

## Social Emotional Competency and Attachment Style among Faculty of Nursing Undergraduate Students, Alexandria University, Egypt.

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**Abstract:** Social emotional competency (SEC) includes all skills required to function effectively in various social contexts. As an important element in nursing sciences it has drawn the researchers and professionals attention. SEC helps the nurse to convey efficient and effective nursing care. Theorists have also proposed that the individual's attachment style may provide the foundation for the development of social skills. **Aims of the study:** To determine the level of social emotional competency among Faculty of Nursing undergraduate students and their attachment style and to investigate the relationship between social emotional competency and attachment style among those students. **Design:** A cross sectional descriptive correlational design was utilized for this study. **Setting:** The study was conducted at Faculty of Nursing, Alexandria University, Egypt. **Subjects:** These comprised 200 undergraduate students. **Tools:** Socio-demographic and academic data structured Questionnaire, Social and Emotional Competencies Questionnaire (SEC-Q) and Revised Adult Attachment Scale. **Results:** Results of the study revealed that, the majority of the studied students had moderate level of social emotional competency. A positive statistical significant relationship between a close/secure attachment style and social emotional competency and a negative statistical significant relationship between anxious & depended attachment styles and social emotional competency were found. Moreover, regression analysis indicated a significant effect of attachment styles on social emotional competency. **Conclusion:** Attachment styles of the Faculty of Nursing undergraduate students can predict their social emotional competency. Thus, the closely/securely attached students have more social emotional competency. However, the students with insecure attachment styles (anxious and dependent) have less social emotional competency.

**Keywords:** Attachment Styles, Social Emotional Competency

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### I. Introduction

Social emotional competency (SEC) has a long history of being the interesting topic in the last decade because it strongly affects peoples' lives and wellbeing<sup>(1,2)</sup>. Literatures support the notion that social-emotional competencies are critical for academic and professional success<sup>(3, 4)</sup>. SEC is the ability of using one's self-awareness, managing it and moving beyond it. It is the process through which the person acquires and applies the skills, knowledge, and attitudes necessary to understand and manage emotions, enhance personal development, develop and maintain positive relationships and make responsible decisions<sup>(4)</sup>. These social abilities also enable the person to observe and understand the emotions of others<sup>(5)</sup>.

Nursing as a profession requires certain skills and social abilities that enable the nurse to deliver efficient nursing care. These skills may include; effective interpersonal, communication and interaction skills; as well as, accurately realizing & understanding others' emotions and accepting & responding to such emotions. In addition, the ability to convey hope for others, work with another person's issues or needs, and effectively manage the conflict in relationships are all considered essential qualifications of the professional nursing staff. High level of social skills is particularly required in nurses' work, where interpersonal relations are both the integral part and the most important source of the nursing process<sup>(6,7)</sup>.

It has been hypothesized that there is a relation between nurses' ability to accept another person's emotional suffering and their capacity to accept themselves and their own suffering<sup>(8)</sup>. Peplau (1988) suggests that nurses are required to develop a level of harmony between what they say and how they act toward the patients<sup>(9)</sup>. When nurses learn to handle their own emotions, they probably will be capable of dealing with another person's emotion. Accepting and managing own emotions and working with the emotions of others is not a readily teachable skill<sup>(1,10)</sup>. Social emotional competency has been linked to various factors which may affect the development of emotional well-being and attachment style<sup>(6)</sup>.

Attachment style is another important component to consider when looking at relationships with others, especially for professional caregivers. Attachment is the tendency of human beings to make strong affectional bonds with special others. An individual's initial attachment is established early in development with his/her primary caregiver. During early childhood, children are usually looking for a sense of security from the caregiver and they strive to maintain it<sup>(11, 12)</sup>. Such relationship provides the cognitive framework that informs how an individual will realize and interact with the world<sup>(8, 9)</sup>. This cognitive or mental framework not only guides the person's social behavior but also his/her social expectations<sup>(13)</sup>.

