The effects of self-esteem training on practicing registered nurses.

Dorothy T. McGee
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THE EFFECTS OF SELF-ESTEEM TRAINING
ON PRACTICING REGISTERED NURSES

by

Dorothy T. McGee, R.N., B.A., B.Ed.

A Thesis
Submitted to the Faculty of Graduate Studies and Research
Through the Faculty of Education in
Partial Fulfillment of the Requirements for the
Degree of Master of Education at
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The effects of self-esteem training on practicing registered nurses

- please omit appendices (everything after p. 81).
ABSTRACT

The Effects of Self-esteem Training on Nurses

Nursing staff shortages and the high cost of health care have focused attention on burnout in nurses. High self-esteem is seen as a buffer to prevent burnout and is thought to enhance performance. The purpose of this study is to observe the effects of self-esteem training on practicing registered nurses and to explore the relationship between self-esteem and performance.

Concept mapping was used as the teaching strategy. The Tennessee Self Concept Scale was used as the pre/post measure of self-esteem. Nursing performance before and after self-esteem training was appraised with an investigator developed evaluation form. The majority (86%) of the randomly selected sample had both high self-esteem and high quality performance before training. After training 92% had normal healthy levels of self-esteem and performance levels increased significantly. No relationship was found between self-esteem and performance. Findings revealed that 38% of the random sample were experiencing emotional distress regardless of their levels of self-esteem.

This study adds to the growing evidence that practicing registered nurses have high self-esteem. It suggests that burnout in practicing registered nurses is the result of conflict, not low self-esteem.
ACKNOWLEDGEMENTS

I thank Dr. Erika Kuendiger, chairperson of my research committee, Dr. Donald Laing and Dr. Janet Rosenbaum for the uniqueness each contributed to this study. I am grateful to the nursing administrators who permitted access to their staff. I am particularly grateful to the registered nurses who took time from their busy schedules to participate in the study, to the nursing staff who took part during their leisure time, and to those who did extra duties thus freeing the participants to leave their nursing units.

I acknowledge my family for their loving support and patience. I owe a special debt of gratitude to my husband, Bob, for his typing, computer expertise, insistence on correctness, and fresh coffee late at night. Many other individuals have been supportive with encouragement.

This dissertation is dedicated to all future nurse researchers. May they be fortunate enough to find the support and guidance that I encountered.
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CHAPTER I

RATIONALE AND THE PROBLEM

Rationale

Our perception of self is pivotal to how we think, feel, and behave; therefore, it will impact on our health. Our perception of ourselves is a value judgement. The value judgement we pass on ourselves is the most important judgement we make. Roid and Fitts (1988) contend there is a positive relationship between how we feel and think about ourselves and how we behave. Fitts (1972) concludes persons with more positive self-concepts relate to and work with others more comfortably and effectively. Our ability to make decisions and our motivation to act on those decisions is contingent on our confidence in ourselves. A negative self-concept is correlated with impaired judgement, negative attitude, indecisiveness, and procrastination (Fitts, 1965).
Self-concept and self-esteem are closely related terms which are frequently used interchangeably in the literature. This study relies on the definition of self-concept put forth by Roid and Fitts (1988) and Fitts (1965,1972). Their definition encompasses both the feelings one has towards oneself and the thoughts one has about oneself. For purposes of this research, self-concept and self-esteem are considered to mean the same and are used interchangeably.

It is imperative that practicing registered nurses are both psychologically and physically healthy to withstand the rigors of their professional roles. Nurses make decisions which affect the care of clients. Nurses with positive self-concepts function more effectively. This is evident in interpersonal competence, intellectual efficiency, and environmental mastery (Borth, 1985). It follows, then, that it is vital for nurses to have high self-esteem for their personal well being and for the delivery of economic, competent, and safe health care.
The Problem

The primary purpose of this research is to determine the effects of self-esteem training on practicing registered nurses.

Self-concept and performance are interdependent (Fitts, 1972; Roid, & Fitts, 1988). The secondary purpose of this research is to determine if those participating in the training increase their nursing performance after one self-esteem training class. Further, the relationship between self-concept and performance will be examined.

Significance of the Study

This research is relevant to individual nurses and employers of nurses. It is also of interest to health educators.

The study investigates a method of increasing a nurse's self-esteem. Self-concept is the frame of reference through which a person perceives, conceives and evaluates the environment, both internally and externally. Because of this, self-concept has a
powerful influence on human behaviour. High self-esteem acts as a buffer to alleviate the stress associated with bedside nursing. The inability to cope with stress is a costly problem in loss of energy, caring, and commitment on the part of nurses. Low self-esteem renders the nurse vulnerable to external control and aids in the experience of an ineffective, incompetent performance.

Practicing registered nurses are often involved in situations in which their individuality, their identity, or their unique nursing skills are threatened with unreasonable demands placed upon them by: (1) the institutions employing nurses; (2) the clients they care for; (3) other disciplines in the health care system; and (4) their own nonprogressive colleagues. Nurses are assuming greater volumes and scope of work at home and in their employment situations. They often expect themselves, or are expected by others, to do the impossible in the way of providing care to their clients and to their families. This situation causes pressure from internal and external forces. To date, no systematic attempt has been made to develop a strategy to increase the self-esteem of nurses. This study is
the first recorded systematic attempt to increase a practicing registered nurse's self-esteem and thereby influence the nursing performance of that nurse.

The institutional health care system is undergoing tremendous change due to the information explosion and economic realities. Registered nurses comprise the largest single profession employed in the health care system. The present hospital milieu creates stress and possibly burnout for nurses. It is possible that the stressful conditions of the job narrow a nurse's self-concept, particularly if one feels that one has accomplished little despite a great deal of effort. Kramer (1974) reports it is conceivable that the rapid turnover and high attrition rate of staff nurses in hospitals are related to the disillusionment of nurses and a high self-concept moderates this response by influencing responses to job-induced stress. Coppersmith (1967) finds individuals with high self-esteem are more capable of dealing with stress than those with low self-esteem. There is general agreement among researchers that employees with high self-esteem perform more efficiently under pressure than those with low self-esteem. Given the stressful
atmosphere of hospitals and the large number of nurses employed by them it is important for the health care system to maintain high levels of self-esteem among nurses if it expects to deliver cost-effective health care. Presently hospital nursing practice seldom provides the opportunity to bolster nurses' self-esteem. There is a distinct need to determine methods of increasing a practicing registered nurse's self-esteem.

This study will provide insights into a tool for health education. Educating nurses to increase their self-esteem is the particular focus of this research; however, the teaching strategy is also applicable in other health related education and with any population. The teaching strategy used is concept mapping.

Concept mapping is reported to induce meaningful learning (Novak & Gowin, 1985). The importance of meaningful learning in health education cannot be overemphasized. It is imperative the learner understand and experience meaning in the content taught if compliance with the principles of health maintenance and disease prevention are to be accomplished. A wide variety of ages, cultural backgrounds, and belief
systems challenge health educators. Concept maps allow for the exchange of views and the negotiation of meaning, because they are an explicit, overt representation of the concepts the learner holds. False interpretation or distortions of health related information can be identified and corrected. New, often complicated, information can be simplified by shaping it into the learner's concepts of health. The health educator, by skillfully linking new concepts to the learner's existing knowledge, helps establish meaning, understanding, and acceptance on the part of the learner. This educational strategy is ideally suited for health maintenance and disease prevention education.
CHAPTER II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

This study examines the relationship between the self-concepts of practicing registered nurses before and after they are taught how to alter them. Three areas of literature are reviewed to provide theoretical and empirical information relevant to this study. A broad review of the prolific writings on self-concept and on self-esteem is undertaken to provide a working definition of the subject. The research specific to the self-esteem of practicing registered nurses is reviewed. Literature involving the process of meaningful learning is reviewed in an effort to provide a rationale for the use of the teaching strategy. To ensure all important studies are reviewed, a computer generated literature search is undertaken. Two databases are used as the search mode, Bibliographic retrieval systems (B.R.S.) and Medlars II. Medlars II is an online database produced by the National Library of Medicine in Bethesda, Maryland. It is the online
equivalent of the Index Medicus. The Medline database of the Medlars system is used. Six indices of the B.R.S. are used. They are: Psycalert (PSAL); Psycinfo (PSYC); Socialscisearch (SSCI); Sociological abstracts (SOCA); Nursing and allied health (NAHL); and Educational Resources Information Center (ERIC).

