# Perceived Self-Esteem mongst First-Year Nursing Students: A Cross-Sectional Survey

**Senthil P Kumar\*, Eva Chris\*\*, Maria Pais\*\*\*, Vaishali Sisodia\*\*\*\*, K Vijaya Kumar\*\*\*\*\***

**Abstract**

**Background and purpose:** Self-esteem is an important quality and a personality trait or an attribute that is considered as a specific requirement for Healthcare professionals (HCP) during their encounters with patients/caregivers, healthcare team members and hospital management. The objective of this study was to evaluate self-esteem among first-year nursing students.

**Materials and methods:** A cross-sectional study was performed on 44 nursing students (5 male, 39 female) from two educational institutions who were recruited on convenient sampling. The survey instrument used in this study was Rosenberg's self-esteem scale (RSES) which was a 10-item self-report (4-point Likert) measure of global self-esteem. The factor-1 score of sum of five positive statements were termed as self-enhancement and the factor-2 score of five negative statements as self-derogation.Descriptive analysis was done using frequencies for each of the items and item-responses of the RSES and study participants' demographic variables. Comparison of total scores and factor scores between institutions, age, gender and religion were done using independent t-test or one-way analysis of variance as applicable. All analyses were done at 95% confidence interval using Statistical package for social sciences (SPSS) version 16.0 for Windows.

**Results:** Overall RSES total score was 14.25 ± 2.12 indicating that self-esteem levels were low. 23 (52.3%) students had low self-esteem and 21 (47.7%) students reported normal self-esteem. Overall factor-1 score was 8.56 ± 1.35 (57.12 ± 9.02%) and factor-2 score was 5.68 ± 1.34 (37.88 ± 8.95%). Students from institute-1 and femalegender had significantly (p<.05) higher scores of factor-2. Other comparisons of age and religion were not significant (p>.05).

**Conclusion:** Overall levels of self-esteem were low in the study sample of nursing students. Institution and gender played an important role for self-derogation scores but not the age or religion.

**Keywords:** Self-esteem; Self-concept; Nursing profession; Nursing education; Personality development.

## Introduction

Sigelman[1] defines self-esteem as, "one's overall evaluation of one's worth as a person, high or low, based on all the positive and negative self-perceptions that make up one's own self-concept." Self-esteem is an important quality and a personality trait or an attribute that is considered as a specific requirement for Healthcare professionals (HCP) during their encounters with patients/caregivers, healthcare team members and hospital management.[2] Self-esteem in HCP is regarded as a hidden competency which together with professionalism and accountability positively reinforces hospital customer satisfaction.[3]High self-esteem in HCP naturally enhances their participation in social welfare and healthcare management.[4]

From a general perspective, a high self-esteem causes better performance and interpersonal success in turn leading to improved happiness and a healthier lifestyle.[5]

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HCP with high self-esteem tend to inspire, motivate and induce a positive well-being both in the healthcare team and in patients with chronic or terminal illness. The main members of hospital or primary healthcare patient management team are the nurses.[6] It is thus essential to evaluate self-esteem during student hood since self-esteem can both be a barrier to learning as well as an outcome of effective learning.[7]

Studies evaluating self-esteem were on staff nurses[8-21] and in nursing students[22-36] from different ethnic origin whilestudies on self-esteem among Indian nursing students could not be found in our search. Since a strong socio-cultural influence was evident for self-esteem,[37] there is a need to evaluate the perceived self-esteem among nursing students in our region. The objective of this study was to assess the self-esteem among first-year nursing students from two educational institutions in India.

## Materials and methods

### Study approval

The ethical approval for the study was obtained from the principals of the two participating Nursing educational institutions-Mitra College of Nursing (institute-1) and Dhanvantari College of Nursing (institute-2) at Udupi, Karnataka. Participation was wholly voluntary and all volunteers were required to provide a written informed consent.

### Study design

A cross-sectional survey.

### Participants

The study was conducted on first-year baccalaureate nursing students who were recruited on convenient sampling. Participants were included if they could understand written and spoken English.

