The Concept of Self-Esteem in Nursing Education and its Impact on Professional Behaviour

Alexandra Dimitriadou – Panteka, BSc, PhD, RN
Assistant Professor, Nursing Department, Alexander Technological Educational Institute of Thessaloniki, Greece

Konstantinos Koukourikos, BSc, MSc, RN
Clinical Professor, Nursing Department, Alexander Technological Educational Institute of Thessaloniki, Greece

Eirini Pizirtzidou, Student
Nursing Department, Alexander Technological Educational Institute of Thessaloniki, Greece

Correspondence: Alexandra Dimitriadou - Panteka, Nursing Department, Alexander Technological Education Institute of Thessaloniki, Thessaloniki, Greece. PO Box 1456, GR-541 01 Thessaloniki, Greece  E-mail: adimitr@hotmail.com

Abstract

Introduction: Self-esteem is defined as the ability of a person to be able to evaluate himself and based on the results of this assessment to tread in his life, to cope with the challenges and achieves his goals.

Aim: is the review of the literature related to the effect of self-esteem in nursing education and practice of the nursing profession.

Methodology: Local and international literature was reviewed, including EU and WHO official publications, by using the appropriate keywords.

Results: The development of self-esteem is an ongoing process that begins in childhood. Contributing factors are the interaction with the family and the social environment, the school and work. The nursing students in their interaction with healthcare professionals are experiencing extreme anxiety and stress. Nurses with low self esteem come across with significant difficulties in communication with colleagues and patients. They have reduced empathy and efficacy. Unlike nurses with high self-esteem have better collaboration with colleagues and patients, and consequently, better performance at work?

Conclusions: The nursing education should aim at enhancing the self-esteem of students giving the appropriate theoretical knowledge and skills required to practice as a nurse, noting the real dimensions of the role of the nurse and the difficulties involved in the exercise. But first and foremost should give positive feedback that somebody can take providing comprehensive nursing care.

Key Words: self esteem, self concept, nursing profession, nursing education

www.internationaljournalofcaringsciences.org
Introduction

The interaction between people is a prerequisite for building one's personality, identity and to meet needs such as belonging or love. Moreover, the interpersonal relationships are necessary for the survival, for the adaptation to the society (particularly in workplaces), but also for the happiness of individuals. The nursing students as well as the newly appointed nurses should develop coping skills so that they are initially accepted by colleagues and then be able to successfully fulfill their goals. Nurses with solid theoretical background and ability to apply the skills acquired during their studies, can maintain a healthy social and working life (Canevello & Crocker 2010).

In this effort, important contributory mental and cognitive parameters are self-concept and self-esteem. The perception of self (self-concept) is "the organized set of characteristics that the individual understands that identify him" (Ryckmann, 1993). According to Brown (2008) the self-concept is defined as "all the thoughts and feelings of the individual in relation to himself" and is based largely on social evaluations that has tried (Berger 1983). The two main components of self-perception are the self-image or self-concept and self-esteem or global self-worth both components involved in the element of self-assessment (Makri-Botsari, 2013).

The beliefs and self-ratings of individuals compose a sense of self and determine not only who he is, but what he thinks he is, what he thinks he can do and what he thinks that can be done (Makri-Botsari, 2013). The self-concept refers primarily to the cognitive dimension (who I am), while the esteem in evaluative - emotional side (how I feel about what I am) (Papanis, 2004) and according to (Papanis, 2011) is a subset of self-perception. Rosenberg (1985) defined self-esteem as, with a positive or negative way, evaluation that a person makes for himself, and is defined as an emotion - an internal belief system (Wilson & Dunn 2004) that expresses an attitude of approval or disapproval to the oneself, "a favorable opinion about oneself and one's abilities" (Fowler & Walberg 1991). The way in which the individual perceives himself remains largely unchanged through time and affects behavior (Papanis, 2004) feelings, values, goals and ambitions (Makri-Botsari, 2013) and is considered as a fairly stable personality trait (Papanis, 2004).

The aim of the present paper is to review of the literature related to the effect of self-esteem in nursing education and practice of the nursing profession.