**Self-Esteem**

There are many ambiguities and inconsistencies in the usage of the constructs self-concept and self-esteem (Wylie, 1968, 1974). The variety of usages are attributed to the wide range of theoretical perspectives bearing on self-concept, self-esteem and self-related terms (i.e., self-acceptance, self-regard, self-image). Wells and Marwell (1976) observed the idea of self-concept developed parallel to the growth of psychology and sociology. They noted the "self" is central to a number of twentieth-century personality perspectives, including the psychoanalytic theories of Adler, Horney, Fromm, and Sullivan; the ego psychologic theories of Allport and Symonds; the client-centered theory of Rogers; the field-theory approach of Ziller
and Perls; the role theory of Secord and Backman; and the symbolic interactionist perspectives of Cooley, Mead and Kuhn. Different theoretical paradigms suggest that a variety of variables are responsible for the development and maintenance of the constructs of self-concept and self-esteem. Nonetheless, increasing convergences are noted in the definition and measurement of these constructs. Although other researchers continue to argue that there is a noticeable difference between the two, in no case does a distinction between self-concept and self-esteem alter the intention of this study.

Coppersmith (1967) described self-esteem as an expression of attitudinal approval or disapproval. He claimed level of self-esteem indicates the extent to which the individual believes self to be capable, competent, significant, and worthy of existence.

W. Fitts (1965) defined self-concept from a clinical humanistic-psychology perspective. He saw the self-concept as the most salient feature of an individual's phenomenal world. Fitts considered the self-concept as the frame of reference through which the individual interacted with the world, and that it
had a powerful influence on behaviour. Fitts described seven dimensions of self and categorized them into internal (self-identity, self-satisfaction) and external (physical self, moral-ethical self, personal self, family self, and social self) frames of reference.

Fitts (1972) theorized that an individual with positive self-concept was secure, confident and self-respecting; as well as less threatened by difficult tasks, people, and situations. Individuals with positive self-concepts relate to and work with others more effectively, and perceive the world more realistically (Fitts, 1972).

Roid and Fitts (1988) found self-concept was highly influential in much of an individual's behaviour and was directly related to general personality and mental health. Those who see themselves as worthless, undesirable, or "bad" tend to behave accordingly. Those who have an unrealistic view of themselves treat others in unrealistic ways. Those with deviant self-concepts tend to act in deviant ways (Roid & Fitts, 1988, p.1).

A clear distinction between self-concept and self-esteem is the view of the self contrasting
cognitive and affective processes in self-perception provided by Breytspraak and George (1982). They defined self-concept as the cognitive component of the self consisting of the person's self-perceptions as an object. According to Breytspraak and George self-concept is a description of one's self as an operative unit. Conversely, self-esteem refers to the affect associated with an evaluation of one's self. Self-esteem evolves from a comparison of what one believes one is like to what one aspires to be like. Agreeing with this view, Stuart and Sundeen (1981) identify self-esteem and self-ideal as critical components of the self-concept. They postulate the self-ideal forms in childhood and is the individual's perception of how one should behave based on the accepted standards of influential significant others. Self-esteem is the judgement of the individual's worth obtained by assessing how well one's behaviour conforms to one's self-ideal. Low self-esteem indicates a poor fit between concept of self and self-ideal; whereas, high self-esteem indicates greater conformity between the two.

The development of internal and external beliefs
involves both cognitive and affective processes because one must engage in an act of self-identification as well as form an emotional evaluation of the perceived self. The evaluation may be negative or positive. The evaluation will fluctuate in intensity dependent on a given situation and one's overall perception of self.

Research indicates variations in these two constructs are related to a wide range of behavioural and attitudinal differences. High self-concept individuals have defined aspirations (Rosenberg, 1965); perform more effectively when stressed (Shrauger & Rosenberg, 1970); have initiative and confidence (Crandall, 1973); are more persuasive (Wells & Marwell, 1976), and are more frequently role modelled (Weiss, 1978). Tharenou (1979), reviewing the literature on employee self-esteem, found individuals with high self-esteem, as compared with those with low self-esteem, tend to rely more on their own self-perceptions and less on cues from their surrounding environment to direct their work activities.
The Self-Esteem of a Practicing Registered Nurse

A registered nurse is an individual licensed to practice nursing. The College of Nurses is the licensing body in Ontario. The individual achieves a passing grade on a national examination for registration set by the Canadian Nurses Association before provincial licensure is granted and must maintain a current certificate of competence to practice nursing. One qualifies to sit examinations for licensure after successfully completing an accredited course of study in: (1) a diploma program at a hospital based school (this course of study no longer exists; however, many nurses presently practicing are educated in this system); (2) a diploma program at a community college; or (3) a baccalaureate program at a university. For purposes of this study, registered nurses from all three educational programs will participate. Only those who are actively employed at, and practicing their profession in, a hospital setting will be included in this study.

The self-esteem of the practicing registered nurse population represents a relatively unexplored area of
research in nursing. Literature written to theorize about solutions to the problems of the health care system refer to the negative effects of poor self-esteem on both the system and the individual nurse.

Caron, Corcoran, and Simcoe (1983); Selye (1977); and Vachon (1980) focus on stress and its effect on nurses. They recommend increasing the nurse's self-concept as one way of preventing burnout and increasing job performance as well as job satisfaction. Hammer (1985) claims it is the responsibility of nurse educators to increase nursing's sagging self-esteem. Borth (1985) relates the low self-esteem of nurses to the spiralling cost of health care. He theorizes that nurses with high self-esteem would perform their duties more efficiently and enjoy their jobs more because there is a positive relationship between self-esteem and performance. Borth suggests the health care dollar would be better spent on high performance nurses who are not likely to leave their jobs. The aforementioned authors did not actually test the nurse's self-esteem. Their papers are based on inferences drawn from the conclusions of self-concept and self-esteem research.
done with general populations.

Only a few researchers have gathered data on the self-concepts of registered nurses actively engaged in nursing practice. Mossholder, Bedeian, and Armenakis (1982) found peer group interaction has a stronger effect on nurses with lower self-esteem than those with higher self-esteem. In their study of nursing employees, self-esteem was hypothesized to moderate relationships between peer group interaction and two work variables, job performance and job strain. These researchers clearly state that their work was undertaken from a managerial perspective. They used an adjective check list to examine the self-esteem of 164 nurses in a large multiservice hospital. Mossholder et al. (1982) did not give demographic information on their subjects. The primary objective of their study was to determine how to get the most productivity from nursing employees. To this end, they statistically separated those with high self-esteem from those with low self-esteem and used a moderated multiple regression analysis procedure and plots to determine the direction of significant interactions of the variables. They found low self-esteem individuals
perform better; experience less job tension and are less likely to leave their job when subjected to peer group interaction. In contrast, high self-esteem nurses respond poorly to peer group interaction. These researchers concluded that the performance of high self-esteem individuals could not be expected to change in response to peer pressure because of their positive self-regard. They, from a managerial perspective, recommended to hospital administration that managers may: (1) facilitate performance by differential selection of the job assignments of low versus high self-esteem individuals; (2) train high self-esteem nurses to be team orientated; and (3) recognize the effects of different levels of self-esteem in order to insure maximal success of work groups in the efficient operations of the hospital. They felt their results illustrated the importance of the sociotechnical group concept when technological interdependence is high and linkages among parts of the organization are complex. This view of the hospital as a "labor camp" is not held by other researchers of nursing.

