Effects of Anger and Social-Emotional Competency on Resilience of Nursing Students

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Abstract

Resilience in nursing students has gained attention as a core nursing competency in recent years. The purpose of this study was to determine the levels of anger, social-emotional competency, and resilience among nursing students and to examine the impact of anger and social-emotional competency on resilience. This cross-sectional study was conducted from April 17 to June 19, 2024, with a total of 228 nursing students from the first to fourth grade at E University in S City, South Korea. Data were collected through an online survey using a structured questionnaire. The data were analyzed by descriptive statistics, correlation analysis, and multiple regression analysis using SPSS 29.0 WIN Program. The results showed that the influencing factors of resilience were grade, satisfaction with university life, rumination and diffusion as dimensions of anger coping strategies, and social-emotional competency, with an explanatory power of 61.0% (F=26.318, *p*<.001). These findings provide a basis for the development of interventions to enhance adaptive anger coping strategies and social-emotional competency in nursing students to promote resilience. This study is significant for its multifaceted approach to anger as an emotion that is frequently felt and expressed in daily life and the social-emotional competency and resilience that nurses must possess.

Keywords: Anger, Coping Strategy, Nursing Students, Resilience, Social Emotional Competency

Major Classifications: Health Science (Nursing and Mental Health, Public Health), Other Hospitality Related Areas

1. Introduction

In recent years, competition for healthcare services has intensified among hospitals to attract customers and generate financial profits (Kim, 2009). In response, nurses

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are expected to be both professional and compassionate at the same time (Kang, 2002). Most hospitals are training medical staff, including nurses, in kindness to increase customer satisfaction and conducting patient satisfaction surveys to ensure compliance with normative emotional and behavioral expressions (Kim, 2009). In the process, nurses may find that their personal thoughts and emotions are overlooked (Yang, 2011). When nurses respond with normative kindness and smiles regardless of their own emotional state while performing nursing tasks, they increase their emotional labor. In general, emotional labor refers to the work that an employee performs when dealing with people, regardless of their own feelings, in order to demonstrate the emotions that the organization deems desirable.

Nurses' emotional labor has increased, and their workload is increasing due to shadow labor outside of their job responsibilities, but the value of their emotional labor is still underappreciated (Brown et al., 2018; Park, 2008). Nurses frequently experience anger, a negative emotion, as they perform emotional labor in complex and diverse clinical settings (Jang et al., 2018; Lee et al., 2009; Rie, 2003). Nurses are the closet point of contact for patients, so controlling anger is necessary (Jang et al., 2018). How nurses express and resolve anger has a significant impact on their physical and psychological well-being, as well as on their organizations (Lee et al., 2009). For example, anger has been linked to negative outcomes such as decreased organizational commitment, decreased quality of nursing care services, and increased turnover intentions of nurse (Kang & Kang, 2021; Yang & Jeoung, 2014). Therefore, the ability of nurses to regulate and manage anger has been highlighted as an essential component of forming therapeutic relationships with patients and providing quality care.

Nurses interact with patients, caregivers, and healthcare providers in a variety of interpersonal relationships (Ahn et al., 2002). Especially, nurses require constant interpersonal interaction to maintain therapeutic relationships in nursing, which can lead to interpersonal conflict, a major source of emotional labor, and increased burnout and turnover intentions (Kang & Kang, 2021). Therefore, nurses need social-emotional competency based on an accurate understanding of their own and others' emotions and empathy (Tak & Kim, 2022). In other words, social-emotional competency is the ability to recognize and appropriately express one's own emotions as well as the emotions of others, build positive relationships with others, discern appropriate behaviors, and make responsible decisions. Social-emotional competency is essential for nurses to lead their healthy, happy lives and to be successful in the future of work.

Nurses experience high levels of job stress and burnout due to the nature of the nursing work environment, such as shift work and unpredictable changes in patient conditions, which contribute to high levels of turnover. However, not all nurses will experience the same intensity of psychological and behavioral problems in the same difficult situations; in fact, some will use situational demands and stressful environments as opportunities for personal growth. In particular, resilience refers to the ability to respond flexibly with appropriate self-regulation to situational demands or stressful environments to achieve successful adaptation (Park et al., 2013). Resilience is a socio-psychological characteristic of an individual that enables them to accept to adversity when faced with it, turning it into an opportunity for growth (Park & Shin, 2019). Ultimately, resilience is expected to increase nurses' job adjustment, satisfaction, and organizational performance, and is therefore an area of active research in clinical nursing.

