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Study on the Self-evaluation of Self-esteem among Young Adults

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Abstract

Self-esteem is known to refer to respect for one's own person. In this study, we aimed at examining this issue as it is manifested among young adults. Material and Methods: To achieve the goal set we used the self-esteem questionnaire for the self-evaluation of self-esteem developed by Fr. Ch Leorda and André (1999). The study was conducted on 55 students at the University of Medicine, aged between 18 and 24 years. The overall results outline the fact that 62% of the subjects achieved between 0-7 points, 36% between 8 and 15 points, and only 2% of the study subjects scored between 16 and 21 points.

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1. Background

Self-esteem is a popular and important construct in the social sciences and in everyday life. The popular notion of self-esteem is straightforward (Blascovich and Tomaka, 1991). In many prestige dictionaries, self-esteem is defined as consideration for anyone or anything, respect for the self or for the others. Stein and Book (2003) define self-esteem as the ability to appreciate one's positive aspects and possibilities and also to accept the negative aspects along with the limits one has, going on feeling good in one's skin. In most cases, self-esteem is considered a fragile and changeable human value that increases each time we succeed in meeting our self imposed standards or those imposed by the society to which we belong and decreases when we fail to achieve those standards (Stein and Book, 2003). Emotionality and affectivity together with the cognition and the spiritual form a unit (Neacşu, 2010). For most people, emotional intelligence (EQ) is more important than one's intelligence (IQ) in attaining success in their lives and careers. As individuals our success and the success of the

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profession today depend on our ability to read other people's signals and react appropriately to them (Bressert, 2007).

In terms of social action, it is a fundamental component of human activity and consists of an integrated set of transformations applied by an individual or social group to an object in order to obtain a result materialised in adaptation or in the purpose to determine the function of a component of the unified social system (Weber, 1991).

A study realized in the U.S. between 1986 - 2002, surveyed a total of 3,617 adults, measured self-esteem by asking participants to rate their level of agreement with statements such as, "I take a positive attitude toward myself," which suggests high self-esteem; "At times I think I am no good at all" and "All in all, I am inclined to feel that I am a failure," which both suggest low self-esteem (Erol and Orth, 2011). Other research has shown that self-esteem is associated with better physical health (Benyamini, Leventhal and Leventhal, 2004).

Domain specialists have observed that those who wish to practice medicine are overly diligent, competitive, with a narrow spectrum of interest, less sociable, very interested in prestige and money (Hackman, Wiggins and Bass, 1970). In the psychiatric evaluation of students by Gaensbauer and Mizner (1980), from the data on students (psychiatric evaluation), they have identified the following phases: in the first year of medicine, the student is subject to three causes of stress: intellectual expectations (the complexity and the quantity of the material to be learned), the competition among students, the breaking of social and personal relationships along with the entry to medicine; in the second year the so-called crisis of dedication to medicine; third year students become aware of the responsibility of human life, and as they approach the end of the medical education, there comes the anxiety about their competence and ability to heal people.

The purpose of this study is to identify the need for change in the subjects on the three areas of concern: the need for change with one's self, the need for change regarding the social action and the need for change in relation to the others, considering that self esteem profile among future physicians shows significant differences in these areas.

2. Material and Method

2.1.1. Questionnaire for self-evaluation of self-esteem

The questionnaire of self-evaluation of the self-esteem includes 21 items. The information provided by the subjects' responses to the questionnaire items provides a minimum assessment of the extent to which they know themselves and feel the need to change. The higher the score, the higher the priority objectives and actions in the field.

2.1.2. Sample

The study was conducted on a total of 55 subjects, female, aged between 18 and 22 years, students at the University of Medicine and Pharmacy in Bucharest, first year of study. The subjects were asked to respond as honestly as they can to the 21 survey items. On condition of anonymity, they gave their consent on the use of data within the study for publication in the present work or in related publications.

2.1.3. Work hypothesis

In the present paper we have formulated the hypothesis according to which, the need for change among students in medicine differs significantly according to the action area.

3. Results

The overall results of the study showed different levels of self-esteem on the three areas of interest. The score obtained in each area shows a need for action and special intervention in subjects, especially in relation to the social action (see Fig 1).