The early cognitive framework experiences reflect either comfort with closeness or anxiety over relationships. In this line Bowlby (1969) describes three styles of attachments in interpersonal relationship recognized as secure/close, dependent and anxious styles. The latter two are assessed as insecure styles<sup>(2)</sup>. A secure/close style is characterized by a basic sense of trust particularly during times of stress. A secure individual feels comfortable in relationship with others. This individual also experiences a few interpersonal problems and reports having more positive relationship experiences. Those with secure attachment style manifest a positive and realistic self-image and are capable of developing mature relationships and relying on others in difficult situations<sup>(14, 15)</sup>. They are more likely to find efficient strategies of managing problems by focusing on difficulties. They activate their attachment system by thinking about the availability of love and support. Such an attitude brings them relief and decreases the tension connected with stress<sup>(16-18)</sup>.

In contrast, insecure styles may be characterized by being anxious or dependent. Anxiousness reflects a strong demand for closeness accompanied with a fear of abandonment. Those with anxious attachment style manifest not only a negative self-image, but also are reluctant to trust others. They are afraid of intimacy and avoid social contact. Moreover, they suffer from an intense fear of being rejected. Although, they desire to be in close relationship with other people, they may resist closeness because they fear the consequences. While, individuals with depend attachment style are characterized by a low sense of self-worth but hold positive evaluations about others. They tend to be extremely dependent in their relationships, seeking ever-closer emotional ties with others<sup>(15, 16)</sup>.

Individuals with anxious or dependent (insecure) attachment styles often experiencing greater emotional ups and downs in their relationships and may lack the necessary interpersonal skills and emotional social competence<sup>(17)</sup>. These deficits in emotional and social competency, in turn, may limit the ability to form and maintain quality professional relationships. Furthermore, they may have certain deficits in the ability to decode others' nonverbal behavior and their feelings about the relationship<sup>(13)</sup>. During problem-solving situations, less secure individuals appear less able to adjust their emotions and act accordingly<sup>(11)</sup>.

It seems imperative that, examination of attachment styles of nursing students as caregivers, members of healthcare teams and future professional nurses is worth for studying. Attachment style is recognized as an influential component in individual performance and might be related to better nurse-patient relationship and patient outcomes. Being aware of his/her own attachment style and relational needs may help the nurse to be aware of his/her own contributions to relationships with patients and to become more sensitively attuned to them<sup>(8)</sup>. Thus, the goals of the present study were to determine the level of social emotional competency among Faculty of Nursing undergraduate students and their attachment styles and to investigate the relationship between social emotional competency and attachment styles of those students.

## **II. Materials And Method**

### **Materials:**

#### **Study design**

This study used a cross sectional descriptive correlational design.

#### **Setting**

The study was conducted at the Faculty of Nursing, Alexandria University, Egypt. The Faculty has nine scientific departments namely Medical-Surgical Nursing, Critical Care Nursing, Pediatrics Nursing, Obstetrics & gynecological Nursing, Nursing Administration, Nursing Education, Community Health Nursing, Gerantological Nursing, and Psychiatric Nursing & Mental Health. It belongs to the ministry of higher education, Alexandria University. The faculty offers a bachelor degree for undergraduate students, and diploma, master & doctorate degrees for graduate students. The Bachelor program follows the credit hours system and is composed of eight semesters of basic nursing education.

#### **Subjects**

The epi info program was used to estimate the sample size based on using 10% acceptable error, 99% confidence coefficient, 50% expected frequency and population size of 1914 undergraduate students. The program revealed that a minimum sample size should be 153 undergraduate students. A number of 226 students were included in the present study.

**Tools:**

The tools of the study included three questionnaires.

**Tool I: Socio-demographic and Academic data Structured Questionnaire:** It covers socio-demographic characteristics of the studied subjects such as age, sex, marital status, residence, cohabitation, birth order, studying semester, visiting the family members, pre-faculty education, desire to join Faculty of Nursing, and previous work experience.

**Tool II: Social and Emotional Competencies Questionnaire (SEC-Q):**

This was developed by Zych et al (2018) to evaluate social and emotional competencies in youth <sup>(19)</sup>. It consists of 16 items, each answered on a five-point Likert-type scale that ranges from 1 to 5, scored as follows: 1 = Strongly Disagree, and 5 = Strongly Agree. The 16 items comprising the SEC-Q were modeled as resulting from one of four meaningful factors: “**self-awareness**” represented by four items, “**self-management and motivation**” represented by three items, “**social-awareness and prosocial behavior**” represented by six items, and “**decision-making**” represented by three items. The possible total score ranges from 16 to 80, with a score ranging from 60 -80 indicating high, from 37 -59 indicating moderate, and from 16 -36 indicating low social and emotional competencies. The tool is strongly reliable with strong internal consistency as the Cronbach's alpha for the total scale was  $\alpha = 0.87$ .

