



The Relationship Between Self-Esteem and Emotional Competence in a Sample of Nurses in Croatia

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Article received: 17.12.2024.

Article accepted: 26.02.2025.

<https://doi.org/10.24141/2/9/1/5>

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Keywords: emotional competence, nursing, self-esteem

Abstract

Aim. The goals of this research were to investigate the levels of self-esteem in nurses and to evaluate the relationship between sociodemographic factors, job related variables, and emotional competence influence and self-esteem.

Methods. A total of 306 nurses participated in the research, the majority of whom were female (285, 93.1%). Most respondents were aged between 35 and 44 (98, 32%), held higher education degrees (150, 49%), and had 26 or more years of work experience (81, 26.5%). Additionally, a significant portion were not in management positions (249, 81.4%), and nearly half worked in shifts (140, 45.8%). This research utilized the sociodemographic questionnaire created for these purposes, The Rosenberg Self-Esteem Scale (RSS) and The Emotional Competence Questionnaire (UEK-15).

Results. The results showed that significantly more respondents have high self-esteem, 254 of them (83%) ($p < 0.001$). In order to determine the predictors of self-esteem, a linear regression analysis was performed. The results showed that the mentioned variables significantly explain 36.9% of the variance in self-esteem (Adjusted $R^2 = 0.369$, $p < 0.001$). The variables which included emotional competence ($p < 0.001$), professional qualifications ($p = 0.017$) and length of service ($p = 0.019$) were found to be significant. Looking at the β coefficient, it is clear that all of the above variables contribute positively to self-esteem in nurses.

Conclusion. It has been shown that a significantly higher number of nurses exhibit high self-esteem. Furthermore, it was shown that emotional competence is a predictor of self-esteem in nurses, while among the examined sociodemographic variables, the level of education and duration of employment are important indicators as well.

Introduction

Self-esteem involves an emotional evaluation of oneself (1). It represents the assessment of a person's beliefs and feelings regarding their abilities and self-worth (2). It can also be understood as a personal judgment of one's value as an individual (3).

The formation of self-esteem starts in childhood and adolescence, however various individual, environmental, and social factors significantly influence its development (4). It is the product of interactions with significant others such as parents, siblings, friends and the environment in general, and is therefore determined by the quality of interactions and experiences (4). Parental and peer support, self-rated competence in important areas, and the person's attachment play a major role in the development of self-esteem in a person (5). Conversely, low self-esteem may arise from inadequate maternal acceptance, as well as from being exposed to negative social environments. Factors such as a history of child abuse, critical feedback from important individuals regarding one's abilities, and family conflicts and dysfunction can play a role in the formation of low self-esteem (6). Alternative causes of low self-esteem include discrepancies between various aspects of oneself, such as the gap between one's ideal self and actual self. Children exhibit lower self-esteem if they perceive themselves as not competent in a subject during their education and place less value on it (7).

The importance of self-esteem in nursing can be seen through the improvement of the process of psychological resilience (8). Research to date has demonstrated that during the COVID 19 pandemic, resilience was influenced by various personal characteristics, including self-esteem (9). On the other hand, impaired self-esteem can lead to adverse psychological

consequences, such as poor social interactions and a reduced ability to cope with challenges (10). Additionally, strong self-esteem in nurses reflects authenticity and signifies their capability to employ empathy, foster collaboration, and build positive relationships with both patients and peers (11). Self-esteem plays a pivotal role in linking work responsibilities to job satisfaction and overall performance (12).

Emotional competence

Emotional competence serves as a crucial asset for promoting human growth (13) and can be defined as 'the ability to successfully attain adaptive goals in situations that evoke strong emotions' (14). Emotional competence refers to the ability to successfully apply the principles of emotional intelligence in everyday situations to effectively manage teams, build interpersonal relationships, and interact positively with individuals and groups (15). Therefore, emotional competence is an important prerequisite for healthy and mutually beneficial social relationships (14). The very emergence and development of emotional competence begins in childhood, where children are most favored through supportive and nurturing interactions and environments from parents, and later from teachers (16).

Emotional competence may be important for nursing, where nurses operate daily in emotionally demanding situations that include caring for patients, their families, and working in multidisciplinary teams (17). According to research, emotional competence allows nurses to better understand and manage their own emotions (17,18). Through the effective control of emotions and the development of positive relationships, emotional competence enables nurses to provide better quality and more humane health care, but also to build better interpersonal relationships with colleagues (17).

