

The Relationship between Self-Esteem and Psychological Symptoms for University Students

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Abstract

Introduction: This descriptive study aims to determine the effects of self-esteem on psychological symptoms among university students. The research sample consists of 764 university students.

Methods: The Student Information Form, Brief Symptom Inventory and Coopersmith Self-Esteem Inventory were used for data collection and SPSS.15 was used for/in data analysis.

Results: The statistical significance level was accepted as .05. The study results show that the self-esteem score of the students is moderate and the highest BSI score of the sample belongs to the Interpersonal Sensitivity subscale, which is followed by the OCD and Hostility Subscale scores. Girls are found to have higher self-esteem scores than boys and those with good economic status and higher education level are found to have higher self-esteem scores than the others.

Conclusion: Our results revealed a negative correlation between self-esteem scores and all BSI subscale scores except for hostility. This indicates a strong correlation between self-esteem and psychological symptoms.

Keywords: Self Confidence, College Students, Psychological Symptoms

Introduction

According to Odağ (2001), ego forms the roof of the psychological structure and core personality of the individual starting from young ages (1). While the concept of ego gives an idea about who the individual is, self-esteem is how an individual evaluates himself/herself and is a result of the expectations of being accepted or rejected. Therefore, the concept of self-esteem shows if a person evaluates himself/herself as worthy or how worthy he/she is, and lasts for a lifetime (2-5) (.).

Self-esteem has important impacts on life in many ways, such as gaining autonomy, living a satisfactory life, communicating with others, showing the desired level of compliance and being able to plan for the future. Self-esteem and self-perception play significant roles in many areas of life especially in achieving success. As a result, ego and related self-esteem are important concepts, closely related to positive and negative mental health indicators such as happiness, depression and anxiety (1, 6-8) .

The choice of profession plays a very important role in life from the aspect of determining the future. It shapes and affects the perception of the world by partially affecting the daily life style and all habits. While a profession compatible with a person's self makes the person get stronger with a more successful and efficient structure, an incompatible one causes him/her to live conflicts and will lead to dissatisfaction (9-11).

This study evaluates the relation between psychological symptoms and the self-esteem of university students as well as the effects of some other variables such as gender, and studying the desired department on self-esteem in the same study group.

Methods

This research was planned with a hypothesis that self-esteem and psychological symptoms affect each other in young people. The study was conducted on students who studied in different departments of Gazi University in the academic year of 2011-2012. It was planned to include all students in faculties, schools and vocational schools of the university in the study population but those with incomplete forms or who refused to participate were excluded from the study.

Students were informed that participating in the study was voluntary and a verbal consent was required. At the beginning of the study, 923 students were chosen. After the subjects with incomplete data were excluded, 764 subjects (492 girls and 274 boys) were included in the analysis.

In this study, the Student Information Form (SIF), which was prepared by the researchers, Coopersmith Self-Esteem Inventory (CSEI) and Brief Symptom Inventory (BSI) were used for data collection.

The Student Information Form (SIF): It includes 12 questions about socio-demographic features and school choices of the students. It is developed by researchers after scanning the literature on this topic and taking opinion from the experts who work in this field.

Coopersmith Self-Esteem Inventory (CSEI): It was developed by Coopersmith (1986). It has two forms, one of which consists of 58 items and the other short form consists of 25 items. The short form is used in this study, which is adapted to Turkish conducting a validity and reliability study by Turan and Tufan (1987). In that study Turan & Tufan (1987), determined the Cronbach's Alpha Coefficient for Internal Consistency as 0.62 (12).

Brief Symptom Inventory (BSI): BSI is a 53-item, self-assessment inventory which was developed by Derogatis to meet the need of a short but valid and reliable scale for general psychopathologic assessments. Adaptation of the BSI to our country has been done by Şahin and Batigün (2002). It is composed of 9 subscales, 3 global indices and added items. The BSI nine subscales are Somatization-S, Obsessive-Compulsiveness-OC, Interpersonal Sensitivity-IS, Depression-D, Anxiety-A, Hostility-H, Phobic Anxiety-PA, Paranoid Ideation-PI, Psychoticism-P and added items include eating disorders, sleep disturbance, death and thoughts on death, and feelings of guilt.

We used ANOVA (f) and T Test from parametric statistics and Pearson correlation test for statistical analysis.