### Survey questionnaire

The survey instrument used in this study was Rosenberg's self-esteem scale (RSES)[38] which was a self-report measure of global self-esteem studied in both high school students and adult population. The scale is a ten-item Likert scale with items answered on a four

## Table 1: Demographic data of the study participants

| Variables | Values | |
|---|---|---|
| Total sample size, N | 44 | |
| Institutions | Institute-1 | 16 (36.4%) |
| | Institute-2 | 28 (63.6%) |
| Age (years) | 18-19 years | 39 (88.6%) |
| | 20-21 years | 3 (6.8%) |
| | 22-23 years | 2 (4.5%) |
| Religion | Hindu | 31 (70.5%) |
| | Muslim | 1 (2.3%) |
| | Christian | 12 (27.3%) |
| Gender | Male | 5 (11.4%) |
| | Female | 39 (88.6%) |
| Rosenberg self-esteem scale (RSES) total score, Mean± SD (%) | $14.25 \pm 2.12$ ($47.5 \pm 7.08$%) | |
| RSES subscale score, Mean ± SD (%) | Factor-1: Self-enhancement | $8.56 \pm 1.35$ ($57.12 \pm 9.02$%) |
| | Factor-2: Self-derogation | $5.68 \pm 1.34$ ($37.88 \pm 8.95$%) |

point scale – each with options of 'strongly agree' (SA), 'agree' (A), disagree' (D) and 'strongly disagree' (SD). Five items are positive statements (items- 1, 2, 4, 6 and 7) and five are negative (items- 3, 5, 8, 9 and 10). Each option is scored from 0-3 for SD to SA respectively and negative items are reverse scored. The factor-1 score of sum of positive statements were termed as self-enhancement and the factor-2 score of negative statements as self-derogation. The scale total score ranges from 0-30. Scores above 25 indicate high self-esteem, scores between 15 and 25 are for normal range; scores below 15 suggest low self-esteem. The scale was previously used in nursing students by many authors.[31,32,35]

### Data collection

In addition to the survey items, personal information such as age, gender and religion of the participant were collected. Participant anonymity was maintained by coding the questionnaires. One of the authors (MP) personally approached the institutions and collected the data. Participants were free to ask for clarifications to the author and the author was required to provide suitable non-leading explanations.

### Data analysis

Descriptive analysis was done using frequencies for each of the items and item-responses of the RSES and study participants' demographic variables. Comparison of total scores and factor scores between institutions, age, gender and religion were done using independent t-test or one-way analysis of variance as applicable. All analyses were done at 95% confidence interval using Statistical package for social sciences (SPSS) version 16.0 for Windows.

### Results

The demographic and overall data of the participants is shown in table-1. Out of the total 56 questionnaires distributed and 53 received, 44 were selected as eligible for consideration with an overall response rate of 78.57%.