**Tool III: Revised Adult Attachment Scale - Close Relationships Version:**

This was developed by Collins (1996) to assess adult attachment with close relationships <sup>(20)</sup>. It consists of 18 items, each answered on a five-point Likert-type scale that ranges from 1 to 5, with 1 = not at all characteristic of me, and 5 = very characteristic of me. The scale contains three subscales, each composed of six items. The three subscales are close, depend, and anxiety. The “**close**” subscale measures the extent to which a person is comfortable with closeness and intimacy. The “**depend**” subscale measures the extent to which a person feels he/she can depend on others to be available when needed. The “**anxiety**” subscale measures the extent to which a person is worried about being rejected or unloved.

**Method:**

1. Official permissions were obtained from the responsible authorities of the Faculty of Nursing, Alexandria University.
2. A Socio-demographic and academic data Questionnaire (tool I) was developed.
3. Social and Emotional Competencies Questionnaire (SEC-Q) (tool II), and Revised Adult Attachment Scale - Close Relationships Version (tool III) were translated into Arabic language, then submitted to a jury composed of seven experts in the field of psychiatric nursing to test translation and content validity of the scale. Tools proved to be valid.
4. **Pilot study:** Before embarking on the actual study, a pilot study was carried out on 20 registered students who were excluded from the actual study to ascertain the clarity and applicability of the study tools and to identify obstacles that might be faced during data collection. The pilot study revealed that tools were clear, understood and applicable.
5. The Cronbach's Alpha method was done to measure the internal consistency of the study tools. Tools proved to be reliable, tool II ( $\alpha = 0.772$ ), and tool III ( $\alpha = 0.786$ ).
6. **Actual study:**
  1. A list of registered students' names in each academic year was obtained from the Students Affair Department.
  2. Out of 1914 enrolled Faculty of Nursing students, Alexandria University in the first semester of the academic year 2018-2019, a representative sample (50%) from each academic year was selected through systematic random sampling technique after excluding the names of those who participated in the pilot study and the reliability test.
  3. The researchers collected the data by meeting the randomly selected students on group basis in their classrooms, and clinical training areas. They explained the purpose of the study, and reassured the students about anonymity and confidentiality of their responses.
  4. Data collection was completed over a period of about 2 months from 1<sup>st</sup> of March 2019 and ending at the 20<sup>th</sup> April 2019.

**Ethical considerations:**

Throughout the study the followings ethical steps were followed:

1. Informed written consent was obtained from each student after explaining the importance and aim of the study and students were free to withdraw from the study at any time.

2. Confidentiality of the obtained information was ensured and the student's privacy and anonymity were respected.

**Statistical analysis:**

5. Statistical analysis was done using SPSS (v20).
6. Data were analyzed descriptively to obtain number and percentage, means, and standard deviation. Then bivariate analysis was done using t-test. Multivariate analysis was done using ANOVA. The correlations between two quantitative variables were assessed using Pearson coefficient.

**III. Results**

**Table 1** illustrates the distribution of the studied students according to their socio-demographic and academic characteristics. It appears from this table that, the age of the studied students ranged from 18 to 24 years with a mean age  $20.67 \pm 2.06$  years. The majority of them were females (74.3%) and single (94.7%) and mostly living in urban area (90.3%) and with their families (89.4%). Students who were first born represented 44.2% of the total studied students and 50.0% of them were middle born. Those who were regularly visiting their family members accounted to 63.7%. It was also found that an equal percentage (19.5%) of the studied students were in the 1<sup>st</sup> & 2<sup>nd</sup> semester and in the 3<sup>rd</sup> & 4<sup>th</sup> semester. Studied students in the 5<sup>th</sup> & 6<sup>th</sup> semester amounted to 25.7% and 35.8% were in the 7<sup>th</sup> & 8<sup>th</sup> semester. The majority of the studied students (76.5%) had secondary school education pre-joining the faculty and 76.1% of them joined the faculty by their own desire. Studied subjects with previous part time work experience as nurses in private hospitals amounted to 27.0% and the rest (73.0%) were not working during their academic study.