Woods (1986/1987) studied 68 staff nurses from fifteen Philadelphia hospitals for their career
commitment, maternal involvement, self-concept, and level of self-actualization. The study demonstrated nurses are equally committed to both, parenting and career. Almost 2/3 of the nurses studied had moderate to high self-concepts. Woods selected married, white, staff nurses with children over age 3 years. This is a sample of convenience from select hospitals. Pitts's (1965) Tennessee Self Concept Scale (TSCS) is used along with four other tests. Subjects in this study have higher than average self-concepts (sample mean 358.58, SD=24.75). Woods reported this finding is not surprising in light of Nye (1974), who found working women generally have a higher level of self-esteem and more opportunities for independence and self-determination. Woods used stepwise multiple regression analysis to determine the factors which have the most impact on career commitment. She found number and age of children, husband supportiveness, importance of the work, and personal income, have the most influence on the high self-esteem nurse's career commitment. The latter finding confirms that of Abend (1984/1986) that high self-concept nurses assert themselves for promotions and higher pay.
The purpose of K.H. Fater's (1985/1986) study of sixty registered nurse students was to determine the effect of a baccalaureate integrated curriculum in nursing on shifting the nurse's locus of control toward internality. Fater also studied the relationship between locus of control, and years of nursing experience, and self-concept of the registered nurse students. Fater found no significant correlation between the latter. Her findings indicate a shift of locus of control towards internality after the final semester of the baccalaureate integrated curriculum in nursing. Internal locus of control is desirable in registered nurses because it is strongly linked with goal-direction, problem-solving ability and the ability to gather and utilize information. All of these characteristics are inherent to the nursing process. Although Fater reported the literature suggests a high correlation between elevated self-concept and internal locus of control, she did not post test for self-concept. Her findings would have more credibility had she done so.

Kerry Fater's (1985/1986) conclusions are questionable. The experimental group consisted of
thirty middle class, caucasian females of above average academic ability in the final semester of the baccalaureate program in nursing. This group appears to have been especially selected for their intellect. The control group consisted of thirty entry level registered nurse students. One is left to assume this group represented a cross section of entry level students with no particular outstanding qualities. It is perhaps unreasonable for Fater to compare a select group of highly intelligent graduates with average first semester students. On the pretest, there was no significant difference between the mean TSCS Total(P) of the entry level students and the graduating students, nor is there a significant difference on the Rotter I.E. scale for locus of control. Post testing for locus of control of both groups indicated the entry level students felt very much out of control after the first semester and the graduating group felt significantly more in control. Fater did not post test for self-concept. The sixty registered nurses' TSCS Total(P) mean score was 257.61. This score is well below the standardized TSCS Total(P) mean score of 345.57. Fater concluded registered nurses with low
self-esteem return to school in hopes school will make them feel more secure and enhance their self-concepts. This investigator believes this conclusion is not based on statistical evidence nor sound reasoning. Fater's conclusion that there is no relationship between locus of control and self-concept contradicts the findings of Scharf (1986), Pitts (1972), and Mossholder et al. (1982).

Paula Scharf (1986) tested 129 female staff nurses, forty years of age or younger. Volunteers were recruited from seven medical centers in the New York Metropolitan area. The purpose of Scharf's study was to examine the relationship between self-concept, professional role discrepancy, and burnout among baccalaureate prepared professional nurses employed in staff nurse positions in hospitals. Self-concept was measured with the TSCS (Pitts, 1965). Pearson product-moment correlations demonstrated a significant negative relationship between self-concept and burnout at the .05 level of significance. Scharf's raw data indicated that the 129 nurses had higher than average self-concepts (Total(P) = 352.23, SD = 30.68). The sample she used to test the hypotheses was a sample of
convenience. The use of volunteer nurse participants raises questions of motivation. The participants were requested to use their own leisure time to complete a lengthy questionnaire package consisting of four different tests requiring approximately one hour to complete. It is possible only those with a high level of self-esteem would undertake such a formidable task. Nonetheless, Scharf's findings support those of Fitts (1972) and Coopersmith (1967).

Scharf's (1986) findings indicated staff nurse participants who have a more positive view of themselves show a tendency to experience lower levels of burnout than nurses with a more negative self-image. Level of self-concept was moderately and inversely associated with both frequency and strength of feeling emotionally exhausted; and with frequency and strength of perception of depersonalizing clients. Self-concept was moderately and positively related to both frequency and strength of feeling personal accomplishment, which demonstrates that lower self-concept was associated with higher levels of burnout. These findings are consistent with that of Fitts (1972), self-concept functions to direct one's behaviour by moderating and
influencing the kind of responses elicited by stimuli and that of Coppersmith (1967) individuals with high self-esteem are more capable of dealing with stress than those with low self-esteem.

Gerald Stamper (1986/1987) investigated the relationship of self-concept and professional, bureaucratic, and service role conflicts of 101 registered nurses from the public general hospitals in Houston, Texas. He used the TSCS (Fitts, 1965) and Corwin's (1960) Modified About Nursing Scale to study a sample of convenience. Stamper's sample consisted of predominantly married females, with a mean age of 37 years; all of the subjects held staff nurse positions with a 4.9 mean number of years in their current position. Stamper reported nurses had low self-concepts and experienced minimal role conflict. His data demonstrated no significant relationship between role conflict and self-concept. He concluded that self-concept has no influence on staff nurses' behaviours and factors other than self-concept and role conflict influence mobility and attrition. These conclusions contradict those of Fitts (1965) and Coppersmith (1967) that levels of self-concept and
performance are positively related; Fater (1985/1986) that nurses with low self-esteem leave practice and return to school; and Scharf (1986) that nurses with a more positive view of themselves remain in practice, enjoy their work, and tend not to de-personalize their clients.

On examination of Stamper's (1986/1987) raw data, this investigator found the TSCS (Fitts, 1965) indicated the nurses in this sample had self-concepts lower (Total(P)=238.30, SD=10.78) than the norm (Total(P)=345.57, SD=30.70). Data analysis revealed nurses with low self-concepts had more professional role conflict than nurses with high self-concepts. However, nurses with high self-concepts experienced greater levels of service role conflict than those with low self-concepts. The latter finding concurs with Mossholder et al. (1982) who found that nurses with high self-esteem were troublesome service workers and with Abend (1984) that high self-esteem nurses spoke out for promotion and pay. However when Stamper correlated the sample total conflict score and the self-concept score, he found no statistically significant relationship between role conflict and
self-concept. This is probably due to the low self-concepts of the sample.

Gerald Stamper (1986/1987) did not describe the work environment of these nurses. His recommendations that nursing emphasize human qualities, discontinue various educational entry levels into the profession, and that personality factors of people who chose helping professions be studied, appear to be personal opinions unrelated to the reported data.

