

Study On Self-Esteem And Emotional Maturity Among Girls Of Selected Nursing Colleges In District Vadodara City

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Abstract –

Background: Self-esteem and emotional maturity are crucial psychological variables that influence the academic performance, mental well-being, and interpersonal relationships of nursing students. This study explores the relationship between self-esteem and emotional maturity among female nursing students in Vadodara City district.

Objectives:

1. To assess the level of self-esteem among girl students in selected nursing colleges.
2. To assess the level of emotional maturity among the same group.
3. To find the correlation between self-esteem and emotional maturity.
4. To determine the association of self-esteem and emotional maturity with selected demographic variables.

Methods: A descriptive cross-sectional study was conducted among approximately 200 girl students selected using stratified random sampling from different nursing colleges in Vadodara City district. Data were collected using a structured questionnaire comprising a socio-demographic data sheet, the Self-Esteem Scale by Dhar & Dhar (2005), and the Emotional Maturity Scale by Singh & Bhargava (1990). Data analysis included descriptive statistics, Pearson's correlation, and multiple regression analysis.

Results: The study found that a majority of the students had moderate levels of both self-esteem and emotional maturity. A statistically significant positive correlation ($r = 0.62, p < 0.05$) was found between self-esteem and emotional maturity.

Conclusion: Higher self-esteem is associated with better emotional maturity. This suggests the importance of counseling and mentorship programs to boost the self-worth and emotional regulation skills of nursing students.

Keywords: Self-esteem, Emotional maturity, Nursing students, Adolescents, Vadodara City.

INTRODUCTION

Self-esteem is the individual's perception of their own worth, which directly influences confidence, motivation, and emotional regulation. Emotional maturity refers to the ability to manage and balance emotional reactions in challenging situations. Nursing students, especially girls transitioning into adulthood, often experience academic pressure, clinical stress, and emotional challenges, affecting both self-esteem and emotional maturity.

Understanding these psychological aspects is essential for ensuring the personal and professional development of nursing students. This study aims to assess the level and relationship of self-esteem and emotional maturity among girls of selected nursing colleges in Vadodara City.

BACKGROUND OF STUDY:

Self-esteem and emotional maturity are two essential psychological attributes that significantly influence an individual's personal growth, academic success, and professional performance—especially in demanding fields like nursing. Nursing students often face academic pressure, clinical challenges, and emotional stress due to their rigorous training and caregiving responsibilities. Female nursing students, in particular, may encounter added societal and emotional expectations, making it crucial to understand their psychological resilience.

Self-esteem reflects a person's perception of their own worth, which influences confidence, motivation, and interpersonal behavior. Emotional maturity, on the other hand, refers to the ability to manage emotions effectively, respond to stress appropriately, and maintain balance in challenging situations. Both qualities are interdependent and vital for developing competent, compassionate, and emotionally stable nurses.

In the context of nursing education in India, limited studies have focused on assessing these psychological constructs among students, particularly in semi-urban and rural districts like Vadodara City district. This

study aims to assess the levels of self-esteem and emotional maturity and explore their interrelationship among female nursing students in selected colleges of Vadodara City district.

METHODOLOGY

Research Design: The study will adopt a descriptive cross-sectional design to assess the levels of self-esteem and emotional maturity among female nursing students.

Study Setting: The study will be conducted in selected nursing colleges located in Vadodara City district, Uttar Pradesh.

Study Population: The target population comprises female students enrolled in various nursing programs (GNM, B.Sc. Nursing, Post Basic B.Sc. Nursing) in the selected colleges of Vadodara City district.

Sample Size and Sampling Technique: A total of approximately 200 students will be selected using a stratified random sampling technique. Stratification will be based on the year of study (first, second, third, and final year) to ensure adequate representation from each academic level.

