



Research Article

Anger Expression Types and Interpersonal Problems in Nurses

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SUMMARY

Purpose: The purpose of this study was to investigate the anger expression types in nurses and to analyze the differences between the anger expression types and interpersonal problems.**Methods:** The data were collected from 149 nurses working in general hospitals with 300 beds or more in Seoul or Gyeonggi province, Korea. For anger expression type, the anger expression scale from the Korean State-Trait Anger Expression Inventory was used. For interpersonal problems, the short form of the Korean Inventory of Interpersonal Problems Circumplex Scales was used. Data were analyzed using descriptive statistics, cluster analysis, multivariate analysis of variance, and Duncan's multiple comparisons test.**Results:** Three anger expression types in nurses were found: low-anger expression, anger-in, and anger-in/control type. From the results of multivariate analysis of variance, there were significant differences between anger expression types and interpersonal problems (Wilks lambda $F = 3.52$, $p < .001$). Additionally, anger-in/control type was found to have the most difficulty with interpersonal problems by Duncan's post hoc test ($p < .050$).**Conclusions:** Based on this research, the development of an anger expression intervention program for nurses is recommended to establish the means of expressing the suppressed emotions, which would help the nurses experience less interpersonal problems.

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Introduction

The medical environment of today is becoming increasingly competitive in order to meet the diverse needs of clients and to provide better quality service [1]. Correspondingly, it has been found that the stress level of hospital workers is higher than that of individuals working in general office environments [2]. Among the various professions in the medical environment, nurses, who are responsible for providing firsthand service to patients and families, have been found to experience the highest level of stress [3].

Sustained and repetitive stress can cause anger [1]. Anger is a natural emotion that activates self-defense mechanisms to protect oneself in stressful situations. However, if the level of stress is excessive, or if the intensity, frequency, or duration of anger expression is not suitably controlled, it can have negative effects on

one's physical health [4,5] and cause emotional problems such as depression, lowered quality of life, and interpersonal problems [6–8]. Experiencing anger and expressing anger are distinct concepts. Anger experience refers to the emotional state one feels, in addition to the accompanying physiological responses. On the other hand, anger expression refers to the behavioral dimension that is one's way of dealing with the feeling of anger.

Anger expression styles can be categorized into the following three types: anger-in, anger-out, and anger-control [9]. Anger-in is defined as redirection of the anger to the self, denial of thoughts or memories related to the situation that triggered anger, or denial of the emotion of anger itself. Anger-out is defined as expressing anger to another person or object in various ways including a physical act, criticism, insult, or verbal abuse. Anger-control is defined as making an effort to control and manage anger and express the feeling of anger while respecting the rights and emotions of the other person, using words that are not aggressive [9].

The anger expression style of a person is influenced by both education and social context [10]. Generally, in an individualistic society that values individual independence and autonomy,

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expression of inner feelings is naturally accepted. In contrast, in a collectivist society, where values such as harmonious relationships and cohesion within groups are emphasized, anger expression is regarded as inappropriate. Thus, members of society tend to refrain from expressing their inner feelings [8]. Appropriate anger expression can help one regain calm after the physical and psychological imbalance caused by anger. However, inappropriate anger expression will result in negative influences on interpersonal relationships with others. Therefore, it is necessary to control anger in an appropriate manner to maintain physical and psychological health. Furthermore, appropriate anger expression techniques are also important for the interpersonal relationship adjustment as well as the social adaptation and development [10].

An examination of the trends of previous research on anger and anger expression styles is provided below. A number of studies that compared anger and anger expression styles between different age groups were conducted. The studies generally agree that the anger expression style becomes more appropriate as the individual gets older [11]. The level of anger was found to vary with culture. The level of anger in Korean middle-aged women was higher than that in American adults [12,13]. Older adults showed lower level of anger compared to adolescents or other adults and used anger expression styles of anger-control and anger-in most frequently. Also, in older adults, depression and lowered quality of life were positively correlated with each other [6,7]. A comparison of the anger of healthy individuals and that of patients indicated that the level of anger in patients suffering from conditions including stroke, coronary heart disease and hypertension was higher than that of healthy individuals [14,15], consistent with prior studies that also showed that anger was closely related with physical health. In studies that focused on nurses, it was shown that the anger expression style was related to physical and psychological health status [16,17] and the anger expression style was found to have an effect on the work environment, in areas such as job satisfaction, organizational commitment, and organizational performance [1].