Using the Rathus Assertiveness schedule, the TSCS (Pitts, 1965), and the Job Descriptive Index, Abend (1984/1986) investigated the relationships between self-concept, assertiveness, and job satisfaction in 229 registered professional nurses with a minimum of one year of staff nurse experience at general hospital practice in the New York Metropolitan area. Canonical correlation analysis was performed to assess the significance and meaningfulness of the hypotheses. Abend found the subjects had higher than average self-esteem and lower than average assertiveness. Interestingly, assertiveness was found to be significantly more important than self-concept in relationship to job satisfaction. The more assertive
the nurses, the more likely they were to be
dissatisfied with their work, specifically with the pay
and the opportunity for promotion. This finding may
have been a function of the nature of the sample. More
than half (55%) of the sample were either single,
separated, divorced, or widowed, thus probably
financially dependent on themselves. Also, Abend chose
only USA nurses because she believed cultural
variations may influence the variables of self-concept
and assertiveness. This investigator suggests cultural
variations may also influence expectations for a
certain standard of living and financial rewards for a
job well done.

In summary, six research studies were found wherein
the self-concepts of practicing registered nurses were
tested. Five of these studies used the Tennessee Self
Concept Scale (Fitts, 1965), and one used the Adjective
Check List (Gough & Heilburn, 1965) as the measure of
found nurses had low self-concepts. Abend (1984/1986),
Woods (1986/1987), and Scharf (1986) found nurses had
above average self-concepts.

The findings on the influence of self-concept on
performance are mixed. Fater (1985/1986) concluded low self-esteem nurses leave practice to return to school; whereas, Stamper (1986/1987) found the level of self-concept did not influence mobility. Scharf (1986) found nurses with low self-esteem depersonalized clients, and those with high self-esteem showed a higher level of personal accomplishment and a lower level of burnout. Abend (1984/1986) concluded high self-concept nurses asserted themselves for pay and promotion. Mossholder et al. (1982) concluded nurses with low self-esteem functioned best under peer pressure and enjoyed working on teams, unlike high self-concept nurses who performed competently independent of the team. Woods (1986/1987) found high self-concept nurses adapted well to the dual roles of parenting and nursing. Given the nature of nursing practice, the findings of these researchers indicate a high self-esteem is an essential personal trait of practicing registered nurses.
**Concept Mapping**

Concept mapping is an educational tool developed specifically to externalize a learner's cognitive structure for both the teacher and the learner. A concept map is a schematic device representative of the conceptualizations, on a particular subject, embedded in the mind of an individual (Novak & Gowin, 1985). During the process of learning, the concept map is constructed manually for an actual visual presentation, or verbally to create a mental image of the connections between the learner's present knowledge and the new information. The learner expands, completely changes, or develops concepts of a particular subject during the process. Concept maps allow teachers and learners to exchange views, negotiate understanding, and develop comprehension, thereby facilitating meaningful learning.

In the process of meaningful learning, the emphasis of learning is not subject nor content centered. Learning gains meaning only in relation to the learner's ability to develop the subject within the learner's own established concepts of the world.
Meaningful learning involves the linkage of new ideas to existing concepts in the learner's knowledge base (Ausubel, 1963).

Those interested in pedagogy and those interested in cognition have researched concept mapping. Lehman, Carter, and Kahle (1985) found no significant difference between the effectiveness of two instructional strategies in helping black, inner-city, high school students learn biology concepts meaningfully. Concept mapping and Gowin's Vee mapping were investigated over a one semester period. Sherris (1981) also chose high school biology students as subjects of experimentation. In Sherris's study meaningful learning was evaluated through pretest, post test, and retention test. The deductively sequenced, concept-related instructional organization present in both treatments enabled subjects to meaningfully learn biology concepts. The experimental instructional sequence and the comparison instructional treatment generally did not. Sherris found student's meaningful learning achievement was best predicted by their level of prior knowledge, by their level of general school ability, and by the degree to which they completed concept-related
instructional materials. In both of these studies the teachers developed the concept maps with no input from the students. It is possible the teacher's conceptual framework provided linkage with the student's conceptual framework, purely by chance. Sherris tested five hundred and forty-one students from six Indiana high schools. It seems reasonable some of Indiana's students would share the same or very similar conceptual frameworks with their teachers and did not necessarily alter their biology concepts with new knowledge.

In a study involving elementary students, Rowell (1978) used concept maps as an evaluation procedure in determining the effectiveness of teaching science concepts to primary grades. The concept maps constructed by Rowell serve to focus evaluation upon a few major science concepts which are taught by audio-tape. He interviewed the children five times and prepared cognitive maps for each child over a two and one half year period. The cognitive map was supposed to represent the child's use of science concepts. Rowell concluded audio-tapes did contribute meaningfully to the learning of science concepts and science concept
learning was content specific. These findings might also be interpreted as meaning that when a student's concepts matched the examiner's, the student is judged to be engaged in meaningful learning. Noteworthy is Rowell's analysis of the students' cognitive maps. He found major science concepts, rather than being learned in toto, develop progressively over time. This finding supports the phenomena of accumulative effects and reorganization of embedded concepts in the acquisition of understanding (Ausubel, 1963). The findings of Sherris (1981) also suggest that prior knowledge is a precursor to certain new concept formations.

Kuethe (1975) and Bousquet (1982), in their research with university freshmen, found students linked concepts. Kuethe found students demonstrated high commonality of mapping when linking social elements with personality descriptors. Bousquet investigated the relationship of a learner's prior knowledge and cognitive development to the ability to construct concept maps and to the knowledge of environmental concepts as a result of using self-constructed concept maps. A secondary purpose of Bousquet's research was to compare three versions of concept mapping. Students
were divided into three groups and each was taught one version of concept mapping. Bousquet did not report what teaching strategy was used. His findings indicated prior knowledge showed little relationship to a student's concept mapping performance. While it appeared cognitive development did not predict concept mapping skills, concept mapping skills were a good predictor of subsequent achievement. Although both Kuethe (1975) and Bousquet (1982) demonstrated learners did use concept maps to establish some sort of meaningful order in their environment, neither made claims about teaching strategies.
Summary and Hypotheses

This literature review is comprehensive in that it reviews all studies which examine the concepts of self held by registered nurses and all those which specify the use of concept mapping as a teaching strategy.

The literature on the perception of self is reviewed with the goal of establishing a definition of the perceived self for purposes of this thesis. The distinction between self-esteem and self-concept which some researchers make rests on a view of the self which contrasts cognitive and affective processes in self-perception. Whether one thinks one is acceptable or one feels one is acceptable is not an issue for debate in this research paper. Self-concept and self-esteem are considered to be synonymous and are used interchangeably by this researcher.

In health promotion, as in any educational endeavor, there is an increasing variety and complexity of modes and media available to facilitate learning. The issue of which teaching/learning strategy is to be used in a given setting frequently revolves around time and resources. Like Ausubel (1963), my contention is the
most important resource is the learner. When the conceptual frameworks through which the learner interprets the world are known, the teacher may channel information into those concepts, thereby building on and altering learner-held concepts. Learning then is not just simple accretion, but the reorganizing and the changing of the way in which the learner gives meaning to the presented information. Teaching strategies which focus on concept relationships imply the achievement of meaningful learning. Concept mapping is such a strategy.

No research exists on the use of concept mapping by nurses, neither to teach clients nor to teach nurses. The reason for this is unclear. Perhaps this is because concept mapping is a relatively new teaching strategy and few researchers have proven its effectiveness. The limited number of studies on concept mapping and the mixed results do shed some light on why there are no reports of nurses' use of concept mapping in health education. The works of cognitive theorists offer promising explanations for the phenomenon of meaningful learning through the use of concept mapping. Overall, the achievement of a meaningful learning experience is
the goal of every nurse educator. This teaching strategy appears to assure compliance when used in educating for health promotion and disease prevention. Concept mapping is used in this study to teach the health related construct, self-esteem.