Discussion

The main purpose of this research was to determine the factors affecting self-esteem in university students. When we look at the features of the sample it is seen that more than half of the participants (64.2%) are girls, most of them (71.5%) have nuclear family, half of them (54.3%) live

in Ankara, and nearly half of them (49.0%) live with their family. The departments chosen for the study are mostly preferred by girls who compose most of the sample. In our country, girl students are generally guided to prefer universities in their hometown and live with their parents which is probably the reason why most of the participants are girls.

The majority of students (73%) stated that they had voluntarily chosen their departments. More than half of them also stated that the university that they had currently attended was the best choice for their university exam score. The reason for choosing their university department was stated to be due to self-interest only by a small percentage (14.6%). In this case, we can conclude that these students preferred their departments because they were the best choice for their exam scores and their choice was partly obligatory since other options were limited. Similarly, Körükçü and Oğuz (2011), found that the order of preference of the higher education program do not cause any statistically significant differences on the self-esteem scores of students (14). This is while a student who had the opportunity to get education at the department he/she wanted is supposed to feel more successful and to have more self-esteem scores than the others. It can be stated that 55% of the students who seem unsatisfied with the university they are studying in is an important issue that the Gazi University has to deal with.

The mean self-esteem score of the participants is 16.65 ± 4.79 which can be evaluated as moderate. According to the study results, girl students have higher self-esteem scores than the boys ($p < 0.05$). There are other studies on self-esteem and socio-demographic variables with different results. Karataş (2012), stated that girls had higher self-esteem which supports our findings, whereas Altunbas (2006), did not find a relation between gender and self-esteem (15, 16). Similar to the results related to gender, different results have been reported about the relation of economic status and self-esteem. In their study on students of sports Academy, Altunbas (2006), and Erişan, Doğan and Doğan (2009), did not find any relation between socio-demographic variables such as economic status and gender and self-esteem (16, 17). Balat and Akman (2004), in their study on high school students, showed no effect of socio-economic status on self-esteem (18). On the contrary, in the current study we found that self-esteem scores increase parallel to the economic status.

In this study, there is no relation between self-esteem scores and attendance to the department of self-interest and being satisfied with the current department whereas students studying at schools with 2 years of education are found to have higher self-esteem scores than others ($p < 0.05$). This may be due to the fact that these students are either about to finish their education, they feel the education period is short, or also because they usually come from vocational high schools related to their departments.

Conclusion

In the current study, there is a relation between BSI

scores and self-esteem. The highest BSI score of the sample belongs to the Interpersonal Sensitivity subscale, which is followed by OCD and hostility subscale scores. Particularly a negative correlation is found between self-esteem scores and all BSI subscale scores except for hostility. These results correlate with the results of the study conducted by Gurhan and Özbaş (2012). In the mentioned study, Somatization, Obsessive-Compulsiveness, Interpersonal Sensitivity, Depression, Anxiety, Paranoid Ideation and Psychoticism scores were found to have a negative effect on self-esteem(19).

Results

Table 1 shows the socio-demographic features of the participants. The mean age of the students was 20.9 ± 12.29 years and most of them (64.2%) were girls. The majority of the students (71.5%) have nuclear family, and more than half of them (54.3%) live in Ankara, and almost half of them (49.0%) live with their family. Slightly more than half of the sample (55.9%) expressed their economic status as middle.

Table 1. Socio-demographic Features of the Students

Sociodemographic Features		N	%
Gender	Girl	492	64.2
	Boy	274	35.8
Family type	Nuclear	548	71.5
	Extended	118	15.4
	Broken	51	6.7
	Single parent	49	6.4
Living city	Ankara	416	54.3
	Out of Ankara	350	45.7
Living conditions	With family members	375	49.0
	Student hostel	105	13.7
	With a relative	29	3.8
	Student house	257	33.5
Economical status	Good	221	28.9
	Middle	428	55.9
	Poor	117	15.3
Total	764	100	100

Table 2. Student Variables Related to School

Student's Variables Related to School		N	%
Faculty/School	Faculty of Health	336	43.8
	School of Health	107	14.0
Studying subject of own choice	Yes	559	73.0
	No	207	27.0
Having knowledge on the department	Yes	521	68.0
	No	245	32.0
Order of the university choice	1	364	47.5
	2-3	239	31.2
	4-↑	163	21.3
	University exam score	413	53.9
The reasons for the choice of university department	Encouragement by a family member or teacher	15	2.0
	Job opportunities	105	13.7
	Self interest	112	14.6
	Graduating from the same study field (vocational high school)	102	13.3
	Unanswered	19	2.5
Having a scholarship	Yes	233	30.4
	No	233	30.4
	Unanswered	95	12.4
Satisfaction with the department	Yes	328	42.8
	No	421	55.0
	Uncertain	17	2.2
Total	764	100	100