**Table (1):** Distribution of the studied students according to their socio-demographic and academic characteristics (n=226):

Socio-demographic data (n=226)	No.	%
<b>Age</b>		
18<20	91	40.2
20<22	48	21.3
22<24	71	31.4
≥24	16	7.1
<b>Min. – Max.</b> ( Mean ± SD)	17.00 – 29.00 (20.67 ± 2.06)	
<b>Sex</b>		
Male	58	25.7
Female	168	74.3
<b>Marital statues</b>		
Single	214	94.7
Married	12	5.3
<b>Residence</b>		
Urban	204	90.3
Rural	22	9.7
<b>Cohabitation</b>		
Family	202	89.4
Relative/ Friends	13	5.7
Students houses	11	4.9
<b>Birth order</b>		
First	100	44.2
Middle	113	50.0
Last	13	5.8
<b>Semester of studying</b>		
1 <sup>st</sup> & 2 <sup>nd</sup>	44	19.5
3 <sup>rd</sup> & 4 <sup>th</sup>	44	19.5
5 <sup>th</sup> & 6 <sup>th</sup>	58	25.7
7 <sup>th</sup> & 8 <sup>th</sup>	80	35.3
<b>Visiting the family members</b>		
Yes	144	63.7
No	82	36.3
<b>Pre-faculty education</b>		
Secondary school	173	76.5
Technical Institute of Nursing	53	23.5
<b>Desire to join Faculty of Nursing</b>		

Yes	172	76.1
No	54	23.9
<b>Previous work experience</b>		
Yes	61	27.0
No	165	73.0

**Table 2** shows distribution of the studied students according to their social emotional competency. It can be noted that the majority of the studied students (77.0 %) had moderate social emotional competency with total mean score of  $51.76 \pm 9.88$ , while, only 16.4% of them have high social emotional competency. The mean scores of the four subscales of social emotional competency (Self-awareness, Self-management & motivation, Social-awareness & prosocial behavior and Decision-making) were  $15.39 \pm 3.33$ ,  $11.62 \pm 2.74$ ,  $24.30 \pm 4.46$  and  $11.34 \pm 2.96$  respectively.

**Table (2):** Distribution of the studied students according to levels of Social Emotional Competency:

Variables n=226		Level	Range	No	%	Mean score
Social Emotional Competency	Self-awareness	Low	4 – 9.32	13	5.8	15.39±3.33
		Moderate	9.33 – 14.66	60	26.5	
		High	14.67 – 20	153	67.7	
	Self-management and motivation	Low	3 – 6	13	5.8	11.62±2.74
		Moderate	7 – 11	74	32.7	
		High	12 – 15	139	61.5	
	Social-awareness and prosocial behavior	Low	6 – 13	7	3.1	24.30±4.46
		Moderate	14 – 22	56	24.8	
		High	23 – 30	163	72.1	
	Decision-making	Low	3 – 6	16	7.1	11.34±2.96
		Moderate	7 – 11	77	34.1	
		High	12 – 15	133	58.8	
	Total	Low	16 – 36	15	6.6	51.76±9.88
		Moderate	37 – 59	174	77.0	
		High	60 – 80	37	16.4	

**Table 3** displays distribution of the studied students according to their attachment style. It can be seen from this table that the studied students had multiple responses over the three attachment styles (close/secure, depend and anxious styles). Therefore, 65.5% of them had moderate close/secure attachment style with mean score of  $3.22 \pm 0.60$ , 80.1% had moderate depend style with mean score of  $2.78 \pm 0.58$  and 62.0% had anxious style with mean score of  $2.91 \pm 0.85$ .

