



(RESEARCH ARTICLE)



The effectiveness of the ego competency model in improving students' ability to use coping mechanisms

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Abstract

The ego competency model (ECM) presented to students in a structured education program uses a pre-experimental design with a one group pre- and posttest approach to evaluate whether the ego competency model will result in an increase in ego competence while improving adaptive coping. This study aims to assess the effectiveness of the ego competency model in improving students' ability to use coping mechanisms. A pre-experimental design with a pretest group and a posttest approach was chosen to carry out the study. A total of 30 students were selected using a simple random sampling technique while studying at selected private schools in Makassar for the ego competency model intervention (14 sessions; each learning session is 50 minutes). Primary outcomes will include post-intervention effects on students' use of adaptive coping mechanisms. The pretest mean for coping mechanisms was 3.77 ± 1.69 , which increased to 8.97 ± 0.72 in the posttest. The results showed that the ego competency model was effective in improving students' ability to use coping mechanisms was statistically significant, $p = 0.001$

Keywords: Structured Educational Program; Ego Competency Model; Coping Mechanisms; Student; Mental Health

1. Introduction

Mental health is still a significant health problem in the world, including in Indonesia. According to WHO data (2016), there are about 35 million people affected by depression, 60 million people affected by bipolar, 21 million people affected by schizophrenia, and 47.5 million people affected by dementia. In Indonesia, with various biological, psychological, and social factors with population diversity, the number of cases of mental disorders continues to increase, which has an impact on increasing the burden on the state and decreasing human productivity in the long term (1).

Ego competence is the ability needed by an individual to become a mentally healthy person. (Hamid 2009 on Strayhorn, 1989) (2). In Sigmund Freud's psychoanalytic theory of personality, "ego competence" is the ability of the ego to deal effectively with the demands of the id, superego, and reality. Those with low ego competence may feel torn between these competing demands, while those with excessive ego competence may become too stubborn and rigid. Ego competencies help us maintain emotional stability and cope with internal and external stress. People with well-developed ego competencies tend to develop a number of important characteristics. They tend to be confident in using their abilities to face challenges, and they are good at finding solutions to life's problems. They also tend to have high levels of emotional intelligence and are able to regulate their emotions well, even in difficult situations (3).

The mental health care ego competency model (ECM) focuses on the roles and functions of mental health care workers. The ECM provides a framework for assessing the level of functioning of individuals in relation to the strengths and weaknesses of a particular ego. The model lists three main goals of mental health care. The ECM scale allows caregivers

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to assess ego functioning and deal with problems caused by ego dysfunction. Impulse control, reality testing, judgment, mood, object relationships, daily life activities, abilities, self-awareness, mental processes, and sensory inhibition are some of the carefully assessed ego functions in the ECM (4).

Coping, defined as thoughts and behaviors to deal with the internal and external demands of a situation rated as stressful, has been the subject of social science research for more than 30 years. The dramatic increase in coping research has sparked healthy debate and criticism, providing insight into why some people manage stress better than others (Algorani & Vikas; on Folkman & Moskowitz, 2004) (5).

2. Material and methods

2.1. Research Design

A pre-experimental design (one group pre- and posttest approach) was used to achieve the study's goal.

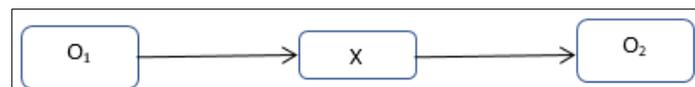


Figure 1 One group pretest and posttest approach

Before being given treatment (X) initial measurements and observations were taken to determine ego competency and coping mechanisms (O1). Then treatment (X) was carried out with ego competency model using a structured educational program in the intervention group. After treatment (X) in the intervention group, final measurements/observations were made on the level of ego competence and coping mechanisms in the intervention group (O2). After the initial and final measurement/observation data are collected, data processing and analysis are carried out using the paired sample t-test, but if the data is not normally distributed, the Wilcoxon signed rank test is used.

2.2. Subjects

A random sampling technique of 30 students (males and females) was recruited for conducting this study. Participants were recruited from private schools in Makassar.

2.3. Data collection Tools

Data was collected through utilizing the following tools:

- Personal data sheet: Information about student's age, gender and education background.
- Pre/post assessment tools include

2.3.1. The ego competence scale

The data collection tool for students' ego scale competence used was in the form of a instrument that had been declared valid and reliable, which referred to Strayhorn (1989 in Stuart and Sundeen, 1998). It's intended to assess the student's ego competence and consists of nine items to complete (6). All items were answered using a 2-point Guttman scale form, ranging from 1 (incompetent) to 2 (competent) with a total scorer ranging from 27 to 54. The scores are summed for each category. Each category's average scores is divided into ego competence (1.5 and above) and ego incompetence (1.0).

2.3.2. Use of Coping Mechanisms

The data collection tool for students' coping mechanisms was adapted from Folkman and Lazarus (1980 in Rasmun, 2004). It is used to assess students' coping mechanisms which contain 10 items to be completed. All items are answered using a 2-point Guttman scale ranging from 1 (maladaptive coping) to 2 (adaptive coping) with a total score ranging from 10 to 20. The scores are summed for each category The average score of each category is divided into adaptive coping (scores of 1.5 and above, maladaptive coping (scores of 1.0).

2.4. Data Analysis

2.4.1. Descriptive statistics

Distribution of frequency and percentage to describe the characteristics of interpersonal respondents.

2.4.2. Inferential statistics

Wilcoxon signed-rank test was used to assess effectiveness of the ego competency model in improving student's ability to use coping mechanisms among students.