Table 2 shows the variables related to school. As clearly shown, 43.8% of the participants are students of the faculty of health, 42.2% of them are students of the school of health and the others (14%) are students of a vocational school of health. Vocational schools provide two years of education whereas faculties and schools provide four

years of education. The majority of the students (73.0%) expressed that they had voluntarily chosen their departments, and more than half of them (68.0%) stated that they had information about the university before choosing it. The students studying at the school which is their first choice compose 47.5% of the participants. When

we look at the reasons for the choice of university department, slightly more than half of the students (53.9%) stated that the university that they had currently attend was the best choice for their university exam score. The reason for the choice of university department was stated to be self-interest by 14.6% of students, job opportunities by 13.7%, graduating from a vocational high school related to the department by 13.3% and encouragement by a family member or teacher by 2.0%.

Table 3 shows the mean CSEI and BSI scores of the students. The mean CSEI score of the sample is 16.65 ± 4.79 . This score may be evaluated as moderate (min=2.0; max=25.0). After analyzing the BSI scores, the results show that the highest BSI score of the sample (0.80 ± 0.94) belongs to the Interpersonal Sensitivity

subscale, which is followed by OC (0.67 ± 0.74), and Hostility (0.80 ± 0.79) subscale scores.

The distribution of CSEI scores according to socio-demographic features and school related variables of the students are presented at Table 4. The distribution of CSEI scores according to gender revealed a significant difference between the mean scores of girls and boys in favor of girls ($p < 0.05$). While there is no difference between the mean CSEI scores according to family type, the mean CSEI scores were significantly higher in those with good economic status ($p < 0.01$). Similarly, the students studying at the center campus ($p < 0.05$), those studying at vocational school of health ($p < 0.05$), and those having education for two years are found to have higher CSEI scores than others ($p < 0.05$).

Table 3. The Mean CSEI and BSI Scores of the Students

	\bar{X}	Sd	Min	Max
Self-esteem	16.65	4.79	2.00	25.00
Somatization	.44	.66	.00	3.57
Obsessive-Compulsiveness	.67	.74	.00	4.00
Interpersonal Sensitivity	.80	.94	.00	5.00
Depression	.57	.71	.00	4.00
Anxiety	.56	.69	.00	4.00
Hostility	.67	.79	.00	4.00
Phobic Anxiety	.45	.63	.00	4.00
Paronoid Ideation	.66	.75	.00	4.00
Psychoticism	.46	.57	.00	3.40
Added items	.66	.72	.00	4.00

Table 4. The Distribution of CSEI scores of the Students

		N	\bar{X}	Sd	Statistics
Gender	Women	490	16.89	5.02	t=1.93 p<.05
	Men	274	16.19	4.36	
Family type	Nuclear	546	16.62	4.87	f=.81 p>.05
	Extended	118	16.68	4.62	
	Broken	51	17.43	4.46	
	Single parent	49	15.94	4.82	
Economical status	Good	220	17.63	4.71	f=6.8 p<.01
	Middle	428	16.32	4.61	
	Poor	116	15.97	5.39	
Faculty/School	Faculty of Health	336	15.19	4.26	f=32.2 p<.01
	School of Health	107	16.89	4.06	
	Vocational School of Health	321	18.07	5.12	
Voluntary status	Yes	557	17.19	4.77	t=5.24 p>.05
	No	207	15.17	4.58	
Satisfaction with the department	Yes	557	17.19	4.7	t=4.32 p>.05
	No	207	15.17	4.58	
Campus	Gölbashi campus	443	15.60	4.27	f =33.9 p<.01
	Center campus	244	18.62	4.99	
	Beypazari campus	77	16.34	5.14	
Education year	4	443	15.61	4.43	t=12.6 p<.01
	2	321	18.07	3.21	
Reason for the choice of university department	University exam score	411	17.31	4.90	f =4.28 p<.01
	Encouragement by a family member or teacher	15	15.73	4.17	
	Job opportunities	105	16.18	4.50	
	Self interest	112	15.66	4.82	
	Graduating from the same study field (vocational high school)	102	15.86	4.60	
	Unanswered	411	17.32	4.90	