The factors that shape the self-esteem

The development of self-esteem begins with infancy in response to environmental stimuli and is one of the most important evolutionary processes (Barnes & Farrier 1985, Papanis, 2011). It is a product of interaction with significant persons like parents, siblings, and friends and generally with the environment and therefore is determined by the quality of the interaction and experiences (Wilson & Dunn 2004, Papanis, 2011). The self-esteem correlates perfectly with the way one experiences the reality, no matter true or false perceptions (Makri-Botsari, 2013). The positive experience leads to high self-esteem, while the experience of failure or rejection leads to low self-esteem (Munson, 1992). Once formed, it acts as a criterion for all the experiences and individual abilities and influence on self and sense of self-worth (Papanis, 2011).

Self-esteem is a developmental phenomenon because it is formed and will vary over time and dynamic phenomenon, because although it has stability data is open to change (Wilson & Dunn 2004). So, while, Rosenberg (1985) generally considers that is a stable characteristic of an adult, the contemporary researchers believe that it is a developmental process that is affected by new situations and events. It Is still considered as a self-reinforcing phenomenon (Papanis 2004). High self-esteem is associated with the close, supportive relationships within the family, while negative relationships with family members or absence of a close relationship of trust are associated with low self-esteem (Brown & Mann 1990). Other factors that interact and contribute to the formation, is
the individual skills, interests, the financial position (Wilson & Dunn 2004) and the influence of the external environment, which as has been argued by Baumeister (2001) for many people is so great that self-esteem is formed through the acceptance of others. Generally when a person achieves to equate self-concept with the requirements of the environment, the self-esteem is increased (Papanis, 2011).

Researchers argue that there are differences according to the sex. The girls compared with the boys have generally lower self-esteem (Rumbaut, 1994, Scott & Scott 1998), which tends to decreasing during puberty (Wilson & Dunn 2004). It is also argued that the self-esteem of women correlates strongly with social acceptance than what the successes and abilities (Carpenter & Johnson 2001, Gilligan, 1982).

Self-esteem and behavior

The self-esteem contributes to shaping the attitudes and behavior (Wilson & Dunn 2004). It has a huge impact on behavior and psychological reactions involving relationships with others, the communication quality, competition or rivalry, compliance or submission and generally in the treatment of self versus environment (Papanis, 2004). A child with high self-esteem is not afraid of new situations, can easily make new friends, is spontaneous experimenting with new materials, trusts the teacher, is cooperative and is able to follow logical rules and take responsibility for its behavior (Rotheram et al., 1998, Hamachek, 1985). The child with low self-esteem relies on the others for its decisions; requests permission to do anything, rarely presents spontaneity or initiative, rarely introduces new activities, is possessive about objects, has excessive demands (Rotheram et al., 1998) and is isolated from others (Rotheram et al., 1998, Sofhauser, 2003).

The self-esteem and the positive or negative self – concept is recognized as a harbinger of social problems (Donahue & Nielson, 2005). Self esteem has predictable behavioral consequences associated with low motivation, lack of initiative, reduced social responsibility (Kunz & Kalil, 1999 Popkin, 2002) and is associated with early sexual intercourse and eating disorders (Wilson & Dunn, 2004) prejudice and violence (Katz, 1988 Scheff, et al., 1989) the use of drugs and alcohol (Emery et al., 1993).

Low self-esteem have been observed among individuals dependent on heroin (Emery et al., 1993, Skager & Kerst, 1989). Furthermore, low self-esteem tends to be associated with elevated levels of hostility, distrust (Sofhauser, 2003), with depression and suicide mainly during puberty (Munson, 1992) and the isolation of the individual (Sofhauser, 2003). Generally low self-esteem presented as a component also holds impediment to social and personal activities of individuals (Papanis, 2011).

Self-esteem and the nurses’ behavior at work

The work is considered to be a component of the completion of an individual and an element from which people judge their value (Burnard, et al., 2001). Self-esteem is also considered a basic human need and an important factor of human behavior (Randle 2003a). Rosenberg (1985) argued that individuals with high self-esteem have a positive evaluation of themselves and are proud of their accomplishments, as opposed to those who have low self-esteem, which are distinguished by a lack of self-confidence, self-critical and intense feelings worthlessness.