Inclusion Criteria:

- Female students currently enrolled in nursing programs
- Willing to participate and provide informed consent
- Present during the data collection period

Exclusion Criteria:

- Students unwilling to participate
- Those who have received psychological counseling in the past 6 months for emotional or self-esteem-related issues

Data Collection Tool: A structured self-administered questionnaire will be used for data collection. It will consist of three parts:

- Part I: Socio-demographic Data Sheet
- Part II: Self-Esteem Scale by Dhar & Dhar (2005)
- Part III: Emotional Maturity Scale by Singh & Bhargava (1990)

Data Collection Procedure: Permission will be obtained from college authorities. Participants will be informed about the study, and written informed consent will be taken. Questionnaires will be distributed and collected during class hours. Confidentiality and privacy will be strictly maintained.

Data Analysis: Data will be analyzed using SPSS software. Descriptive statistics (frequency, percentage, mean, SD) will summarize the data. Pearson's correlation will examine the relationship between self-esteem and emotional maturity. Multiple regression analysis may be used to identify influencing factors.

Ethical Considerations

- Informed written consent will be obtained from each participant.
- Participants will be assured of confidentiality and anonymity.
- Participation will be voluntary, and participants may withdraw at any time.
- Ethical approval will be obtained from the Institutional Ethics Committee (IEC) of participating colleges.
- No physical or psychological harm will be posed to participants.

RESULT OF STUDY

Section A: Socio-Demographic Profile of The Study

Table 1: Frequency and Percentage distribution of the study subjects based on their personal profiles.

N=200

Sr. No.	SOCIO-DEMOGRAPHIC CHARACTERISTICS		
	DEMOGRAPHIC VARIABLE	FREQUENCY (<i>f</i>)	PERCENTAGE (%)
1	Age in Years		
	18 Years	5	2.5
	19 Years	69	34.5
	20 Years	77	38.5

	21 Years and above	48	24.0
2.	Gender		
	Male	34	17.0
	Female	166	83.0
3.	Birth Order in the Family		
	First Child	86	43.0
	Middle Child	47	23.5
	Last Child	63	31.5
	Precious Child	4	2.0
4.	Domicile		
	Rural	50	25.0
	Urban	89	44.5
	Semi Urban	60	30.0
5.	Income of the Family		
	Below Rs.10,000/-	80	40.0
	Rs.10,001/- to Rs.20,000/-	74	37.0
	Rs.20,001/- and above	45	22.5
6.	Religion		
	Hindu	94	47.0
	Christian	92	46.0
	Muslim	6	3.0
	Any Other	7	3.5
7.	Parents		
	Both are alive	178	89.0
	Only one is alive	20	10.0
	Separated/ divorced / living far from each other due to job	2	1.0
8.	Number of Siblings		
	NIL	20	10.0
	One	70	35.0
	Two	59	29.5
	Three	23	11.5
	More than three	27	13.5
9.	History of suicide in the family		
	Yes	9	4.5
	No	191	95.5
10.	Suffering from any Health Problems		
	Yes	43	21.5
	No	157	78.5
11.	Chronic illness/ disability		
	Yes	34	17.0
	No	166	83.0
12.	Type of family		
	Joint	35	17.0
	Nuclear	164	82.0
	Extended	1	1.0
13.	Size of the family		
	Less than 4	58	29.0