In particular, resilience is not seen as an innate temperamental trait, but rather as an individual's ability to be gradually shaped through the dynamic interaction of the individual and the environment, which can be enhanced through education or training (Hong, 2006). Resilience could be the key to explaining resistance to risk across the lifespan and how people 'bounce back' and deal with various challenges presented from childhood to older age (Windle et al., 2011). This disparity in outcomes has led to a growing interest in nurse resilience (Brown et al., 2018). As future nurses, nursing students should be prepared from their university courses to develop emotional awareness, effective emotional self-regulation, positive relationships with others, and resilience, which are important professional competencies for nurses.

Therefore, this study was conducted to determine the level of anger, social-emotional competency, and resilience of nursing students and to investigate the effects of anger and social-emotional competency on resilience. This study may provide a basis for developing interventions to promote resilience among nursing students.

The specific objectives of this study were as follows:

First, to determine the level of anger, social-emotional competency, and resilience among nursing students.

Second, to identify differences in resilience according to general characteristics of nursing students.

Third, to determine the correlations between anger, social-emotional competency, and resilience among nursing students.

Fourth, to identify factors that influence resilience among nursing students.

2. Research Methodology

2.1. Design

This was a cross-sectional descriptive study to identify anger, social-emotional competency, and resilience in nursing students and to determine the impact of anger, social-emotional competence, and resilience on anger in nursing students.

2.2. Subjects and Settings

The subjects of this study were 1st through 4th year students enrolled in the Department of Nursing at E University in Gyeonggi-do, South Korea. The subjects were those who understood the purpose of the study and voluntarily agreed to participate in the study. The number of subjects was calculated using the G*Power 3.1 program based on a significance level (α) of .05, power (1-β) of .95, effect size of .15(d), and 12 predictor variables, and the minimum number of subjects was 184, and a total of 260 subjects were recruited considering the non-response rate. After excluding non-responses, 228 participants were included in the final analysis.

2.3. Instruments

The general characteristics of the subjects included gender, age, grade, religion, residence type, GPA, motivation for choosing a major, satisfaction with university life, and satisfaction with interpersonal relationships.

Anger was measured with the Korean version of the Behavioral Anger Response Questionnaire developed by Linden et al. (2003), which was modified by Choi and Lee (2007). The tool consists of 31 items and includes six dimensions of anger coping strategies: social support seeking (6 items), direct anger-out (6 items), rumination (5 items), assertion (6 items), diffusion (5 items), and avoidance (3 items). According to Choi and Lee's study (2007), social support seeking means talking about your feelings with someone close to you or seeking support. Direct anger-out is the direct display of anger, either verbally or behaviorally. Rumination means thinking about the anger event repeatedly. Assertion means expressing your feelings in a non-aggressive way to solve a problem. Diffusion involves working hard at something else to reduce anger, and avoidance is trying to forget the anger event. The tool is measured on a 5-point Likert scale, ranging from 1 for 'not at all' to 5 for 'very much so', with higher scores of subscales indicating stronger characteristics of each dimension. In the study by Choi and Lee (2007), the Cronbach's α value was .80, and the dimensions were: social support seeking .84, direct anger-out .77, rumination .81, assertion .76, diffusion .70, and avoidance .70. In this study, the total was .83 and the dimensions were: social support seeking .76, direct anger-out .73, rumination .81, assertion .77, diffusion .70, and avoidance .71.

Social-emotional competency was measured with the Social-Emotional Competency Scale for university students developed by Tak and Kim (2022). The tool consists of 46 items and includes five subfactors: self-awareness (11 items), self-management (7 items), social awareness (8 items), relationship management (10 items), and responsible decision-making (10 items). Each item is measured on a 5-point Likert scale ranging from 1 for 'not at all' to 5 for 'very much so', with higher total scores indicating higher social-emotional competency. In the study by Tak and Kim (2022), the Cronbach's α value was .94, and the subfactors were .86 for self-awareness, .82 for self-management, .86 for social awareness, .86 for relationship management, and .87 for responsible decision-making. In this study, the total was .80, and the subfactors were .90 for self-awareness, .86 for self-management, .88 for social awareness, .86 for relationship management, and .87 for responsible decision-making.

