Episodic Occurrence of Cognitive Dissonance among Nurses and Midwives in the Regional Health Units of Southern Cebu

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Asian Conference on Psychology and Behavioral Sciences 2015 Official Conference Proceedings

Abstract

This study sought to determine the possibility of experiencing cognitive dissonance among catholic health workers administering contraceptives in the different regional health centers of southern Cebu, Philippines. Furthermore, the contributing factors were explored along with how dissonance was experienced. Data were collected through a survey, face-to-face interview and focus group discussion. There were eighty-one (81) respondents who took the Religiosity scale and only ten (10) extremely religious respondents were subjected to the face to face interview and four (4) were invited for the focus group interview. Data obtained from the FFI and FGI were collated, transcribed and coded into themes. From the identified themes, theories of Festinger and Baumeister were used to derive meaning. The research revealed that the actual administration of the family planning methods triggered the experience of episodes of dissonance. The onset of episodic cognitive dissonance stems from the subjects' experience with their authoritarian parents, the perceived incongruence between the Self-Image and Ideal Self, Low Self-esteem and the belief of a punitive God. The dissonance experience is ultimately a product of one's belief systems and conscious choice.

Keywords: Nurses, Midwives, Health Workers, Cognitive dissonance, Religious beliefs

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Introduction

Overpopulation, poverty, and health issues in the Philippines have brought forth the issuance of family planning program for Filipino families. The Department of Health actively promotes both the natural method of contraception and the artificial or scientific method of contraception (Ona, 2010). According to Ona (2010), "The natural method, which is championed by the Catholic Church, promotes family planning based on a woman's fertility cycle". Pregnancy is prevented by observing abstinence during the woman's fertile days. The artificial method, on the other hand, uses methods of birth control like condoms, contraceptive pills and IUDs to prevent pregnancy. According to Legaspi (2010), "The Church rejects the contraceptive mentality, i.e., the attitude that selfishly avoids the procreation of offspring solely because the couples do not want to bear the responsibility that comes with having a child".

With the contradicting standpoints stemming from two different entities, health workers who are fervent Catholics may experience mental discomfort when their professional duties directly contradict their religious beliefs. This research then evaluated the possibility of Cognitive Dissonance, a situation involving conflicting attitudes, beliefs or behaviors that would cause mental discomfort resulting in the emergence of an inner drive to hold all our attitudes and beliefs in harmony and avoid disharmony (Festinger, 1957). Moreover, this study delved on how dissonance was experienced and its contributing factors. Through phenomenological case study approach, the onset of dissonance and its factors were described, explained, interpreted and analyzed. These data were gathered by conducting face to face interview and focus group interview which were then collated, transcribed and coded into themes to understand the phenomenon.

Conclusion

The onset of cognitive dissonance is attributed to different factors. Cognitions about the self represent standards or expectancies that facilitate dissonance arousal. Moreover, Dissonance is most powerful when it is about our self-image (Festinger, 1957). Feelings of foolishness, immorality and so on (including internal projections during decision-making) are dissonance in action. The first influencing factor; the Self-concept which is an individual's belief about himself or herself, including the person's attributes and who and what the self is (Baumeister, 1999).

Second is Self-image; it constitutes our physical descriptions of ourselves, our social roles and personality traits (Rogers, 1959). The debate about family planning prompted the re-evaluation of their social role which was highly valued and resulted in conflicting thoughts. Another factor is Self-esteem; the extent to which individuals accept or approve of themselves (Baumeister 1999). Individuals who exhibit Lowesteem are pessimistic and have a negative view of themselves always worrying what others might think. Furthermore, it can be inferred that the experience of Cognitive Dissonance arises from having authoritarian parents, the perceived incongruence between the Self-Image and Ideal Self and the belief of a punitive God.

Individuals who experience dissonance tend to engage in self-justification, and at times alternate between admission and denial when compensating or making amends. Ultimately the dissonant experience induces a change in one's belief systems, a reevaluation of values and the formation of a compartmentalized personality based on one's role. In effect, balance in a man's system is achieved.

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