour. Psychological adaptations to threats include the various cognitive emotional strategies and even distortions whereby people come to construe a situation in a manner that renders it less

threatening to personal worth and wellbeing. Many of these psychological adaptations can be thought of as defensive in nature, insofar as they alter the meaning of the event in a way that shields people from the conclusion that their beliefs or actions were misguided [3].

The concept of defence mechanisms was defined for the first time by Sigmund Freud as unconscious resources used by the ego to reduce the conflict between the id and the superego. Colman [4] who claimed that defence mechanism is a pattern of feeling, thought, or behaviour arising in response to a perception of psychic danger, enabling a person to avoid conscious awareness or conflicts or anxiety-arousing ideas or wishes. As the level of anxiety increases, the strength of the ego is tested, and energy is mobilized to confront the threat. Although Sigmund Freud initially described defence mechanisms as pathological, Anna Freud viewed them as part of normal development, except when used too frequently or in age-inappropriate ways [5].

Several researchers have viewed defence mechanisms as existing on a continuum and can be grouped as mature, immature, and neurotic, referring to the adaptiveness of each defence. Mature ego defences are the most adaptive and include humour, sublimation, and suppression. Immature ego defences include more childish mechanisms such as regression, passive aggression, and acting out. Neurotic ego defences are the least adaptive, including mechanisms like displacement, repression, and isolation, and are generally seen in more pathological population [6].

Raising awareness among nursing students involved in education and clinical practice during their educational period with the relationship between ego defense styles and emotional regulation could prompt the development of strategies to potentially prevent or at least reduce stress in the work environment and hopefully identify areas where contingency plans need to be put in place to support nursing students in the clinical environment [7]. Therefore, the current study was intended to identify the relationship between defense mechanism styles and emotional regulation strategies among nursing interns.

Methodology

Research approach adopted in the present study was quantitative with non-experimental correlational research design. The study settings was a selected college of nursing in Hyderabad. The sample consisted of 32 students of BSc Nursing 4th year of a selected Nursing College. The sampling technique used was convenient sampling. Administrative approval to conduct the study was taken from the Principal of the selected nursing college. The students were given a questionnaire consisting of 50 questions in part A and part B. Part A consisted of 5 demographic variables. Part B consisted of the Defense Style Questionnaire [8] with 40 questions consisting of defence mechanisms grouped as mature (sublimation, suppression, anticipation, altruism, and humour), immature (projection, passive aggression, acting out, fantasy, hypochondriasis, and dissociation), and neurotic (displacement, repression, isolation, and reaction formation) on a 9 point Likert scale and Emotion Regulation Questionnaire [9] (grouped into twoemotion regulation strategies: cognitive reappraisal and expressive suppression.)with 10 questions on a 7 point likert scale. The data was collected on 12/4/2018. The purpose of the study was explained and an informed consent was taken from the all the respondents.

Results

The collected data were analysed and interpreted in accordance with objectives using inferential and descriptive statistics.

Table 1: Frequency and percentage distribution of samples by their demographic characteristics

(n=32)

S.no	Demographic variables	Frequency	Percentage(%)
1.	Age		
	19 years	0	0
	20 years	6	18.75
	20 & above	26	81.25
2.	Religion		
	Hindu	1	3.12
	Christian	29	90.62
	Muslim	2	6.25
	Others	0	0
3.	Educational status of the parents		
	Illiterate	0	0
	Primary	0	0
	High school	14	43.75
	Graduates	18	56.25
4.	Type of family		
	Joint family	6	18.75
	Nuclear family	23	71.87
	Extended family	0	0
	Single parent	3	9.37
5.	Number of siblings		
	None	0	0
	One	15	46.87
	2 & above	17	53.125

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The Table 1 showed that the majority of the students, that is, 29 (90.62%)were Christians, 26 (81.25%) were 20 years and above, 18 (56.25 %) parents of the students were graduates and 23 (71.87%) belonged to nuclear family (Table 1).