The relationship between self-esteem and emotional competence

As the role of emotional competence in building self-esteem has not been researched sufficiently, research has mainly been based on emotional intelligence, which is not the same construct as emotional competence. The relationship between these two constructs is known, but not in the direction of emotional competence - self-esteem, but vice versa, where it has been shown that low self-esteem can

be a cause of psychological distress and can reduce the emotional competence of the subject. Enhancing self-esteem would boost the chances of developing emotional competence, indicating that the individual would function effectively within their environment (19). As seen earlier, both constructs are important in interpersonal relationships that are the core of any helping profession, including nursing. Therefore, it is important to explore the relationships between the above constructs in order to gain a more detailed insight into their interaction among nurses.

Aim

1. To examining self-esteem in nurses
2. To examine the contribution of sociodemographic and job-related variables and emotional competence to self-esteem in nurses.

Methods

A cross-sectional study was conducted. The study involved a total of 306 nurses who took part in the research. The study was conducted from July to August 2021 via Google Forms. In order to recruit respondents, the questionnaire was shared via social network groups (Viber, WP, Facebook, Instagram). The objective of the research was clarified to the participants in the opening section, where they were guaranteed complete anonymity. This was achieved by ensuring that no personal data from the respondents was collected. All respondents also had to consent to the study in the first question. To ensure that respondents did not respond to the questionnaire multiple times, they were required to register using their email; however, no email addresses were stored. Additionally, to confirm that participants resided in the Republic of Croatia and were employed as nurses, two verification questions were included after obtaining consent: 'Do you live in the territory of the Republic of Croatia?' and 'Are you an employed nurse?'.

Instruments

A questionnaire consisting of three parts was used in the study.

The first part related to sociodemographic questions: gender, age, marital status, education, and managerial position at work.

The Rosenberg Self-Esteem Scale (RSS) comprises ten statements that assess overall self-esteem. Participants respond to these statements using a five-point Likert scale (1 = I totally disagree to 5 = I totally agree), and the overall score is determined by adding together the responses for all ten statements. Five of the items are in the positive direction and five in the negative direction, the negative ones had to be recoded, i.e. they are scored in reverse. The total is the sum of all responses and the possible range is from 10 to 50, with a higher number indicating higher self-esteem. Self-esteem scores can also be categorized in a way where a score of less than 23 indicates low self-esteem, 23 - 34 indicates average self-esteem, and a score greater than 34 indicates high self-esteem (20). The reliability coefficient for RSS on the sample of this study is 0,86.

The Emotional Competence Questionnaire (UEK-15) is made up of 15 items that form a single component. Respondents evaluate their answers using a five-point Likert-type scale (1 = not at all, 5 = completely YES), and the total score is calculated by adding the scores of all items. Scores can range from 15 to 75, with a higher score reflecting a greater level of emotional competence (21). The reliability coefficient for the UEK-15 in this study's sample is 0.88.

Statistics

Descriptive statistical methods were used to describe the frequency distribution of the examined variables. Numerical data were described by arithmetic mean, range and standard deviation. Normality of distribution of numerical variables was tested by Kolmogorov-Smirnov test ($p > 0.05$). Linear regression analysis (enter method), was performed to determine the predictors of self-esteem ($VIF = 1,027 - 4,623$; Durbin-Watson 1,536). The Chi-square test (χ^2 test) was utilized to assess if there was a significant variation in the distribution of categorical variables. To avoid Type I error, the Bonferonni correction ($0.05/3 = 0.0166$) was used for the Chi-square test, and a significant statistical difference was considered to be a value

less than $p < 0.016$. In order to determine the connection between Self-esteem and sociodemographic variables and emotional competence, Pearson (emotional competence), Spearman (professional qualification, length of employment in the profession, age) and Point Biserial correlations (gender, management position) were used. A significance level for regression analysis of $p < 0.05$ was adopted. The G*Power software indicated that at least 85 participants, with 4 predictors, were necessary to achieve a test power of 0.8 for linear regression analysis. As 306 respondents participated in the study, this criterion was also met. The statistical package JASP, version 0.19.3 was used for data processing.

Results

In the studied sample, the majority of respondents were female (285, 93.1%), aged 35 to 44 (98, 32%), with higher education (150, 49%), with 26 or more years of work experience (81, 26.5%), not in management positions (249, 81.4%) (Table 1).

Arithmetic mean of Self-Esteem (RSS) was $M = 40.810$, while that of emotional competence was $M = 61.281$. The results of both self-esteem and emotional competence in this sample are high (Table 2).

The results showed that the highest number of respondents was in the high self-esteem group (254, 83%). It was also shown that there were significantly more respondents with high self-esteem compared to respondents with average ($p < 0.001$) and low self-esteem ($p < 0.001$), and significantly more respondents with average compared to low self-esteem ($p < 0.001$) (Table 3).

The results showed that self-esteem is low positively related to the age of the examinee ($p = 0.002$), professional education ($p = 0.005$) and length of service in the profession ($p = 0.001$), while it is moderately positively related to emotional competence ($p < 0.001$) (Table 4).