Resilience was measured using the Resilience Scale for nursing students developed by Yang et al. (2015). This 24-item instrument consists of seven subfactors: self-confidence, positivity, coping ability, emotional regulation, structured style, relationship, and social support. Each item is scored on a 5-point Likert scale, ranging from 1 for 'not at all' to 5 for 'very much so', with higher scores indicating greater resilience. At the time of tool development by Yang et al. (2015), the Cronbach's α value was .84, and the subfactors were .77 for self-confidence, .72 for positivity, .60 for coping ability, .72 for emotional regulation, .76 for structured style, .76 for relationship, and .65 for social support. In this study, the total was .83, and the subfactors were .88 for self-confidence, .73 for positivity, .69 for coping ability, .85 for emotional regulation, .77 for structured style, .88 for relationship, and .64 for social support.

2.4. Data Collection

This study was conducted from April 17 to June 19, 2024, using a structured questionnaire to collect data from 1st to 4th year nursing students enrolled in the Department of Nursing at E University in Gyeonggi-do, South Korea. In consideration of the ethical issues, only those who voluntarily gave written informed consent to participate in the study were collected through the online survey. The researcher explained the autonomy of participating in the study, the content and purpose of the study, anonymity, the period of storage of the research data, and consent to participate in the study. The researcher also explained that the personal information obtained through this study will not be used for any purpose other than the research purpose and that the subjects can withdraw at any time if they do not want to participate. The questionnaire took about 15 minutes to complete, and the subjects who participated in the study

were given a small reward (snack) as a sign of appreciation for their responses.

2.5. Data Analysis

The data of this study were analyzed using SPSS 29.0 WIN Program. The general characteristics and variables were analyzed by descriptive statistics using percentages, frequencies, means, and standard deviations. Differences in resilience according to general characteristics were analyzed using t-test and ANOVA, and post hoc tests were performed using Scheffe's test. Correlations between anger, social-emotional competency, and resilience were analyzed using Pearson's correlation coefficient. Multiple regression analysis was used to identify factors affecting resilience.

3. Results

3.1. General Characteristics

A total of 228 students participated in the study, with 16.2% male and 83.8% female. Age was predominantly 22 years and older (40.7%). In terms of grade, 48 (21.1%) were freshmen, 41 (18.0%) were sophomores, 68 (29.8%) were juniors, and 71 (31.1%) were seniors. Of the subjects, 148 (64.9%) reported no religious affiliation, and 53 (23.2%) were Christian. In terms of residence type, 141 (61.8%) reported living at home. In terms of academic achievement, 125 (54.8%) reported a GPA between 3.0 and 4.0, and 102 (44.7%) reported that they were motivated to major in nursing because it was a good match for their aptitudes. Satisfaction with university life was highest with 103 (45.2%) responding "satisfied". For interpersonal relationships, 123 (53.9%) responded that they were satisfied.

3.2. Variables

The followings are the results of a descriptive statistical analysis of the mean scores of the variables. First, anger had a mean total score of 88.34±14.02 points, with a range of 31 to 155 points. The mean scores for six dimensions of anger coping strategies were 20.28±4.45 points for social support seeking, 12.00±4.10 points for direct anger-out, 14.23±4.53 points for rumination, 19.42±4.35 points for assertion, 12.68±4.05 points for diffusion, and 9.71±2.48 points for avoidance. Second, social-emotional competency had a mean score of 182.20±19.15 points, with a range of 46 to 230 points. Third, resilience had a mean score of 88.24±12.58 points, with a range of 24 to 120 points.

3.3. Differences in Resilience according to General Characteristics

The following analyzed the differences in resilience by the general characteristics of the subjects. Resilience was significantly different by grade (t=4.83, p=.003), GPA (t=7.85, $p<.001$), motivation for choosing a major (t=3.59, p=.014), satisfaction with university life (t=9.42, $p<.001$), and satisfaction with interpersonal relationships (t=9.77, $p<.001$).

3.4. Correlations between the Variables

The following are the results of the correlation analysis between anger, social-emotional competency, and resilience. First, resilience was positively correlated with social support seeking (r=.135, p=.042), assertion (r=.408, $p<.001$), diffusion (r=.264, $p<.001$), and avoidance (r=.186, p=.005) among the dimensions of anger coping strategies. However, resilience was negatively correlated with direct anger-out (r=-.213, p=.001) and rumination (r=-.165, p=.013). Second, resilience was highly positively correlated with social-emotional competency (r=.726, $p<.001$).