3. Results

Based on Table (1) shows that, more than half (53.3%) of respondents are aged 16 years. more than half (63.3%) of respondents are, male. All respondents are Junior High School (100%).

Table 1 Characteristic of study group according to age, gender and education

Characteristic	n [Total=30]	Percentage %
Age		
13 years old	10	33.3
14 years old	16	53.3
15 years old	4	13.3
Gender		
Male	19	63.3
Female	11	36.7
Education background		
High School	0	0
Junior High School	30	100
Elementary School	0	0

Table 2. Distribution of Frequency & Percentage of Pre-test & Post-test Competence ego scores and coping mechanisms among students (n=30)

In the Experiment group, during the pre-test more than half (66.7%) of them had incompetent egos and more than half (76.7%) had maladaptive coping mechanisms. After the Ego Competency Model, during the post-test 100% of them already have the competence and ability to use adaptive coping mechanisms (Table 2)

Table 2 Distribution of Frequency & Percentage of Pre-test & Post-test Ego competency scores and coping mechanisms among students (n-30)

Competence ego	Pre test		Post test		Coping mechanisms	Pre test		Post test	
	n	%	n	%		n	%	n	%
Competence	10	33.3	30	100	Adaptive	7	23.3	30	100
Incompetence	20	66.7	0	0	Maladaptive	23	76.7	0	0

The Wilcoxon signed-rank test was carried out to test the main hypothesis of the study. The relevant results are presented below.

Table 3 Level of ego competence and coping mechanisms before and after intervention ego competency model

	Competence ego				p-value	Coping mechanisms				p-value
	Mean	SD (±)	Min	Max		Mean	SD (±)	Min	Max	
Pretest	11.13	3.91	6.00	22.00	<0.001*	3.77	1.69	2.00	7.00	<0.001*
Posttest	22.03	3.65	18.00	29.00		8.97	.72	8.00	10.00	

* Wilcoxon signed-rank test

Table 3 Comparison of Pre-test & Post-test scores of ego competence and coping mechanisms between students (n=30)

4. Discussion

The ego is a component of the personality that is responsible for dealing with reality. According to Freud, the ego develops from the id and ensures that the impulse of the id can be expressed in a way that is acceptable in the real world. The ego functions well in the conscious, preconscious, and unconscious minds.

There are nine ego competence skills that all children need to possess to become a competent adult according to Srayhorn (1989 in Stuart and Sundeen, 1998) are:

- Establishing close relationships full of trust.
- Overcome separation and make independent decisions.
- Make decisions and resolve interpersonal conflicts together.
- Overcoming frustration and unpleasant events.
- Express feelings of pleasure and feel pleasure.
- Overcoming satisfaction delays.
- Relax and play.
- Cognitive processes through words, symbols, and images
- Fostering adaptive feelings towards direction and goals.

Coping mechanisms are everything that is directed at overcoming stress. This effort can be task-oriented and includes direct problem-solving efforts. Coping mechanisms are individual efforts to overcome the changes faced or burdens received by the body and the burden causes a nonspecific body response, namely stress. If this coping mechanism is successful, a person will be able to adapt to these changes or burdens. Coping mechanisms are a way of solving problems.

Research documenting the influence of ego power on the increasing use of adaptive coping mechanisms has been conducted as a therapeutic invention. Discusses and reports on the benefits of ego power in improving the use of adaptive coping mechanisms in solving problems of everyday life. Sanaz Einy, Mohammad Narimani (2019) report that Mentalization-Based Therapy is suitable for increasing ego power and reducing neurotic and immature defense mechanisms in people with Borderline personality disorder and can be used as an effective intervention method (7). Se Young Kim (2015) discovers the Effect of ego power on the life satisfaction of school-age children. The power of the ego was found to be a variable that had a significant effect on life satisfaction (8). Se Young Kim (2016). By examining the influence of the ego power of school-age children, on the adjustment of their school classes. The results of this study in male students, ego power had a significant direct effect on the adjustment of school classes (9).

ECM provides a way to specifically define the role of nurses in influencing higher levels of client mental health. The goal of all nursing practices is to keep patients as healthy and happy as possible. For this goal to be successful, nursing practice must be both theory-oriented and results-oriented. As Sayre (1990) explains, the framework of object relationships also focuses on the basic character structures underlying individual behavior patterns. "Character" refers to 'an eternal pattern of thinking and acting towards oneself and others. When the perception of oneself and others becomes distorted or inflexible, certain dysfunctional patterns of behavior become clear and seem to take into account the person in repetitive difficulties in life (10). These often include open symptoms, loss of pre-existing functions, regressive behavior relapses, affective impoverishment, and limited self-actualization. In reality, coping patterns can lead people away, which is sacrificed in order to achieve emotional calm, maintain self-esteem, or satisfy in the simplest way possible (4). The coping strategies (or coping mechanisms) originate in the social cognitive theory of stress elaborated in 1966 (11). Coping strategy refers to "an organizational construct used to encompass the myriad actions individuals use to deal with stressful experiences" (12).

5. Conclusion

The ego serves to ensure that the main drive is fulfilled. However, the demands of external reality will soon challenge an individual to subdue the primary impulse in serving healthy adaptation. When this occurs, the ego increasingly serves to mediate between the demands of the id and those of the outside world. The results showed that the application of the ego competency model in nursing intervention can improve students' ability to use adaptive coping mechanisms in everyday problem solving.

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

The authors declared no conflicts of interest.

Statement of ethical approval

All procedures performed in the study involving human participants were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The required approval was obtained from the relevant Ethics Committee prior to conducting the research. Moreover, participating in the study was voluntary, and the study results are available to the study samples upon request.

Statement of informed consent

The relevant, informed consent form was obtained from all study participants.

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