There are very few studies involving practicing registered nurses. This is discouraging. Nonetheless, it is understandable given the critical nature of their work and the possible consequences of interrupting them while they are on duty. Most research studies are done with students of nursing in academic settings before they are registered and before they experience the impact of nursing practice in a health care setting. Students are certainly more convenient to test. This researcher recognizes the substantial difference between a practicing professional and a student. Therefore great care is taken to obtain a random representative sample of practicing registered nurses for this research and to refer to only those studies investigating practicing professional nurses.

The majority of nurses tested for self-concept are found to have higher than average self-concepts. Only one study (Stamper, 1986/1987) concluded self-concept
did not influence behaviour. The remaining five research studies indicated the self-esteem of individual nurses was related to a range of attitudinal and behavioural differences. High self-concept nurses experience a higher level of personal accomplishment, exhibit a lower level of burnout and engage in behaviours to prevent burnout (Scharf, 1986); assert themselves for increased pay and promotion (Abend, 1984/1986); perform well in the complex lifestyle afforded by dual roles and work to attain self-improvement and self-fulfillment (Woods, 1986/1987); perform well independently (Mossholder et al., 1982). Low self-esteem nurses leave practice to return to school (Fater, 1985/1986); depersonalize clients (Scharf, 1986); increase job performance and satisfaction with peer pressure (Mossholder et al., 1982).

The work of those interested in the well being of registered nurses, and the health care system in general, begs further study in methods of elevating the self-esteem of nurses. A relative lack of information concerning the self-esteem of practicing registered nurses and the importance of nurses' self-esteem to the
health of both the nurse and the health care system lead me to investigate this in particular.

**The Hypotheses**

1. **Hypothesis**: Self-esteem training will increase the self-esteem of practicing registered nurses.

2. **Hypothesis**: Self-esteem training will increase the performance of practicing registered nurses.

3. **Hypothesis**: There will be a positive relationship between the self-esteem of practicing registered nurses and their performance at work.
CHAPTER III

METHODOLOGY

Sixty nurses were studied to investigate the research question: Will the nurse's self-esteem increase as a result of meaningful learning through the use of concept mapping as a teaching strategy, and will this increase be maintained? Data collection commenced in March and was completed in September, 1989. The nurses were pretested with the Tennessee Self-Concept Scale (Fitts, 1983)(see Appendix A), and using concept mapping as a teaching strategy, the nurses were taught how to increase their self-esteem. Between two and four months later they were post tested with the Tennessee Self-Concept Scale (Fitts, 1983). In addition, the nurses' performance appraisals before and after the training session were investigated for signs of change in their behaviour. The expectation was that their concepts of self would change and that this change would be observable in behavioural changes.
The Sample

The research was conducted with three groups of twenty nurses selected at random from three of the large tri-county hospitals. These hospitals have an average bed capacity of 368 and offer a full range of emergency, medical-surgical, psychiatric, and chronic care services.

A systematic random sample was obtained by requesting the participation of the nurse in the tenth position of the hospital's registered nurse staff list. The investigator, with the assistance of nursing office staff, selected every tenth name until the names of twenty eligible nurses were procured. Staff nurses were considered ineligible if they were on long term disability, pregnancy leave, or other leave of absence throughout the duration of the study. These sixty actively practicing staff nurses were sent written requests (see Appendix B) to participate in the study.
Teaching Strategy

A workshop was given to promote positive self-esteem in nurses. Concept mapping was used as the teaching strategy during the workshop. The investigator's intention was to conduct the workshops with groups of nurses at their own hospital.

The initial portion of the session was a brief lecture (see Appendix C). A definition of self-concept/self-esteem and the origins of the same was presented to the participants. This was followed by the construction of concept maps on a black-board.

Fitts's (1965) conceptual framework of self was broadly divided into physical self, social self, and personal self to facilitate ease in teaching. The nurses were given three descriptive cues, physical self, functional self, and personal self. They were asked to verbally share their own concepts of self. Concept maps were developed on the black-board using the cues as headings and the nurses' concepts of self. The nurses were encouraged to state how they experience their physical bodies, their daily tasks, and their innermost belief systems. The investigator acted as a
moderator and black board recorder. The negotiations in establishing an agreed upon meaning of each of the divisions of the self were recorded on the board for all participants to see. This allowed for both auditory and visual presentation of the concept maps. Once agreement was established on the meaning of each of the divisions of the self, the nurses were asked to assess strengths and weaknesses in each division within themselves. They were then asked how they might alter their perception of themselves based on the same headings. They were asked to compliment strong points and seek ways to strengthen weak areas. The participants actively brainstormed ways to enhance areas of the self which they might want to alter. This input was also recorded on the board along with lines indicating connecting ideas. The session was summarized by the investigator. The nurses were thanked for their input and given a handout (see Appendix D).
Procedure for Data Collection

A letter (see Appendix E) introducing the investigator and the proposed study was sent to the Assistant Executive Director, Patient Care at several large hospitals in the tricounty area to attain permission to conduct research in their facility. In addition, the letter sought permission from the hospital and its institutional research review board for the participation of practicing registered nurses in the research study. The investigator visited the hospitals to randomly select participants from the staff list after written permission was obtained. The nurse staff lists are arranged in order of hospital seniority. To assure a random selection, every tenth position name was selected from the top of the list to the bottom and then from the bottom to the top until the list rendered twenty names.

Each possible participant was sent a request to take part in the study. The request briefly explained the nature of the study, asked permission to discuss the details of the study, and stressed the importance of signing a consent to participate before proceeding.
At the initial 'face to face' meeting with each potential participant, the investigator explained the study, the participant's role in the study and the provisions for the participant's confidentiality. Prospective participants were told this was a study of the effects of self-esteem training on staff nurses. They were told a teaching strategy called concept mapping would be used during the training workshop because the investigator thought it was a useful teaching tool for health education. Further, they were told a pre and post test of their self-concept would be given utilizing the TSCS (Fitts, 1983) as the test instrument, and their hospital performance appraisals would be investigated before and after the training session for indicators of changes in behaviours commonly related to levels of self-concept. These changes would be recorded utilizing a questionnaire developed by the investigator (see Appendix F). The TSCS (Fitts, 1983) would be administered at the time of the training session and four to eight weeks after the session. The performance appraisals would be reviewed at the investigator's leisure. Participants were invited to be present at the review of their own
performance appraisal. The nurses were advised that after random selection their participation was voluntary and that they had the right to withdraw from the study at any time. They were told a summary of their own test score results would be provided upon their request. Also, a copy of the completed study would be sent to each participating hospital in gratitude for cooperation in this study. Given agreement to participate, the nurse selected an identification number, signed the consent form (see Appendix G) and asked questions.

Based on the availability of most of the participants at a particular hospital, a time was selected for the self-esteem training workshop. It was conducted in classroom space provided by the hospital during day-shift hours. All participants were notified in writing of the date, time, and location of the workshop.

Appointments were made with the personnel department of the individual hospitals to review the participating nurses' performance appraisals. The investigator arrived at the prearranged time, presented the signed consent forms, was given the most recent formal
performance appraisals and was placed in a private location to review the appraisals. When the reviews and individual summaries of the appraisals were completed, the performance appraisals along with a copy of the consent were returned to the personnel department staff.

The TSCS (Fitts, 1983) was administered at the time of the second personal contact. Immediately thereafter the participants were taught how to increase their self-esteem using the aforementioned process.