3.5. Factors affecting Resilience

The following are the results of the analysis of factors that influence resilience (see Table 1). Multiple regression analyses were conducted including the general characteristics that showed significant differences in resilience, six dimensions of anger coping strategies, and social-emotional competency. The tolerance ranged from .515 to .956 and were greater than 0.1, and the Variance Inflation Factor (VIF) ranged from 1.046 to 1.944 and were not greater than 10, so there was no problem of multicollinearity. The Durbin-Watson value of 2.048 confirms that the residuals are not autocorrelated. The regression model was significant (F=26.318, $p<.001$), with an explanatory power of 61.0% (adjusted R^2=.610).

The factors affecting resilience among general characteristics were fourth grade (β =.148, p=.011), 'very satisfied' (β=.113, p=.024) and 'satisfied' (β=.135, p=.024) with university life. Furthermore, factors influencing resilience were rumination (β=-.144, p=.006) and diffusion (β=.154, p=.002) among anger dimensions, and social-emotional competency (β=.585, $p<.001$).

4. Discussion

This was a cross-sectional descriptive study to determine the level of anger, social-emotional competency, and resilience of nursing students and to identify the factors that influence resilience.

First, the mean scores of anger dimensions among nursing students in this study will be compared with Lim's study (2011). In Lim's study (2011), male and female adolescents' anger scores were 13.86 & 15.66 points for social support seeking, 14.99 & 14.05 points for assertion, and 9.37 & 8.33 points for diffusion, while 15.27 & 13.32 points for direct anger-out. In comparison, nursing students scored higher on social support seeking, assertion and diffusion, and lower on direct anger-out.

Table 1: Factors affecting Resilience

Variables	Categories	Resilience						
		B	SE	β	t	p	Tolerance	VIF
Constant		8.668	6.097		1.422	.157		
Grade (ref=1st)	2nd	1.109	1.745	.034	0.636	.526	.604	1.656
	3rd	0.609	1.587	.022	0.384	.701	.515	1.942
	4th	4.005	1.568	.148	2.554	.011*	.515	1.944
Satisfaction with university life (ref=moderate)	Very satisfied	4.811	2.122	.113	2.267	.024*	.691	1.447
	Satisfied	3.408	1.235	.135	2.760	.006**	.718	1.392
	Unsatisfied	-0.840	2.083	-.018	-0.403	.687	.860	1.163
	Very unsatisfied	-6.394	4.057	-.067	-1.576	.116	.956	1.046
Anger	Social support seeking	0.250	0.137	.088	1.823	.070	.732	1.365
	Direct anger-out	-0.117	0.158	-.038	-0.742	.459	.652	1.534
	Rumination	-0.400	0.144	-.144	-2.781	.006**	.643	1.555
	Assertion	0.196	0.143	.068	1.375	.171	.704	1.420
	Diffusion	0.479	0.155	.154	3.092	.002**	.689	1.452
	Avoidance	-0.185	0.230	-.036	-0.802	.423	.832	1.201
Social-emotional competency		0.385	0.034	.585	11.157	<.001**	.625	1.599
Adjusted R2=.610, F=26.318, p<.001, Durbin-Watson=2.048								

**p<0.1, *p<0.5

Cho and Lee (2007)'s study also found that college students' anger scores were 18.97±5.29 points for social support seeking, 13.30±4.42 points for direct anger-out, 15.33±4.56 points for rumination, 16.97±4.46 points for assertion, 11.35±3.86 points for diffusion, and 8.98±2.64 points for avoidance. This is consistent with previous studies that suggests nursing students tend to regulate their emotions appropriately. Anger is expressed in a variety of coping strategies, with direct anger-out and avoidance at the polar opposite ends of anger dimensions (Choi & Lee, 2007). In particular, assertion is the closest to direct anger-out in that it is a direct outward expression of anger, but it can be seen as a constructive expression of anger (Linden et al., 2003).

Previous studies (Kang & Kang, 2021; Lee et al., 2009; Yang & Jeoung, 2014) have shown that the less anger nurses express and the better they control their anger, the better their organizational performance, so understanding and controlling anger in nursing students is likely to contribute to positive outcomes as future nurses. However, a higher tendency to ruminate on anger events repeatedly can increase maladaptive interpersonal relationships (Son & Park, 2020), so it is necessary to develop programs to help nursing students express their anger in adaptive ways and shift the focus of their thoughts.