A positive self-esteem means that people nurture positive feelings about themselves and their achievements and as persons become more positive for themselves and for others (Andersson, 1993). Although the concept of self-esteem has not been investigated extensively in the professional field of Nurses in Greece, foreign research highlighted the catalytic influence of in this group of workers, due to the specific characteristics of nursing work. Nurses on a daily basis interact with other patients, colleagues, doctors and other staff, because the nature of nursing work included a high
degree of personal and group interaction. The elements of continuous communication and interaction in nursing work make interesting factor the self-esteem of nurses. The high esteem of the nurse involves the use of the real self, the ability of empathy, ability to cooperate and healthy interpersonal relationships with patients and colleagues (Randle, 2003b). The esteem-esteem affects the relationship between job roles and job satisfaction as well as the link between work performance and work roles conflict (Papanis, 2004). Moore et al., (1997) determined that there is a positive correlation between self-esteem and social intimacy and job satisfaction.

In addition, other researchers linking the high esteem with better handling of stress, since it seems to act as a barrier to the negative effects of stress and reduces anxiety (Greenberg et al., 1992, Boey, 1998). In the Boey’s (1998) study nurses with low self-esteem, are fatigued from stress and physical problems and symptoms of neurosis versus nurses with high self-esteem that are resistant to stress and enjoyed a good state of physical and mental health.

Self esteem is a major problem in the nursing profession. Nurses with healthy self-esteem perform better in their work (patient care), while nurses with low self esteem are less likely to do so (Randle, 2003b). Nurses with low self-esteem can develop immature behaviors in the workplace. A strong indication of low self esteem is the inability or unwillingness of effective communication with patients or the use of inappropriate modes of communication (eg talking behind the backs of the people (Yamashita et al., 2005).

The nursing research showed that high levels of self-esteem are associated with encouraging clinical competence (Burnard et al., 2001) and mainly influences the nursing care of the patient (Arthur 1992, Freshwater 2002, Reeve 2000, Randle 2001a). When nurses have low self-esteem, are likely to create problems for patients and put in a difficult position their colleagues (Reeve 2000, Randle 2001a).

Education and self-esteem

The process of socialization to the nursing profession as time assimilation of professional standards and the context in which students develop their professional identity, affect the perception of the person as a professional (Takase et al., 2002) and its professional self-esteem (Terry et al., 1999). Important role in the development of self-esteem in professional contexts play the important other persons (Terry et al., 1999) and in case of nursing students ,the way they are treated by healthcare professionals who come into contact with them in the context of clinical practice (Randle, 2003). According to Arthur (1992) there is a long standing problem in nursing that tends to characterize it internationally and is associated with low self-esteem of nurses. The necessity of solving this problem is too big because as supports in her research Randle, (2003b) no other factor has affected to this an extent the behavior of nurses as their self-esteem. Research results suggest that although the majority of students begin their education with self-esteem to normal levels when completing the level of self-esteem corresponds to lower average (Randle 2003). The students experience was often negative and had an impact on how they feel about themselves not only as nursing students as well as individuals, because they undermined their self-esteem in their education through intimidation (Randle, 2003b). The bullying is persistent, the humiliation and the abasement of human malignant through words and cruel actions gradually undermine the confidence, the sense of competence and self-esteem (Adams, 1997, Missouridou, 2011).

Fotis et al., (2002) describe categories of intimidation, including acts such as depreciation, professional humiliation, and failure to recognize the good work. The problem of bullying is also recognized by the Royal College of Nursing (RCN 2002) designated as the result of bullying’s negative effect on mental health, self-esteem and dissatisfaction from work. Study states that newly appointed nurses have accepted
meiotic negative comments and devaluation of their work. Also in they experienced problems in lifelong learning and were treated like students (McKenna et al., 2003). In another study, nurses reported humiliation, criticism of their work, unreasonable demands, and exclusion from working groups, abusive language and refusing employment benefits (Johnson, Rea 2009). Cook, (1999), considers that in order to be able to appreciate their patients, students and nurses should be able to appreciate themselves first and this undermined during the educational process.

Conclusions

Self-esteem is an important parameter of the development of one’s personality and professional identity. The nursing students will need to diversify to the more positive their outlook for their studies. Healthcare professionals based on their theoretical knowledge, learning clinical skills and empathy, they can and should contribute to the advancement of patient care. Given that, low self-esteem negatively affects patient care that’s why requiring an extensive research in both nursing education and in the workplace in order to identify factors that affect self-esteem and to design actions that will target to the improvement in nursing students and professional nurses.

References

Randle J. (2003b). Changes in self-esteem during a 3 year pre-registration diploma in higher education (nursing) programme. Learning in Health and Social Care 2(1), 51-60