### Item-responses for the RSES

The overall prevalence of individual item responses is shown in figure-1. Of the positive statements, overall responses of either 'agree' or 'strongly agree' were obtained for item-1 ('I feel that I am a person of worth, at least on
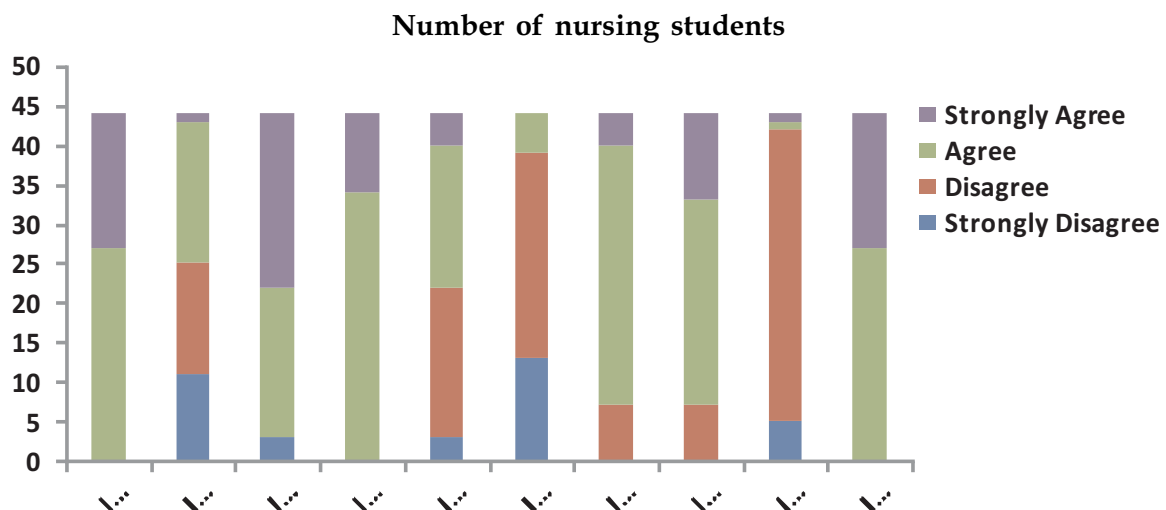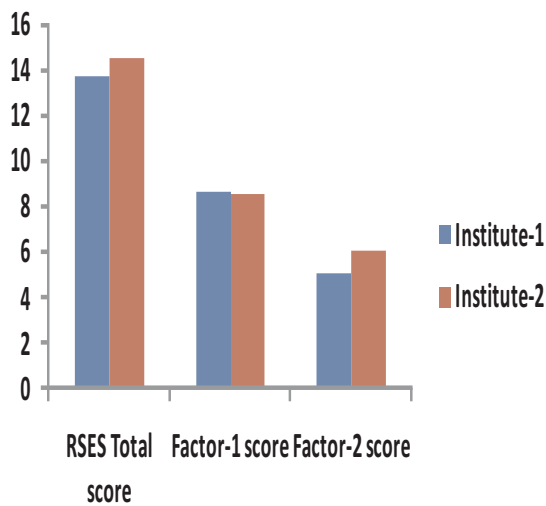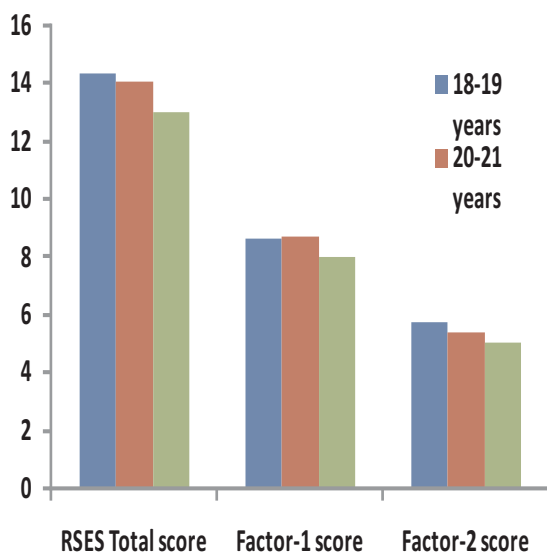
**Figure 1: Prevalence of individual item responses**



**Number of nursing students**

**Figure 2: Comparison of overall and factor scores between two institutes**



*Comparison of total and subscale scores between institutions*

Institute-1 had higher score for factor-1 (8.68 ± 1.74) than institute-2 (8.50 ± 1.10) which was not statistically significant (p= .664). Institute-2 had higher overall score of RSES (14.53 ± 1.95) and factor-2 scores (6.03 ± 1.45) than institute-1 (RSES total score= 13.75 ± 2.38; factor-2 = 5.06 ±.85), the former not statistically significant (p= .243) and the latter statistically significant (p=.019). The comparison is shown in figure-2.

an equal plane with others') and item-4 ('I am able to do things as well as most other people').Of the negative statements, maximum overall responses of either 'disagree' or 'strongly disagree' were obtained for item-9 ('I certainly feel useless at times').
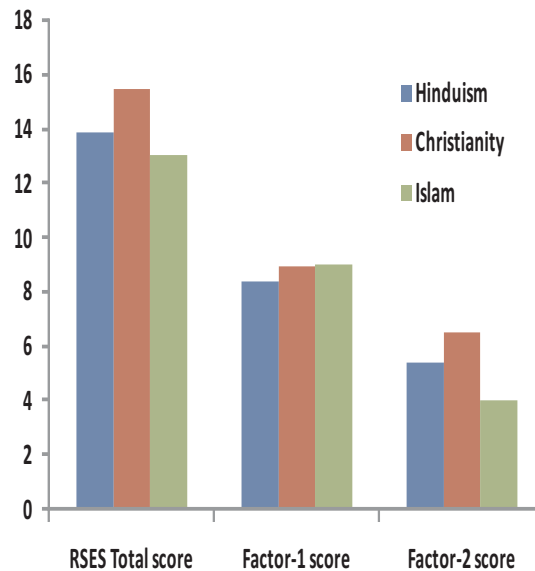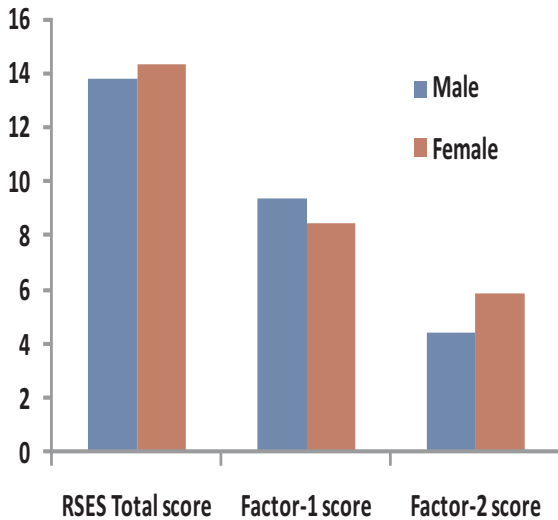
**Figure 4: Comparison of total and subscale scores between religions.**