In addition, the mean score of social-emotional competency of nursing students in this study was similar to the results of a previous study on nursing students (Kim, 2023). Furthermore, the resilience scores of the nursing students in this study were high. These results reflect that nursing students recognize the importance of empathy for others and bonding with others. However, there are many resilience measurement scales that have been used, but the complexity of defining the concept of resilience and the resulting variety of operational definitions have resulted in inconsistent findings and limited comparability of results (Windle, Bennett, & Noyes, 2011). An accurate comparison with previous studies is limited due to differences in general characteristics such as age, gender, grade, and education level among the subjects, so generalization of the results is necessary through repeated studies.

In this study, resilience showed significant differences by grade, GPA, motivation for choosing a major, satisfaction with university life, and satisfaction with interpersonal relationships. Among them, fourth-year nursing students (reference group: first-year nursing students) were more resilient, suggesting that resilience is gradually cultivated through clinical practice and a diverse major nursing curriculum. Nursing students who were more satisfied with their university life were also more resilient, supporting that choosing a major that matches one's aptitudes and interests helps them to evaluate their university life positively and cope flexibly with stressful situations. Nursing students with stronger interpersonal

relationships were more resilient, suggesting that positive relationships and social support play an important role in building resilience.

Furthermore, diffusion as an adaptive anger response style among anger dimensions has a positive effect on resilience by diverting attention, increasing positive mood, and releasing anger. Diffusion involves deflecting the anger to another stimulus or activity (Linden et al., 2003). On the other hand, rumination, an important concept in understanding anger behavior, was negatively correlated with resilience in this study, which is similar to previous research. In general, rumination, taps the tendency to cope with one's anger by repeatedly deliberating over its cause (Linden et al., 2003). Rumination is the psychological process of suppressing anger, and repeatedly thinking about a stressful event can have a negative impact on resilience. Rumination has been emphasized in recent research on anger (Cho & Lee, 2007), as individuals with high trait anger tend to ruminate about angry situations (Earle et al., 1999), and higher levels of ruminating about stressful events are associated with lower levels of life satisfaction and subjective well-being (Hahn, & Park, 2003). In addition, social-emotional competency has also been shown to have a positive impact on resilience, which is important because empathy and understanding of one's own and others' emotions can help a person cope flexibly with internal and external stress.

The findings of this study provide a basis for developing interventions to promote resilience in nursing students. In addition, this study is significant for its multifaceted approach to anger as an emotion that is frequently felt and expressed in daily life and the social-emotional competency and resilience that nurses must possess. However, this study was conducted through convenience sampling, and thus have to be treated with caution when generalizing to a wider population. In addition, the current cross-sectional study design makes it difficult to clearly identify causal relationships between variables. Future longitudinal study designs are needed to more clearly establish temporal and causal relationships between variables.

5. Implication and Conclusion

This study identified anger, social-emotional competency, and resilience in nursing students and analyzed the correlation between the variables and factors that affect resilience. In particular, it can be seen that the improvement of social-emotional competency helps to increase resilience, and the higher the grade and satisfaction with university life, the more positive the effect on resilience. In addition, rumination among anger dimensions was negatively correlated to resilience, while diffusion was positively correlated to resilience, suggesting that adaptive anger

behavior can help promote resilience. Based on the findings of this study, further research is needed to develop and implement programs for adaptive anger, recommend effectiveness validation studies, and to more clearly demonstrate the relationship between social-emotional competency and resilience. It is also suggested that university curricula be provided to nursing students to promote emotions including anger dimensions and social-emotional competency and that interventions be developed to enhance resilience.

References

Ahn, Y. H., Kim, D. R., Seo, B. N., Lee, K. E., Lee, E. H., & Yim, E. S. (2002). Clinical nurses' lived experience of interpersonal relations in the ward setting of the hospital. *Journal of Korean Academy of Nursing, 32(*3), 295-304.

Brown, R., Wey, H., & Foland, K. (2018). The relationship among change fatigue, resilience, and job satisfaction of hospital staff nurses. *Journal of Nursing Scholarship, 50*(3), 306-313.

Choi, H. C., & Lee, G. B. (2007). Validation of the Korean version of the behavioral anger response questionnaire. *Korean Journal of Counseling and Psychotherapy, 19*(2), 489-503.