Four to sixteen weeks following the training session each nurse completed post testing. The time of post testing was again regulated by the availability of the participants. Post testing consisted of repeating the TSCS (Fitts, 1983) and the investigator reviewing the nurse's performance appraisal since the training session. The post test TSCS (Fitts, 1983) was left at the nurse's respective nursing station in a plain manila envelope. Taped to the outside of the envelope were instructions to complete the enclosed test with the enclosed pencil, to return the completed test and pencil into the envelope, and to leave the envelope at the nursing station for the investigator to pick-up
before the end of the day. Actual personal contact with the nurse participants at this time was minimal, if at all. The time estimated for the participants to complete all phases of the research study was two hours.

Confidentiality was protected and anonymity was assured for each participant of this study through the uses of participant numbers. Only the nurse participant and the investigator had the number. Only the investigator had direct access to a participant's test scores. Raw data was not included in the completed thesis nor were individual hospitals identified.

**The Instruments**

*Tennessee Self Concept Scale:*

Self-concept was measured with the Tennessee Self Concept Scale (Fitts, 1983). The test is a standardized, multidimensional instrument that has been used extensively to describe self-concept. William Fitts began to develop the instrument in 1955 for use in mental health research.
The instrument consists of 100 self descriptive items, ten of which comprise the self criticism scale. The remaining ninety items are divided equally into positive and negative statements which yield the Total(P) as well as twenty-eight sub scores and thirteen supplementary scales. This test is a self administered measure in which respondents indicate degree of agreement or disagreement with each statement using a 5-point Likert-type rating scale, ranging from "1" (completely false) to "5" (completely true). Fitts (1965) recommended his test be used with persons age twelve or older who have at least a sixth grade reading level. The average length of administration time is thirteen minutes (Fitts, 1983).

The test is theoretically derived from Maslow's theory of self-actualization. Self-concept is presented as being dynamic in nature and evolving from interaction with an internal environment (one's self), and an external environment (others). It assesses the individual along two dimensions representing an internal frame of reference and an external frame of reference. The internal frame consists of three categories by which the individual describes:
(a) what one is; (b) how one accepts oneself; and (c) how one behaves. The external frame consists of five categories which measure physical self, moral self, family self, social self, and personal self.

The calculated Total(P) score reflects the overall level of self-concept. This score consists of three sub scores; Identity, Self-satisfaction, and Behavior. The Total(P) is the single most important score on the TSCS (Roid & Fitts, 1988). They report normative data for the Total(P) score as mean = 345.57, standard deviation = 30.70. High Total(P) scores indicate the respondents like themselves, feel a sense of value, have self-confidence, and behave accordingly. Respondents with low Total(P) scores lack self-confidence, doubt their own self-worth, feel undesirable, anxious, and depressed. Normal healthy individuals have Total(P) scores within a range of 318-421.

Reliability and Validity. Fitts (1965) reported test-retest reliability coefficients for the major scores of the Tennessee Self-Concept Scale. He tested and retested sixty college students during a two week period. The reliability coefficients ranged between
\( r = 0.61 \) and \( r = 0.92 \). The reported reliability coefficient of \( r = 0.92 \) of the TSCS (Roid & Fitts, 1988) was confirmed through repeated measures over long periods of time.

To establish content validity, Fitts (1965) employed seven clinical psychologists to classify the items of the TSCS. Fitts (1965) concluded this rendered the categories used in the TSCS as logical, meaningful, and publicly communicable. Discriminant validity is demonstrated by comparing the scores of the 626 non-patient normative group with the scores of 369 psychiatric patients. Statistically significant differences are reported by Fitts (1965). The psychiatric patient group demonstrated a wider spread of scores than the norm group. This finding was confirmed by Roid and Fitts (1988).

**Nurse Performance Appraisal:**

Every hospital develops its own employee evaluation process. Staff nurses are evaluated once yearly, as time permits, by the head nurse of the unit on which they are positioned. Each hospital seeks to appraise basically the same aspects of performance; however, there is no standardized form for use by all hospitals.
Every hospital has a different performance appraisal form with different rating scales. All forms are created for the hospital's use only, and are a combination of numerical evaluation and narrative description of performance. The nature of hospital performance appraisals is descriptive. The information on these appraisals is perceived, by a head nurse, to be demonstrated characteristics of the individual nurse's behaviour while on duty. Examples of the hospital nurse performance appraisals are found in the appendices H, I, and J.

A brief questionnaire (see Appendix F) was developed by this investigator to extract from the hospital performance appraisals information specific to this study. The questionnaire asks for a rating using a 5-point Likert-type scale, ranging from "1" (poor) through "5" (excellent). The questionnaire is divided into three sections representing three areas of observable behaviours indicative of level of self-esteem. Each of the three areas has three behavioural items to rate. The same three areas (Physical, Functional, and Personal Self) were used as cues for concept mapping during the teaching sessions.
Care was taken to include behaviours usually commented on in hospital performance appraisals. The investigator developed questionnaire allowed head nurses to evaluate their staff across six dimensions: (1) quantity of work; (2) quality of work; (3) knowledge of nursing process; (4) dependability; (5) overall performance; and (6) attitude at work. The six dimensions are considered to be related and essential for quality nursing care.

A total performance appraisal score was obtained by calculating the mean of the nine scores across the six dimensions. Reliability and validity of this type of instrument is not considered warranted because it is designed to give exploratory descriptor information.

Analysis of the Data

Programs in the statistical package for the Commodore 64, B/GRAPH (1984) were used to analyze the data of this study. The Tennessee Self-Concept Scale (1983) was computer scored in California by Western Psychological Services. The performance appraisals were hand scored by the investigator.
To test the first two hypotheses, the paired $t$-test for dependent sample was used to compute differences between the pre/post test scores of the TSCS and of the performance appraisals. Statistical significance was set at 0.05 level of probability.

The third hypothesis was tested by computing the Pearson product moment correlation coefficient. A relationship between self-concept and performance before training and one after training was investigated. Statistical significance was set at 0.05 level of probability.
CHAPTER IV

RESEARCH FINDINGS

Research in self-concept suggests an elevated self-concept is desirable because it is strongly linked with social responsibility, self-discipline, goal direction, and the ability to problem solve. High self-esteem is paralleled with internality which is inherent in the successful practice of professional nursing. Research in the self-esteem of registered nurses is limited. The purpose of this study is to determine the effects of self-esteem training on practicing registered nurses.

Thirty-seven practicing registered nurses were exposed to thirty minutes of instruction in how to increase their self-esteem. Novak and Gowin's (1985) teaching strategy for meaningful learning was used as the instructional model. The Tennessee Self Concept Scale (Fitts, 1983) and the nurses' performance appraisals were used as pre/post tests.
The Training Workshop

Head nurses were encouraged by nursing office to allow nurses to leave their duties to participate in the study. However, at no time were all potentially available nurses in attendance at the class. Although they were in the hospital and were aware the workshop was in progress, their nursing units were too busy with critically ill clients to allow them the time to participate in the workshop. This resulted in the rescheduling of the workshop as many as five times to accommodate those nurses who were too busy to leave their duties to attend. Some nurses chose to participate on their off duty time. The least number to attend a class was one. The largest class consisted of eight nurses. A typical class consisted of four nurses. The nurses demonstrated a great deal of curiosity in research. They asked questions regarding time, design, and difficulty. The process of concept map construction was easily grasped by all nurses. They actively engaged in concept mapping with very little prompting. Some classes had fun developing concept maps with light hearted laughter and a sense of compassion for their
colleagues. Through the technique of concept mapping, some nurses were able to express the anger, disillusionment, and helplessness they felt in their roles as nurses. Most nurses in this study were interested in the application of Ausubel's meaningful learning for client education. Many expressed their thanks for the opportunity to participate in research and for a rewarding experience. Here is an example of a typical concept map made during a training workshop:

![Concept Map Image]

- Physical self - hair, head, legs, eyes, etc.
- Wear glasses
- Prevent them
- Call her more quality
- Hide, get a new one
- Go for more training
- Functional self - sister, mother, sex partner
- I'm good at it - catheterizer, someone to yell at - report
- I can teach others my technique
- Dressings, bedpans, commissioneer training
- Delegate
- Personnel self - I believe in caring, nursing is giving, giving
- Honesty, integrity, helping others, etc.
- This committee - a frustrating thankless job, get a promotion, leave, transfer
- Leave the profession
Description of the Sample

The participation of sixty nurses was requested, twenty from each hospital. Fifty-three (88%) requests to participate were returned. Forty-one nurses (68%) agreed to take part in the research. Twelve refused participation. Four were unable to complete the research study because they were involved in motor vehicle accidents or otherwise incapacitated. Thirty-seven practicing registered nurses (N=37) completed all phases of this study. The mean age of the sample was 34 years. Nursing is historically a female dominated profession. In this study 95% are female; 5% are male. Figure #1 illustrates the percentage of females and males in the random sample. Figure #2 illustrates 19% are single; 11% are divorced; 2% are widowed and the remaining 68% are married. The mean number of years spent in education prior to practice is 15 years. This demographic data is consistent with that of the studies of practicing registered nurses mentioned in the literature search.

The nurses studied are representative of a broad range of clinical areas. They practice nursing in
psychiatry, medical/surgical units, operating/recovery rooms, burn units, critical care, coronary care, chronic care, geriatric care, and emergency care. Administrative positions were not included. This was a random sample of staff (direct client care) nurses.
Test Results

The data on the TSCS (Fitts, 1983) revealed that 65% of the nurses had high self-concepts before the self-esteem training class. An alarming 38% demonstrated they were in emotional distress regardless of their level of self-esteem. After self-esteem training 50% of those with low self-esteem elevated their self-esteem to a level within the normal range. The entire test group mean Total(P) pre score of 353.38 increased to 358.54. Test results indicated that 46% of the participants increased their self-concepts; 27% maintained the same concept of self; and 27% decreased their level of self-concept but remained within the normal range. Roid and Fitts (1988) report normal healthy limits for self-concept are Total(P)=318-421. Overall, after self-esteem training, 92% of the nurses had self-concepts within normal healthy limits. This high frequency is seen in Figure #3.
The research hypothesis that an increase in self-esteem will occur in nurses exposed to self-esteem training was tested. The differences in TSCS pre and post scores was tested by the t-test for paired measures. The resulting t value of 0.689 is not significant at p=.05 probability. Although the registered nurses' mean self-concept rose from 353.38 to 358.54, after participating in self-esteem training, this increase is not statistically significant. The increase is demonstrated in Figure #4.
Pre performance appraisals were obtained from the nurse's personnel file. Performance data were gathered with the performance appraisal questionnaire formulated by the investigator. All participants declined the invitation to be present for pre performance reviews. Post performance appraisals were not available on personnel files; therefore, head nurses were asked to complete the same performance appraisal questionnaire used by the investigator. The pre training performance appraisal mean was 3.046. The post training performance appraisal mean was 4.176. Appraisal results demonstrate that 87% of the nurses increased their nursing performance; 8% made no change; and 5% decreased their performance. Figure #5 demonstrates the increase in performance.
The research hypothesis that an increase in nursing performance will occur after exposure to self-esteem training was tested. The differences in pre and post training appraisal scores were tested by the t-test for paired measures. The resulting t value of 8.612 is significant at p=0.05 probability. Registered nurses increase their performance levels significantly after participating in self-esteem training. The increase is demonstrated in Figure #6.
Moreover, it was tested as to what degree self-concept and performance are related. Pearson correlation coefficients were calculated for both pre training and post training scores. The calculations resulted in \( r = -0.311 \) for pre self-esteem training scores and \( r = -0.002 \) for post self-esteem training scores. Both coefficients are not significant \((p>0.05)\). Although both self-concept and performance increase after self-esteem training, there is no statistically significant relationship between the two. Performance does not tend to increase in relationship to self-concept after self-esteem training. Figures #7 and #8 illustrate the relationship of self-concept and performance found in this study. The non-relationship can easily be seen.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Discussion of the Findings

The primary objective of this study is to determine the effects of educating practicing registered nurses in a method of elevating their self-esteem. Education is a vehicle of change. Fitts's contention, throughout his career, that a change in self-concept can be effected, is realized in this study. Change from the traditional passive dependent behaviours of practicing registered nurses to self-confident, assertive behaviours will require a concerted effort at maintaining high levels of self-esteem among nurses. A significant increase may require more than one thirty minute workshop. Nonetheless, the educational intervention used in this study effected a change in the nurses' opinion of themselves and in their nursing performance.
The majority (86%) of the nurses in this study had high levels of self-esteem before training and 92% had normal healthy self-concepts after only one short training session. Although this increase was not significant on the 5% level, there was a significant increase in nursing performance after self-esteem training. The overall above average level of self-esteem (Total(P)=353.38) of the sample nurses is consistent with the findings of Scharf (1986), Woods (1986/1987), and Abend (1984/1986). This study disputes the general opinion of many writers that nurses have low self-esteem and that this is a key factor in their difficulties in coping with the present stressful hospital milieu. The findings of this study suggest factors other than self-esteem influence a nurse's ability to cope with stress. Those with high self-esteem as well as those with low self-esteem demonstrated that they were experiencing emotional distress. The relatively high number (38%) of nurses in emotional distress is cause for concern because these nurses are at risk for physical and or emotional break-down.
Samples of convenience tend to attract highly motivated, confident nurses (Abend, 1984/1986), (Scharf, 1986), (Woods, 1986/1987). The random sampling method of this research design provided a valuable cross section of practicing registered nurses, albeit the sample size was rather small to study the problem. The results suggest the educational intervention strategy affected these nurses in a positive way. However, the sample size begs caution in drawing definitive conclusions. Nonetheless, the care taken to procure a random sample did reveal a wide section of nurses including those in emotional distress who might otherwise go unnoticed. The positive effect on these nurses cannot be overlooked because self-destructive behaviours by nurses in emotional distress are not uncommon and appear to be on the increase. Great care should be taken to obtain a random sample in future studies of practicing registered nurses. Furthermore the results of studies involving nurses which do not use random sampling methods must be viewed with a great deal of scepticism.

Fitts (1972) and Roid and Fitts (1988) contend there is a positive relationship between self-concept and
behaviour. All researchers reviewed in this study agree there is a relationship, although the nature of the relationship varies widely. This research finds there is no relationship between self-concept and performance even though the nurses improved their nursing performances after increasing their self-esteem. All but one of the studies reviewed used the TSCS (Fitts, 1965). None of the researchers used random sampling methods. This study used random sampling methods and the TSCS (Fitts, 1983). Perhaps therein lie the differences in results.

Limits of the Study

It is difficult to study practicing registered nurses because the process of research is exceedingly intrusive to the practice setting. Ethical and moral issues in gathering data about human subjects must be considered. Efforts to achieve maximum internal validity in the research design result in a highly artificial practice setting and thus pose a threat to the generalizability of the findings. Also these efforts may hamper ethical procedures. The researcher
must arrive at a compromise between internal and external validity for the best possible design. Random sampling methods afford the most effective approach of managing extraneous variables because randomization guarantees that differences in the attributes of the sample and the population are purely a function of chance. However, the random sample in this study is small and to have absolute confidence in the findings replication of the study is necessary.