Table 2: Self-reported Ego Defence Styles among the Nursing Students

(n=32)

Ego Defence mechanism	Mean	Standard Deviation
Mature	24.62	3.68
Suppression	6	4.17
Sublimation	7.34	2.43
Humor	5.87	3.82
Anticipation	5.59	4.32
Neurotic	22.87	3.64
Pseudo altruism	5.43	3.47
Undoing	4.68	4.87
Idealization	5.90	3.3
Reaction formation	6.84	2.95
Immature	95.21	1.92
Projection	6.71	2.61
Passive aggression	7.81	2.3
Denial	8.21	1.99
Dissociation	8.59	1.53
Acting out	8.15	2.95
Devaluation	8.09	1.8
Displacement	9.28	1
Splitting	8.12	0.92
Isolation	7.81	0.92
Rationalization	6.28	2.79
Autistic fantasy	8.84	2.17
Somatization	6.96	2.11

The Table 2 showed that immature category defence mechanisms were more commonly used by the nursing students with the highest mean of 95.21. In the immature defence style the majority of students reported using displacement more frequently with the mean of 9.28 and standard deviation of 1and least used was rationalisation with the mean score of 6.28 and standard deviation of 2.79, followed by the usage of mature category of defence styles with mean score of 24.62 and standard deviation of 3.64. Among the mature type, most students used sublimation to a great extent with the mean score of 7.34 and standard deviation of 2.43 and least used was anticipation with the mean 5. 59 and standard deviation of 4.32. The least used defence style category was neurotic category with mean score of 22.87 and standard deviation of 3.64. The most used defence mechanism under neurotic category was reaction formation with the mean score of 6.84 and standard deviation 2.95, whereas the least used defence mechanism reported by the students was undoing with the mean score of 4.68 and standard deviation of 4.87 (Table 2).

Table 3: Emotional regulation strategies among the students.

(n=32)

Emotionalregulation Strategies	Mean	SD
cognitive reappraisal	24.75	1.47
cognitive suppression	14.78	0.24

The Table 3 showed the distribution of the students according to their mean score of emotional regulation strategies. It was noted that cognitive reappraisal strategy had a higher mean score of 24.75 and standard deviation of 1.47 than emotional suppression strategy with the mean score of 14.78 and standard deviation of 0.24 among nursing students.

Table 4: Karl Pearson Correlation Between Ego Defence Mechanism and Emotional Regulationl Strategies

Karl Pearson correlation	test score
correlation coefficient	1

Table 4 Showed there was perfect positive correlation between ego defence mechanisms and emotional regulation strategies among nursing students

Discussion

Defence style and emotional regulation are crucial to healthy mental functioning, and that disturbances in them play an important role in psychopathology. Successful coping with a situation seems to require the thinking ability. A study done by Sepidehdam et al. [10] showed that the more mature mechanisms people have the less emotionally fatigued they feel. It also found a negative significant relation between mature defenses and the symptoms of depression, fatigue and the poor life quality. This means that the use of mature defenses by nurse interns will enable them to overcome their problems through adaptive coping and render them not vulnerable to various forms of psychological distress. In the current study, findings revealed perfect positive correlation between ego defence mechanisms and emotional regulation strategies among nursing students and more use of immature defence mechanisms specifically sublimation, followed by mature defence mechanisms specifically reaction formation and least usage of neurotic, particularly, undoing and use of cognitive reappraisal strategies more than the cognitive suppression.

Malone et al. [11] showed in a pilot study that emotional disorder is positively correlated with immature defenses and negatively correlated with mature defense styles and not correlated with neurotic defense styles. Immature defense styles are associated with poor adjustment as an adult, poor

friendship patterns, higher incidence of mental illness, greater number of sick leave days taken and poorer health generally, personality disorders, depression. The present study findings revealed perfect positive correlation between ego defence mechanisms and emotional regulation strategies among nursing students and more use of immature defence mechanisms specifically sublimation, followed by mature defence mechanisms specifically reaction formation and least usage of neurotic, particularly, undoing and more use of emotional reappraisal strategies.

Conclusion

The nurses may experience burnout, low satisfaction in professional and social life and resign in the early phases of career. Having an insight into emotional strategies and using more matured defence mechanisms can be helpful in preventing psychological distress to oneself. At the college level, the faculty can organise mental health promotion programmes at the primordial level of promotion to eliminate immature or neurotic defence mechanisms or the maladaptive ones so that the initial years of novice nurses may turn to be productive and enriching in terms of work experience.

The finding showed that, there was perfect positive significant correlation between ego defence mechanism and emotional regulation strategies. Therefore, emotional regulation might be improved through utilizing matured and adaptive styles of defense in order to improve mental health in particular and quality of life in general.

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