**Table (3)** Distribution of the studied students according to their Attachment Style (n =226):

Scales	Subscales	Levels	Range	No	%	Mean score
Attachment style	Close/secure	Low	1.67 – 2.77	51	22.6	3.22±0.60
		Moderate	2.78 – 3.89	148	65.5	
		High	3.90 – 5	27	11.9	
	Depend	Low	1 – 2.32	38	16.8	2.78±0.58
		Moderate	2.33 – 3.67	181	80.1	
		High	3.68 – 5	7	3.1	
	Anxious	Low	1 – 2.32	50	22.1	2.91±0.85
		Moderate	2.33 – 3.67	140	62.0	
		High	3.68 – 5	36	15.9	

\* The responses are not mutually exclusive

**Table 4** demonstrates correlation between social emotional competency and attachment style among the studied students. The table reveals that there is a statistically significant positive relationship between students with close/secure attachment style and their self-awareness, self-management & motivation, social awareness & prosocial behavior and total degree of social emotional competency. While there is a statistically significant negative relationship between students with dependent attachment style and their social-awareness & prosocial behavior. Moreover, a statistically significant negative relationship between students with anxious attachment style and their decision-making ability was found.

**Table (4)**Correlations between Social Emotional Competency and Attachment Style among the studied students (n =226):

Social Emotional Competency (n =226)	Attachment Styles		
	Close/secure r	Depend r	Anxious r
Self-awareness	0.201**	-0.093	0.006
Self-management & motivation	0.140*	-0.054	-0.020
Social-awareness & prosocial behavior	0.202**	-0.134*	0.012
Decision-making	0.126	-0.080	-0.144*
Total	0.210**	-0.117	-0.036

r: the Pearson correlation coefficient\*Statistically significant at  $p \leq 0.05$

\*\*Statistically significant at  $p \leq 0.01$

**Table 5** represents the correlations between social emotional competency, attachment styles and socio-demographic & academic characteristics of the studied students. The table reveals that there is a statistically significant positive difference at level of 0.05 between married students&dependent attachment style and at level 0.01between students who were not satisfied with joining the faculty of Nursing & anxious attachment style ( $t=2.088$ , and  $2.586$  respectively).Additionally, there is a statistically significant positive difference at level of 0.05 between students who were not satisfied with joining the faculty of Nursing and their social emotional competency ( $t =2.000$ ). Those students demonstrated low level of social emotional competency.

**Table (5)** Correlation between Social Emotional Competency, Attachment Styles and socio-demographic & academic characteristics of the studied students (n =226):

Variable	Categories	No	%	Attachment Style						Social Emotional Competency	
				Close/secure		Depend		Anxious		Mean	SD
				Mean	SD	Mean	SD	Mean	SD		
Sex	Male	58	25.7	3.18	0.48	2.82	0.54	2.89	0.83	49.72	10.53
	Female	168	74.3	3.24	0.64	2.77	0.60	2.92	0.86	52.46	9.58
t (value)				t (0.718)		t (0.623)		t (0.266)		t (1.826)	
Marital status	Single	214	94.7	3.22	0.60	2.76	0.57	2.91	0.84	51.57	9.75
	Married	12	5.3	3.26	0.62	3.12	0.67	3.04	1.13	55.08	11.93
t (value)				t (0.236)		t (2.088*)		t (0.537)		t (1.200)	
Desire to join the Faculty of Nursing	Yes	172	76.1	3.26	0.60	2.78	0.59	2.83	0.83	52.49	9.26
	No	54	23.9	3.10	0.61	2.79	0.58	3.17	0.88	49.43	11.42
t (value)				t (1.762)		t (0.057)		t (2.586**)		t (2.000*)	
Residence	Urban	204	90.3	3.21	0.60	2.79	0.59	2.89	0.84	51.64	9.98
	Rural	22	9.7	3.31	0.64	2.74	0.52	3.16	0.99	52.86	9.02
t (value)				t (0.156)		t (0.195)		t (1.473)		t (0.010)	
Cohabitation	With family	202	89.4	3.20	0.60	2.79	0.60	2.92	0.86	51.89	9.82
	Student's houses	11	4.9	3.58	0.68	2.91	0.36	2.64	0.59	49.09	12.36
	Relatives /friends	13	5.7	3.48	0.60	2.43	0.40	2.97	1.05	54.50	7.17
F value				F(2.192)		F(1.463)		F(0.417)		F(1.267)	
Work experience	Yes	61	27	3.24	0.60	2.80	0.57	2.90	0.90	51.93	12.20
	No	165	73	3.22	0.61	2.78	0.59	2.92	0.84	51.69	8.92
t (value)				t (0.167)		t (0.221)		t (0.157)		t (0.164)	
Visiting the family members	Yes	144	63.7	3.26	0.56	2.81	0.56	2.92	0.89	52.41	8.79
	No	82	31.0	3.15	0.68	2.72	0.67	2.95	0.82	50.96	11.23
F value				F(0.700)		F(0.507)		F(0.465)		F(1.151)	