Earle, T. L., Linden, W., & Weinberg, J. (1999). Differential effects of harassment on cardiovascular and salivary cortisol stress reactivity and recovery in women and men. *Journal of Psychosomatic Research, 46*(2), 125-141.

Hahn, D. W., & Park, J. H. (2003). Effects of rumination about stressful life event and anger experiences on subjective well-being and health perception. *The Korean Journal of Health Psychology*, *8*(1), 147-168.

Hong, E. S. (2006). Conceptual understanding of resilience and instructional suggestion. *Korean Journal of Special Education, 41*(2), 45-67.

Jang, I., Lee, S., Song, A., & Kim, Y. (2018). Influence of resilience and anger expression style on nursing work performance in emergency nurses. *Korean Journal of Occupational Health Nursing*, 27(4), 247-256.

Kang, H. A. (2002). A study on change in nurses' job. *Economy and Society*, 55, 142-168.

Kang, P., & Kang, J. (2021). Nurses' experience with inpatients in comprehensive nursing care service: A phenomenological approach. *Journal of Korean Academy of Nursing Administration*, 27(3), 149-158.

Kim, I. S. (2009). The role of self-efficacy and social support in the relationship between emotional labor and burn out, turn over intention among hospital nurses. *Journal of Korean Academy of Nursing Administration, 15*(4), 515-526.

Kim, M. J. (2023). The impact of social-emotional competence, family health, and self-esteem on personality in nursing students. *Journal of the Korea Entertainment Industry Association*, 17(7), 365-374.

Lee, W. H., Song, J. E., Kim, J. H., Kim, H. J., Lee, J. M., & Kim, U. Y. (2009). The relationships among trait anger, anger expression, jab satisfaction, job commitment, and organizational performance in clinical nurses. *Journal of Korean Academy of Nursing Administration*, 15(4), 539-549.

Linden, W., Hogan, B. E., Rutledge, T., Chawla, A., Lenz, J. W., & Leung, D. (2003). There is more to anger coping than "in" or "out". *Emotion*, *3*(1), 12-29.

Lim, A. (2011). Relationships of narcissism and self-concept clarity with anger behavior among adolescents. *Asian Journal of Education*, *12*(3), 305-325.

Park, S. E. (2008). An empirical study on the relationships among employees' perceived display rule demands, emotional dissonance, and their psychological responses. *Korean Academy of Organization and Management*, *32*(1), 25-53.

Park, J. O., Lee, M. J., Kim, K. J., Jang, B. H., & Yoo, M. S. (2013). A study of new nurses' resilience, job stress and burnout. *Journal of Korean Academic Society of Home Health Care Nursing*, *20*(2), 124-132.

Park, J., & Shin, N. (2019). A convergence study on the relationships among job stress, resilience and turnover intention of new nurses in general hospital. *Journal of the Korea Convergence Society*, *10*(4), 277-284.

Rie, J. I. (2003). Anger, anxiety, depression in the workplace-differences of evoking causes and coping methods among emotions, relationships of emotion regulation and psychological well-being, job effectiveness. *The Korean Journal of Industrial and Organizational Psychology*, *16*(3), 19-58.

Son, K. Y., & Park, E. Y. (2020). The Effect of Anger Rumination on Interpersonal Problem: The Moderated Mediating Effect of Dysfunctional Anger Expression and Effortful Control. *Korean Journal of Stress Research, 28*(4), 179-187.

Tak, H. Y., & Kim, H. Y. (2022). Development of the social emotional competency scale for university students. *The Korean Journal of Educational Methodology Studies, 28*(3), 199-221.

Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and quality of life outcomes, 9*(8)*,* 1-18.

Yang, Y. K. (2011). A study on burnout, emotional labor, and self-efficacy in nurses. *Journal of Korean Academy of Nursing Administration, 17*(4), 423-431.

Yang, J. H., & Jeoung, K. H. (2014). Effects of emotional labor, job satisfaction and organizational commitment on turnover intention in nurses. *Journal of the Korea Academia-Industrial cooperation Society*, *15*(12), 7170-7178.

Yang, Y. H., Kim, E. M., Yu, M., Park, S., & Lee, H. (2015). Development of the Resilience Scale for Korean Nursing College Students. *Korean Journal of Adult Nursing, 27*(3), 337-346.