Table 1. Demographic characteristics of the participants

| | | N (%) |
|--|---------------------|------------|
| Gender | male | 21 (6.9) |
| | female | 285 (93.1) |
| Age | 18 - 24 | 30 (9.8) |
| | 25 - 34 | 96 (31.4) |
| | 35 - 44 | 98 (32) |
| | 45 - 54 | 57 (18.6) |
| | 55 and older | 25 (8.2) |
| Professional qualification | secondary education | 96 (31.4) |
| | higher education | 150 (49) |
| | University, college | 60 (19.6) |
| Length of employment in the profession | < 1 | 16 (5.2) |
| | 1 - 5 | 59 (19.3) |
| | 6 - 15 | 74 (24.2) |
| | 16 - 25 | 74 (24.2) |
| | 26 and more | 81 (26.5) |
| Management position | yes | 57 (18.6) |
| | no | 249 (81.4) |

Note: n - Number of respondents, % - Percentage

Table 2. Descriptive statistics of UEK 15 and RSS scale results

| | M (range) | SD |
|----------------------|------------------|-------|
| Self-esteem | 40.810 (20 - 50) | 6.469 |
| Emotional competence | 61.281 (39 - 75) | 7.635 |

Note: M - Mean, SD - Standard Deviation

Table 3. Distribution of RSS scale scores

| Self-esteem | N (%) | |
|------------------|-----------|--------|
| low | 2 (0.7) | |
| average | 50 (16.3) | |
| highly | 254 (83) | |
| | χ^2 | p^* |
| low - average | 44.308 | <0.001 |
| low - highly | 248.063 | <0.001 |
| average - highly | 136.895 | <0.001 |

Notes: n - Number of respondents, % - Percentage, * Chi square test

Table 4. Association of self-esteem with sociodemographic variables and emotional competence

| | | Self-Esteem |
|--|----------|------------------|
| Gender | r_{pb} | -0.076 |
| | p | 0.185 |
| Age | ρ | 0.173 |
| | p | 0.002 |
| Professional qualification | ρ | 0.159 |
| | p | 0.005 |
| Length of employment in the profession | ρ | 0.195 |
| | p | 0.001 |
| Management position | r_{pb} | -0.112 |
| | p | 0.051 |
| Emotional competence | r | 0.569 |
| | p | <0.001 |

Notes: r - Pearson correlation coefficient; r_{pb} - Point Biserial correlations; ρ - Spearman correlations; p - Statistical significance;

Table 5. Results of regression analysis - Self-esteem as a dependent variable

| Multivariate analysis | β | t | p | Adjusted R^2 |
|--|---------|--------|------------------|----------------|
| (Constant) | | 3.376 | 0.001 | 0.361 |
| Emotional competence | 0.542 | 11.705 | <0.001 | |
| Age | -0.051 | -0.520 | 0.604 | |
| Professional qualification | 0.112 | 2.407 | 0.017 | |
| Length of employment in the profession | 0.231 | 2.355 | 0.019 | |

Note: p - statistical significance; β - regression coefficient; t - the size of the difference relative to the variation in sample data; Adjusted R^2 - Adjusted coefficient of determination

Table 5 shows the results of the regression analysis, where self-esteem was taken as the dependent variable, while the independent variables were those that proved to be significant in correlations with self-esteem (Table 3), age, professional education, length of service in the profession and emotional competence. The variables included significantly explain 36.9% of the variance in self-esteem (Adjusted $R^2=0.361$, $p<0.001$). The variables of emotional competence ($p<0.001$), professional qualifications ($p=0.017$) and

length of service ($p=0.019$) were found to be significant predictors. Looking at the β coefficient, it is clear that all of the above variables contribute positively to self-esteem in nurses (Table 5).

Discussion

One objective of this research was to assess the self-esteem levels among a group of nurses. The findings revealed that a notably larger number of nurses possess high self-esteem. These results align with earlier studies conducted on nurse populations, which indicated elevated self-esteem levels (22, 23). A potential explanation for these findings could be that, even with their concerns, nurses diligently persist in delivering health care services and engaging in various professional tasks, potentially enhancing their self-esteem.

Due to emotionally demanding workplace of nurses, including dealing with difficult moments in the lives of patients, chronic illnesses and death, self-esteem serves as a crucial protective factor, safeguarding nurses from psychological harm (22). In such conditions, high self-esteem is important because it provides resilience and allows easier handling of work challenges (22). Self-esteem of individuals can lead to their self-confidence, socialization and good relations with other people (24), and can influence a person's professional behavior, better coping with professional challenges. It encourages motivation to achieve professional goals and contributes to a more positive approach to work (24). That is why it is important for health professionals to pay attention to self-esteem, and to continuously monitor and work on its improvement, because not only will they have better and more motivated employees, they will also be healthier due to reduced risk of burnout (24).