t: t-test

F: ANOVA

\*:Statistically significant at  $p \leq 0.05$

\*\*: Statistically significant at  $p \leq 0.01$ .

**Table 6** displays multiple regressions between Social Emotional Competency and Attachment Style. The stepwise technique revealed that the close/secure attachment style was the best predictor of social emotional competency. The table also reflects that the calculated value of P is statistically significant at (0.01) indicating that attachment styles of Faculty of Nursing undergraduate students affects at statistically significant level their social emotional competency. The values of "T" = 2.750 for regression coefficients of close/secure attachment style are statistically significant at (0.01). While, the value of "T" = -0.419 for regression coefficients of anxious attachment style is not statistically significant at (0.05). Beta for close/secure attachment style is 0.191, for anxious is -0.030 and for dependent is -0.193. This indicates that the students with more close/secure attachment style have more social emotional competency. While, the more dependent or anxious attached students having less social emotional competency. Thus, the multiple regression equation that determines the prediction of social emotional competency among Faculty of Nursing undergraduate students can be formulated as follows:  
 Social Emotional Competency = 51.753 + 3.131(close) - 3.265(depend) - 0.344 (anxiety)

**Table (6)** Regression analysis between Attachment Style and Social Emotional Competency (n=226):

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
Social emotional competency	51.753	5.920	----	8.743	0.000
Close/secure	3.131	1.138	0.191	2.750	0.006
Depend	-3.265	1.177	-0.193	-2.775	0.006
Anxiety	-0.344	0.822	-0.030	-0.419	0.676

\*: Statistically significant at  $p \leq 0.01$

#### IV. Discussion

Social and emotional competencies have been broadly studied since the 1990s in different educational settings. These competencies include self-awareness, self-management, social-awareness, prosocial relationship skills and responsible decision-making. All of these competencies are essential for effective communication skills, formation and maintenance of genuine relationships, problems solving and academic performance<sup>(4, 20)</sup>. On the other hand, social emotional competency is an important element to improve nurse's skills in terms of acknowledging others' reactions including patients and their families, as well as other health team members. It also helps in receiving and evaluating their messages correctly and establishing effective communication. In this respect, Kaya (2010) recognized attachment style as an important factor to consider when looking at relationship satisfaction<sup>(21)</sup>. The attachment styles of the nurses play a critical role in the kind of relationship they develop with others as appropriate contact with patients is just a key for efficient nursing care outcomes. Being aware of their own attachment styles and relational needs may help professional caregivers to be aware of their own contributions to their relationships with patients and to become more socially and emotionally competent. Thus, the goals of the present study were to determine the level of social emotional competency among Faculty of Nursing undergraduate students and their attachment styles and to investigate the relationship between social emotional competency and attachment styles of those students.

Results of the present study showed that studied students had moderate level of social emotional competency. Similarly, a previous study done by Mroczek (2017) measuring social competencies of undergraduate nurses demonstrated that the majority of his studied subjects have an average predisposition both to work with patients and to cope with various social situations, including professional situations<sup>(22)</sup>. In this respect, World Health Organization (2014) reported that over 10% of the world's population might have considerable difficulty coping with everyday social situations<sup>(23)</sup>. The ability to be sensitive and tactic to the emotions of others is nurtured in the early rearing environment in relation to the quality of the early emotional experiences with a primary caregiver.