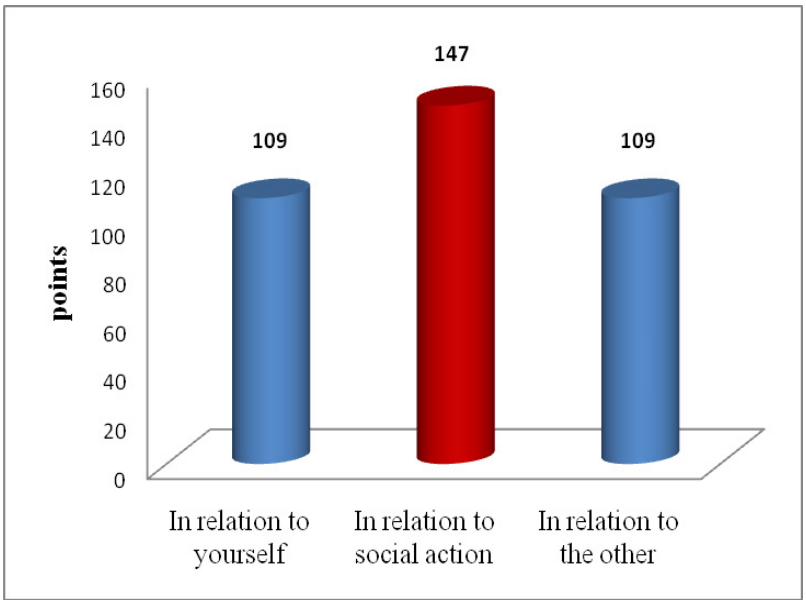

Fig 1. The social action domain

Table 1. One-Sample Test

Domain	t	df	Sig. (2-tailed)	Mean Difference
The need for change with yourself	7.956	54	.000	1.764
The need for change in relation to the social action	11.587	54	.000	2.255
The need for change in relation to the others	6.932	54	.000	1.436

4. Discussion and conclusions

Social behaviour is ordinarily treated as being under conscious (if not always thoughtful) control. However, considerable evidence now supports the view that social behaviour often operates in an implicit or unconscious fashion (Greenwald and Banaji, 1995). Previous research has often underestimated the importance of social factors in the causation and constitution of emotion (Parkinson, 2011).

The present study demonstrates the need for change in relation with the social action of the subjects included in the study. Within this area the item with the highest score was the one to which the subjects stated that they avoid the situations that do not make them feel comfortable. Within the area *in relation with yourself*, the most powerful item is the item no 10 *When I have difficulties, I often blame myself*, with a total score of 27 points. The area *in relation to the others*, is dominated by the item 21, *Sometimes I see that I myself cause the breaks or the conflicts*, that achieved a score of 22 points.

By calculating the t test for paired samples we calculated the statistical significance of the difference between the averages of the three areas of interest according to the same variable - self-esteem. In the table you can see the value of t for the three domains, the degrees of freedom and the bidirectional significant ($p < .05$). Since this is less than 0.05, this difference is significant and confirms the work hypothesis (table 1).

The study results show that the intrapersonal, evidenced by respect for themselves and for the others, scores significantly lower compared to the interpersonal. This conceptual component of emotional intelligence is associated simultaneously with feelings of self-confidence of the subjects enrolled in the study. We believe that the first year students show a sense of self-confidence which depends on self-esteem and appreciation, which is based on a relative sense of their own identity development.

The data processing and analysis resulted in a need to change on the part of the subject in relation to the social action, a need supported by the future physician job profile, by comparing human behavior to the norms, goals and values of the Romanian society. Regarding the interpersonal domain, the aptitude to be conscious of the needs and feelings of others require intervention from the educational factors, as the first year students in the medical field do not have the capacity of empathy for the patient or for those they interact to, because emotions are a sign of self-education but also of education and of institutionalised education alike. We believe that this need is due to the breaking from the social and family life, through its earlier forms of manifestation, and thus is highlighted also the ability to adapt to the social changes imposed by the new medical student status. Stressors, which interfere with the medical students life, are also added, their influence being also reflected in the expression of a striking need for change in relation with the social action.

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