Anger is triggered by interpersonal relationship, and anger expression styles are crucial factors on interpersonal relationship [18]. Prolonged state of anger hampers not only the individual's mental and physical health but also his or her interpersonal relationship [19,20]. The differences between the anger expression style and the interpersonal problems were also examined in various groups such as university students [21,8], children [22], and general adults [18]. The results showed that people who used the anger-control style had the least amount of interpersonal problems. However, individuals who were classified into the suppressive anger-control group demonstrated more interpersonal problems compared to those belonging to other groups [8]. In fact, to categorize the emotions and expression styles of human beings has its limits. Therefore, it is necessary to analyze the anger expression styles by categorizing them into naturally occurring subgroups that can better take into account the characteristics of each individual [8].

Anger expressions and interpersonal problems are relevant in nursing because they are directly related to the mental health and work performance of nurses, ultimately influencing the quality of nursing provided. Despite the aforementioned research showing that anger is triggered by interpersonal relationships and illustrating that anger expression style plays an important role in interpersonal problems, very few existing studies attempt to understand the anger expression styles and anger expression style subgroups in nurses, who must cooperate with patients, family members of patients and healthcare workers in various disciplines.

Accordingly, the aim of this study was to identify the anger expression types in nurses working in general hospitals in Korea, and to analyze the differences between their anger expression types and interpersonal problems. It is expected that the results of

this research will be utilized in the future as the foundation for developing anger management programs for nurses.

Methods

Design and sampling

The design of the study was descriptive research. Participants were a convenience sample from the pool of Korean nurses working in 7 general hospitals located in Seoul or Gyeonggi province. The researchers visited 7 hospitals we selected. The inclusion criteria were (a) nurses working in hospitals with 300 beds or more, and (b) nurses who agreed to the purpose of this research. Hospital size could influence the working conditions of nurses; this criterion ensures that all participants are from similar working environments.

The number of participants required was calculated using G*Power 3.1 [23]. In total, 129 samples were necessary in order to maintain an effect size of 0.10, a statistical power of .90, and significance level of .05. Since it was not possible to find relevant previous studies to determine the appropriate effect size, we chose a safe and conservative effect size of 0.10. However, considering the possibility of incomplete or unreturned questionnaires, 160 questionnaires were distributed. Of these, 8 questionnaires were never returned, and 3 questionnaires were returned incomplete. Thus, only the remaining 149 questionnaires were subjected to final analysis. In the end, data was collected from nurses in 11 hospitals.

Ethical considerations

Prior to data collection, a review was requested from the institutional review board of the university with which the authors of this research are affiliated. The research commenced after obtaining the necessary approval. The purpose of this study was explained to participants and written permissions were obtained from those who agreed to participate in the research.

Measurements

The data collection for this research was done through the use of a structured questionnaire. The questionnaire comprised 9 questions on general characteristics, 24 questions on anger expression types, and 40 questions on interpersonal problems, for a total of 73 questions as follows.

General characteristics included items such as gender, age, education level, marital status, religion, work unit, length of work as a nurse, current position, work pattern.

The anger expression scale from the Korean State-Trait Anger Expression Inventory (STAXI-K) [24] was used, which is a modified version of the STAXI (State-Trait Anger Expression Inventory) [25]. This tool is composed of 3 subscales of anger-in, anger-out, and anger-control, with 8 questions for each subscale. Sample questions of anger-in, anger-out and anger-control subscales of STAXI-K are "When I am angry, I avoid people", "When I am angry, I express my feelings", and "When I am angry, I try to be patient with others". The tool uses a 4-point Likert scale with 1 signifying *strongly disagree* and 4 signifying *strongly agree*.

Each subsection can have a minimum of 8 points and a maximum of 32 points, with higher points signifying stronger characteristics of the respective subsection. Furthermore, a high sum of the points for the three subsections signifies frequent anger expressions regardless of anger expression type. For this research, Cronbach's alpha was .76 for anger-control, .76 for anger-out, and .75 for anger-in.

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