From another perspective, nursing students are encounter many stressors associated with the load of academic demands, clinical placements within different specialties, working during studying and financial constraints, which may limit their social emotional competency. All of these stressors place limitations on those students to have enough time to gain enough knowledge and training regarding social emotional competency. Results of the present study revealed that the students with close/secure attachment style have more social emotional competency. These results are in accordance with a study of Hunter and Maunder (2001) who displayed that student nurses with secure attachment usually are willing to form positive working relationships with their patients<sup>(24)</sup>. This can be explained by the fact that students equipped with secure attachment style can get into a more constructive and corrective relationship with others. The securely attached individuals are more sensitive to signals of others and have the ability to react adequately to other's emotional behavior and setting

clear boundaries. Moreover, it was claimed that experiencing secure attachment relationships with parents as well as peers enable the students to grow and behave with greater sympathetic concern towards others, have positive prosocial behavior and be more emotionally expressive<sup>(25)</sup>. This may be due to the fact that the majority of the studied students are females who may be more emotionally concerned and sympathetic by nature. In addition most of the studied subjects are living with their families which add to their secure attachment relationship. It could also be assumed that students growing with secure attachment style gain specific skills and better readiness to discover the art of graceful interpersonal relationships. Contrary to these result, Zimmerman (2001) reported no relation between social emotional skills and secure attachment style. His explanation was that; the secure individuals may have a lower need to constantly attend to others' social cues<sup>(26)</sup>.

The present study also revealed that the students with insecure attachment styles (anxious or dependent) have less social emotional competency. Along the same line, Kumar and Raj (2016) reported that, the individual with anxious and dependent attachment styles show interpersonal deficits in a number of domains, including expressivity, disclosure, conversational regulation, conflict resolution skills, and interpersonal sensitivity. More anxious and more dependent individuals show less conversational flexibility and engage in less self-disclosure than their more secure counterparts<sup>(27)</sup>. This finding could be interpreted as the individuals with insecure attachment styles have difficulties establishing close relationships and avoid social contact, because they may perceive others as inaccessible and insensitive to their care and support needs. They tend to be shy, sensitive & self-critical and manifest an intense fear of being rejected. Furthermore, the less secure individuals appear less able to regulate their emotions in a constructive way and they use less adaptive conflict resolution strategies. They also show certain deficits in the ability to decode others' nonverbal behavior and others' feelings about the relationship. In addition, they tend to display less nonverbal immediacy and appear less expressive. According to Mikulincer and Shaver (2003), these two insecure attachment styles (anxious or dependent) represent different ways of regulating the distress and insecurities resulting from failure to find external or internal sources of comfort and support<sup>(28)</sup>.

Contrary to expectations, the current results showed that there was a statistically significant relationship between married students and dependent attachment style. This finding can be explained by the fact that the individuals with dependent attachment style are more relying on others for self-definition. They need an intimate relationship for more adaptation with stressful situations. They also need to have sense of trust in their abilities, which may be developed with their spouses over time. They tend to have persistence in seeking comfort, reassurance, and support from relationship with their partners that make them over dependent. These findings are surprising in light of a past research indicating that individuals with dependent attachment style are especially distrustful of others<sup>(4)</sup>.

Findings of the present study demonstrated that the students who chose willingly to join the Faculty of Nursing have more social emotional competency. This result can be attributed to the fact that nursing as a profession requires higher degree of interpersonal reactivity. The student nurse who is willing to engage in this experience basically has an intrinsic social competency that makes him/her ready to recognize and manage emotions, provide care and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively. Satisfaction with joining the Faculty of Nursing may be a critical factor for better preparing nursing students for this demanding and stressful profession.

## **V. Conclusion**

Based on the findings of the present study, it can be concluded that undergraduate students at Faculty of Nursing, Alexandria University had moderate level of social emotional competency and that attachment styles of those students can predict their social emotional competency. Closely/securely attached students have better social emotional competency and students with insecure attachment styles (anxious or dependent) have less social emotional competency.

## **Recommendations**

**The followings are the main recommendations yielded by this study:**

1. Regular workshops are required to improve the students' social-emotional competencies in order to graduate an efficient nursing staff both as a caregiver and as a member of the healthcare team.
2. A more secure educational climate is needed which will increase the students' capacity to learn, and gives them the tools that enable them to experience more social emotional competency.
3. Faculty staff members as educators and academic guides should take attachment styles of their nursing students into account, be more inclusive and supportive to students who have insecure attachment style.
4. Further studies are needed to investigate attachment styles in nursing students especially with regard to stress perception and academic achievement.



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