One of the goals of this research was to explore how sociodemographic and business factors, along with emotional competence, relate to self-esteem among nurses. It was shown that significant predictors of self-esteem in nurses, in addition to sociodemographic variables, were professional qualifications and length of employment in the profession. The results are consistent with previous research (25 - 28),

which showed that there is a positive relationship between academic success and self-esteem. However, it should be noted that the aforementioned research was not conducted on samples of nurses. The reasons for the aforementioned results could be that higher education provides a sense of achievement and competence in nurses, which can be an important factor in self-esteem (29).

Another significant predictor of self-esteem among sociodemographic variables was the length of work experience. This outcome may be explained through the Conservation of Resources (COR) principle (30), which states that someone with high self-esteem may also act in ways to protect this resource, such as working hard to succeed at work, gaining approval from superiors and coworkers, and avoiding highly stressful situations at work (31).

It is also possible that people with higher self-esteem tend to behave more openly, which helps them build and maintain positive interpersonal relationships, thus increasing their sense of connection with others. On the other hand, people with lower self-esteem often show reservedness to protect themselves from possible emotional rejection (32). The above is important because nurses with more experience can develop skills and professional competences at work, which through professional performance can have an effect on better self-confidence among them (33).

It is important to note that managerial position did not prove to be a significant predictor of self-esteem, although previous research has indicated that there may be a positive relationship between higher job positions and self-esteem (34), as employees with high self-esteem feel competent and self-reliant, and have better productivity, which affects their career advancement (34). However, as the aforementioned research was not conducted on a sample of nurses, it is possible that there are specific factors in the nursing profession that influence the perception of self-esteem regardless of hierarchical position, and it is important to conduct further research that could shed light on the aforementioned uncertainties.

The third significant predictor of nurses' self-esteem was shown to be emotional competence. There is no research on this topic on a sample of nurses, however, the relationship of these constructs was investigated on other samples of respondents and they were shown to be significant (35,36). The close relationship between emotional competence and the

affective aspect of self-awareness and psychological well-being – specifically, how individuals emotionally perceive their own worth and identity – may help explain these outcomes. Positive emotions are linked to both general and individual self-esteem, and they can be sparked by comprehending and controlling emotions during the self-evaluation process (35,37).

As mentioned in the introduction, emotional competence is important in interaction with other people, i.e. it enables positive relationships with others. The above contributes to strengthening feelings of support and acceptance, which are directly related to self-esteem (38,39). Emotional competence includes skills such as self-awareness, emotional regulation, social skills, and empathy (38,39) that enable nurses to build trust and quality relationships in the workplace with both colleagues and patients. Good communication and creation of a positive environment can help grow nurses' self-esteem resulting from a better feeling at work (40). Emotional competence is perceived as a key concept pertaining to emotional, social, and behavioral adaptation, which enables nurses to effectively navigate various emotional, social, and behavioral challenges, thereby shielding them from emotional strain over time (41). These factors decrease the likelihood of experiencing emotional stress (42) and might lead to an improved self-view (42), as those with low self-esteem might not possess the coping skills needed to manage stressors from their environment (42). Therefore, the above indicates how important emotional competence can be in nursing work, and how it, along with self-esteem, can be a key factor in maintaining healthy relationships with colleagues and patients. Therefore, it is important to further research these constructs in order to gain better insight into the key aspects of their mutual connection.

Future research could focus on identifying specific mechanisms through which emotional competence influences the development and maintenance of self-esteem in nurses, as well as on the way in which both of these constructs contribute to job satisfaction and stress resistance. It would also be interesting to see how the above constructs can affect patient satisfaction with the quality of healthcare provided. Additionally, future research should explore professional self-esteem, as it is a distinct construct from general and personal self-esteem. Given its stronger connection to the work environment, professional self-esteem could serve as a more precise criterion

for evaluating job-related predictors and their impact on employees' well-being and performance.

One major limitation of the research is its online format, which introduces potential bias as participation requires internet access and familiarity with navigating the questionnaire. Furthermore, completing the questionnaire online does not allow for personal contact with the researcher, reducing opportunities to clarify questions or verify the authenticity of responses, ultimately affecting the overall quality of the study.

Conclusion

Consequently, it can be inferred that a notably larger proportion of nurses demonstrate elevated self-esteem. Additionally, emotional competence has been identified as a key factor in predicting self-esteem among nurses, with the important sociodemographic predictors being education level and duration of employment in the field.

Author contributions

Conceptualization (VPV, MN); Methodology (VPV, MN); Investigation (VPV, MN); Writing—original draft preparation (MM); Writing—review and editing (MM).

Conflict of interest

The authors declare no conflicts of interest.

Acknowledgments

The authors would like to thank all the participants.

Funding

This research received no external funding.

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