*Comparison of total and subscale scores between age-groups*

Between-group comparison of total score (F=.385, p=.683) and factor scores 1 (F=.182, p=.834) and 2 (F=.389, p=.680) were not significant. The overall score of 18-19 yrs (14.33 ± 2.19) was greater than 20-21 yrs (14 ± 1.73) and 22-23 yrs (13 ± 1.41). Factor-1 score of 20-21 yrs (8.66 ± .57) was greater than 18-19 yrs (8.58 ± 1.40) and 22-23 yrs (8 ± 1.41). Factor-2 score of 18-19yrs (5.74 ± 1.33) was greater than 20-21yrs (5.33 ± 2.08) and 22-23 yrs (5). The comparison is shown in figure-3.

**Figure 3: Comparison of total and subscale scores between age-groups.**

## Figure 5: Comparison of total and subscale scores between gender



*Comparison of total and subscale scores between religions*

Between-group comparison of total score (F=2.772, p=.074) and factor scores 1 (F=.625, p=.540) were not significant. Factor-2 score was significantly different between the groups (F=4.128, p=.023) with students from Christianity (6.5 ± 1.67) having higher scores than Hinduism (5.41 ± 1.05) and Islam (score=4). The overall score was highest for Christians (15.41± 2.23) compared to Hindus (13.83 ± 1.96) and Muslim (score=13) nursing students. Facor-1 score was highest for Muslim students (score=9) compared to Christian (8.91 ±.9) and Hindu (8.41 ± 1.5) nursing students. The comparison is shown in Figure-4.

*Comparison of total and subscale scores between gender*

In overall score (p=.621) and in factor-2 score (p=.022), female students (overall score-14.3 ± 2.22and factor-2 score- 5.84 ± 1.3) had higher score than male students (overall score-13.8 ± 1.09 and factor-2 score- 4.40 ± .89). In factor-1, male students (9.4 ± .54) scored higher than female students (8.46 ± 1.39) which was statistically insignificant (p=.146). The comparison is shown in figure-5.

*Overall prevalence of three self-esteem categories (high, normal, low)*

23 (52.3%) students had low self-esteem and 21 (47.7%) students reported normal self-esteem among the total 44 students.

## Discussion

The study was aimed to study the self-esteem among first-year nursing students and we found that overall self-esteem levels were low and it was influenced by a complex interaction of individual, professional and environmental variables. One of the reasons for this mixed finding could be due to inappropriate responses and lack of understanding of the items eg., a positive statement such as item-6 ('I take a positive attitude toward myself') was rated maximally as 'disagree' and 'strongly disagree' by most of the study participants.

Though significant differences were not observed for total scores of self-esteem, factor-2 (self-derogation) was significantly different and was evidently influenced by a number of variables- institution, gender and religion. This poses a clear explanation of the greater influence of such confounding factors more on negative attitudes than on positive self-esteem.

One of the few limitations of this study was the small sample size which limited its statistical power, participants from few institutions, one geographical location and thus cannot be a representative of Indian nursing students, relationship with curriculum could be determined if longitudinal studies are carried out, relationship with academic achievement[39] and/or clinical decision-making was not explored, and future studies addressing these issues are warranted and comparison between pre-clinical and clinical nurses may indicate better suggestions for educational interventions towards personality development and self-management.

The study findings are of significance being the first study on Indian nursing students and it explored the relationship of self-esteem with individual, professional and environmental variables. Self-esteem might be one of the building blocks for development of professional self-concept amongst the nurses[40] and it may be a very important attribute in settings such as palliative care or with experience and/or exposure to life's stressful events such as death. Future studies may address these intricate inter-relationships in palliative care management settings.

## Conclusion

Overall levels of self-esteem were low in the study sample of nursing students. Institution and gender played an important role on self-derogation scores but not their age or religion.

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*Conflicts of interest*

None identified and/or declared.

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