In viewing the intervention of this study in the hospital practice setting, variables such as hospital milieu, peer and group interactions, type of work, work load, and trade union-nurse-hospital administration relationships can be seen as variables which may have influenced the results of the study. These variables should be kept in mind while considering the findings.
Conclusions

This study is innovative in its use of concept mapping as a teaching strategy. It is the first and only study of its kind. The long-term effects of the teaching intervention upon achieving meaningful learning in a random sampling of practicing registered nurses shows much promise. Concept mapping as a teaching strategy for health education offers an improvement over presently used methods of teaching in the health care system.

The incidental finding that practicing registered nurses are suffering emotional distress regardless of their level of self-esteem is an important finding which has not been reported prior to this study. Emotional distress is a more serious problem than low self-esteem because it is demonstrated by those in the second stage of burnout (Selye, 1977). When burnout occurs, it is a dangerous and costly problem in the health care system. This research study offers a method of early detection and possible intervention in the process of burnout.
This study's finding that the majority of practicing registered nurses have high self-esteem adds to the growing evidence that the common assumption, nurses have low self-esteem, is false.

High self-concept is positively correlated with greater internality and greater internality suggests a greater sense of control over one's life events. It is possible that those nurses in emotional distress feel helpless and a lack of control in a health care system which is increasingly business orientated and economically motivated. From a managerial perspective, Moss holder et al. (1982) pointed out the difficulties to the system posed by high self-esteem nurses and recommended ways to deal with these nurses. Stamper's (1986/1987) raw data demonstrated that nurses with high self-concepts experienced service role conflict and those with low self-concepts experienced professional role conflict. Could role conflict be a cause of the emotional distress exhibited in 38% of the practicing registered nurses in this study? Is it probable that this study inadvertently discovered nurses who are being pressured to conform to a health care system in which they are not morally nor ethically prepared to
nurse? These conclusions are drawn cautiously; nonetheless, they warrant serious consideration.

Research on female assertive behaviours states a positive relationship exists between self-esteem and assertiveness (Alberti & Emmons, 1976). In this study 95% of the nurses are female. As nurses increase their self-concepts or maintain the high levels they have, they can be expected to become more assertive and vice versa. In Abend's (1984/1986) study assertiveness overshadowed self-concept. Abend's (1984/1986) sample had higher than average self-concepts and she found a positive relationship between self-concept and assertiveness. We can expect change as registered nurses become more self-confident and speak assertively on issues which affect the health of their clients, the nature and structure of the health care system, and the well being of their own status in the system. We can expect increasing numbers to leave the profession if they are not heard and their recommendations are not implemented. We can expect a redistribution of the health care dollar. Abend (1984/1986) concludes when high self-esteem is combined with assertiveness in relation to job satisfaction, nurses will fight for
promotion and increased pay. We can expect an increase in the quality of nursing care. Nurses with high self-esteem fail to de-personalize clients, (Scharf, 1986) and function independently in the performance of their professional duty (Mossholder et al., 1982). This research indicates a relatively small adjustment in self-concept may influence a significant increase in performance. It also demonstrates practicing registered nurses will alter their self-concepts after only brief intervention, even when they are in emotional distress.

Registered nurses must be prepared to function in a dynamic milieu, one characterized as unpredictable, technologically sophisticated, and increasingly specialized as a result of the knowledge explosion. These professional nursing practitioners must constantly grow and develop personally and professionally to remain competitive in the job market. They must develop decision-making and leadership skills in order to shape their environment; to adopt to the rapidly changing climate of the health care system; and the concomitant needs of the consumers it serves.

A high self-concept is thought to be a healthy,
positive personality attribute; it seems logical to value strategies which resolve personal conflict and promote self-concept enhancement. Consistent, sustained change in registered nurses' self-concepts will take time and courage on the part of the nurse and the health care system. In this researcher's opinion, everyone concerned: (1) the client; (2) the health care system; and (3) the registered nurse will benefit from effort put forth to maintain healthy high levels of self-esteem in nurses.
Recommendations for Future Research

The self-esteem of the practicing registered nurse, the impact of it on the practice environment, and the effect of it on client care, represents a relatively unexplored area of research in nursing. Increasing the self-concept of a registered nurse proposes a major strategy to enhance the quality of work and thus the quality of client care. However, high self-esteem nurses are self-directed independent thinking care-givers; therefore, they tend to threaten the present hospital organizational structure resulting in power struggles between the nurses and administrators. What aspect of the practice setting helps to increase or maintain the self-esteem of a registered nurse? What aspect tends to decrease self-esteem? What type of administrative system can function efficiently with many competent decision makers? If we knew the answer to these questions, the effectiveness of the health care system and the satisfaction gleaned from nursing practice could both be enhanced. Research is needed to develop strategies for the maintenance of healthy levels of self-esteem in nurses. Research is needed to
study the effects of different hospital administrative approaches. The exploitative-authoritarian system of organizational structure presently in place does not function well in a technologically sophisticated, highly specialized health care milieu.

Evidence is available developing a relationship between self-concept and performance. Conclusive information linking nurses' self-concepts and nurses' performances is not. This area of study has many variables. For example, type of specialty practice, number of hours on duty, years of experience, kind of education, nature of the client, nature of the supervision/consultation, could influence both performance and self-esteem. Further research is needed in this area.

The question of role conflict in nurses begs investigation. Conflict between two belief systems causes emotional distress. Emotional distress can lead to burnout and burnout is a costly problem to the individual; the profession; the health care system; and society in general. Research to study methods of resolving conflict is needed. Research into the extent of emotional distress in nurses; the causes of it; and
the impact of it on health care delivery need further study.

The sample size in this study is too small to make definitive comments. In future research it would be important to study a large number of practicing registered nurses. Power analysis is a useful strategy for determining sample size and should be considered in future research design.

The use of concept mapping as a teaching strategy in health education has not been researched until this study. Concept mapping offers potential for health education because of the often complex information taught and a variety of ethnic groups seeking health care who present with varied cultural backgrounds and a diversity of conceptual frameworks. Research to compare the effects of different teaching strategies is recommended along with the use of a control group. Teaching strategies for both disease prevention and health promotion are necessary.

Although significant, the limited magnitude of the reported results of this study invite constructive replication. Further refinement of the research methodology and performance measures should permit a
more powerful assessment of the effects of self-esteem training on practicing registered nurses.

In summary, the following recommendations are made:

1. Replication of this study.
2. Research of the self-concepts of practicing registered nurses.
3. Research of role conflict in nurses.
4. Research of emotional distress in practicing registered nurses.
5. Research of teaching strategies for use in health education.
6. Research of the effects of various administrative styles and organizational structures in health care facilities on practicing nurses.
References


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VITA AUCTORIS

Dorothy Theresa McGee was born and informally educated on a farm in Essex county. Formal education began in a one room school house and progressed to a rural high school. In primary school she won a district speaking contest with a speech entitled, I want to be a Nurse. She graduated from Hotel Dieu School of Nursing in 1963. When the youngest of her two daughters entered grade one, Dorothy entered the University of Windsor part-time studies. In 1983 she received a Bachelor of Arts degree and in 1986 a Bachelor of Education (Honours). Further, she has been employed as a registered nurse on a full time basis during most of her studies. Her professional experience includes general duty, obstetrics, ICU/CCU, and psychiatry.

Dorothy is the chairperson of the Psychiatric Nurses Interest Group of the Registered Nurses Association of Ontario and a founding member of the Canadian Federation of Mental Health Nurses. She is an active member of the Canadian Foundation for the Advancement of Psychiatric Nursing. Her professional interests include elder abuse, stress management for nurses, and the official designation of psychiatric mental health nursing as a specialty. Dorothy aspires to a Ph.D. in psychiatric nursing.