Table 5. The Correlation Between CSEI and BSI Scores of the Students

	r	p
Somatization	-.08*	p<.05
Obsessive-Compulsiveness	-.11**	p<.01
Interpersonal Sensitivity	-.09**	p<.01
Depression	-.23**	p<.01
Anxiety	-.10**	p<.01
Hostility	-.06	p>.05
Phobic Anxiety	-.14**	p<.01
Paranoid Ideation	-.10**	p<.01
Psychoticism	-.19**	p<.01
Added Items	-.08*	p<.05

The correlation between CSEI and BSI scores of the students is shown in Table 5. We found a negative correlation between CSEI scores and all BSI subscale scores except hostility subscale. According to the study results, there is a strong negative correlation between CSEI scores and OC ($p<0.01$), Interpersonal Sensitivity ($p<0.01$), Depression ($p<0.01$), Anxiety ($p<0.01$), Phobic Anxiety ($p<0.01$), Paranoid Ideation ($p<0.01$), Psychoticism ($p<0.01$) subscales and a less strong negative correlation with Somatization ($p<0.05$) subscale and Added Items ($p<0.05$). These findings suggest that having a psychological symptom, especially PI, P, D and OC, decreases self-esteem significantly. Also the strong effect of IS on self-esteem is found to be remarkable.

References

1. Odağ C. Neuroses. İzmir: Meta Printing; 2001.
2. Cevher N, Buluş M. Self-respect of 5-6 years old child who is ongoing pre-school education institutions. Dokuz Eylül University of Buca Education Faculty Journal. 2006; 20:28-39.
3. Özbas A, Gürhan N, Kocak M. The relation of traumatic childhood experiences with psychological symptoms and self-esteem in physical education and sport students. Turkish Journal of Sport and Exercis. 2013;15 (3):79-85.
4. Sahin NH, Durak Batıgun A, Ugurtas S. [The validity, reliability and factor structure of the Brief Symptom Inventory (BSI)]. Turk Psikiyatri Derg. 2002;13(2):125-35.
5. Yılmaz E, Yiğit RA. Study on general self-esteem of primary school second-level students with respect to student success and some variables. . Ege University Education Faculty Magazine. 2012;14(1):197-213.
6. Crocker J, Park LE. The costly pursuit of self-esteem. Psychol Bull. 2004;130(3):392-414.
7. DuBois DL, Flay BR. The healthy pursuit of self-esteem: comment on and alternative to the Crocker and Park (2004) formulation. Psychol Bull. 2004;130(3):415-20; discussion 30-4.
8. Ünal Keskin G, Orgun F. Studying the strategies of students' coping with the levels of self-efficacy-sufficiency. . Anatolian Journal of Psychiatry. 2006; 7(92-98).
9. Arıcağ T, Dilmaç B. Examination of self-esteem and professional self-esteem levels of guidance teachers in terms of some variables. Trakya University Journal of Social Sciences. 2003;3(1):1-8.
10. Kuzgun Y. Occupational counseling theories applications. . Ankara: Nobel Publishing Distribution; 2000.
11. Morsünbül Ü. The effect of self construals on adolescents' life satisfaction and depression level. Clinical Psychiatry. 2013; 16:18-26.
12. Turan N, Tufan B. The validity reliability study of Coopersmith self-esteem inventory. . 23rd National Congress of Psychiatry and Neurological Sciences İstanbul 1987. p. 816-7.
13. Sahin N, Batıgun DA, Ugurtas S. [The validity, reliability and factor structure of the Brief Symptom Inventory (BSI)]. Turk Psikiyatri Derg. 2002;13(2):125-35.
14. Körükçü Ö, Oğuz V. Professional self-respects of the pre-school teacher candidates. Theoretical Education Science. 2011;4(2):77-85.
15. Karataş Z. An investigation of self-esteem levels and empathic skills of educational faculty students. Mehmet Akif Ersoy University Journal of Education Faculty. 2012;12(23):97-114.
16. Altunbas Ç. Examination of relationship between level of self esteem and academic success in university students majoring in physical education and sports. Sivas.: Cumhuriyet University; 2006.
17. Erşan E, Doğan O, Doğan S. The relationship between self-esteem levels and some sociodemographic characteristics of the students of college of physical education and sports. Clinical Psychiatry 2009;12:35-42.
18. Balat U, Akman B. The level of self-esteem in high -school students of different socio-economic status. Firat University Journal of Social Science. 2004;14(2):175-83.
19. Gürhan N, Özbaş A. Self-esteem and psychological symptoms for the students of vocational high school of health services. Procedia - Social and Behavioral Sciences. 2012;47:2237-42.