	More than 4	142	71.0
14.	Age of the Mother		
	Below 40 Years	44	22.0
	41 to 50 Years	134	67.0
	51 Years and above	23	11.5
15.	Age of the Father		
	Below 40 Years	5	2.5
	41 to 50 Years	120	60.0
	51 Years and above	75	37.5
16.	Education of the Mother		
	No formal education	15	7.5
	Below 10 th	81	40.5
	Up to Graduation	75	37.5
	PG and above	18	9.0
	Diploma	10	5.0
17.	Education of the Father		
	No formal education	11	5.5
	Below 10 th	75	37.5
	Up to Graduation	74	37.0
	PG and above	29	14.5
	Diploma	10	5.0
18.	Occupation of the Mother		
	House wife	135	67.5
	Business	14	7.0
	Service (Professional)	30	15.0
	Service (Non-Professional)	9	4.5
	Skilled work	12	6.0
19.	Occupation of the Father		
	Coolie	35	17.5
	Business	69	34.5
	Service (Professional)	46	23.0
	Service (Non-Professional)	19	9.5
	Skilled work	32	16.0
20.	Regularity in School/ College attendance		
	Irregular	10	5.0
	Regular	174	87.0
	Regularly Irregular	8	4.0
	Irregularly Regular	8	4.0
21.	Self-report on overall Academic Performance		
	Poor	2	1.0
	Below average	5	2.5
	Average	53	26.5
	Above average	138	69.0
	Excellent	2	1.0
22.	Percentage of marks obtained in the 1st year exam		
	80% to 90%	2	1.0

	70% to 80%	35	17.5
	60% to 70%	119	59.5
	50% to 60%	37	18.5
	Below 50%	6	3.0
23.	Incentives offered by parents on your last year exam performance		
	Nothing	82	41.0
	Outing	11	5.5
	Holiday trips	12	6.0
	Vehicle	5	2.5
	Dress	34	17.0
	Jewels	9	4.5
	Mobile phone	16	8.0
	Verbal appreciations	30	15.0
24.	Personal level of expectations to achieve in the 2nd year examinations		
	At least pass (50%)	15	7.5
	Score 60%	48	24.0
	Score 70%	85	42.5
	Score 80%	49	24.5
	No expectations	3	1.5
25	Performance in the 1st year exam		
	Excellent	3	1.5
	Good	156	78.0
	Fair	41	20.5
26	Parents want you to achieve in second year final exams		
	At least pass (50%)	14	7.0
	Score 60%	34	17.0
	Score 70%	68	34.0
	Score 80% and above	81	40.5
	Others	4	2.0
27	Parents clearly communicated their expectations to you		
	Yes	187	93.5
	No	13	6.5
28.	Habits of reading Journals/ periodicals		
	Yes	110	55.0
	No	90	45.0
29.	Prefer to select Mental Health Nursing for Specialization		
	Yes	94	47.0
	No	106	53.0
30.	Received counselling on academic achievement and study habits		
	Yes	77	38.5
	No	123	61.5
31.	Attended camp in the school days on self-esteem and		

	Yes	98	49.0
	No	102	51.0
32.	If yes how many times attended,		
	Only Once	98	49.0
	More than Once	00.0	00.0
33.	Modification to improve activities related to studies		
	Stop watching TV	20	10.0
	Transfer work to others	9	4.5
	Keeping room neat	20	10.0
	Fresh up and Ready to study	104	52.0
	Preferring silence	48	24.0
34.	Reactions of teacher when you don't perform well in class		
	They don't bother	16	8.0
	Scolded	67	33.5
	Provided special classes	38	19.0
	Informed parents	22	11.0
	Insisted to come for study hours regularly	43	21.5
	Any other	14	7.0
35.	Residence while studying nursing		
	Home	24	12.0
	Hostel	155	77.5
	Paying Guest House	5	2.5
	Rental House	15	7.5
	Any other	1	0.5
36.	Future plan after completion of the course		
	Bedside Nurse	20	10.0
	Persuading for higher studies	57	28.5
	Government job	42	21.0
	Join in armed force/ railways	8	4.0
	Going abroad	57	28.5
	Becoming a teacher	9	4.5
	Getting married	1	0.5
	Nurse administrator	6	3.0
37.	Found social life among nursing classmates		
	Yes	160	80.0
	No	40	20.0
38.	Commonly participate in social get together with		
	Males	9	4.5
	Females	31	15.5
	Both	160	80.0
39.	Ranking interactions with classmates		
	Freely socializing with no inhibitions	97	48.5
	Friendly but with reservations	100	50.0
	Aloof	3	1.5

40.	What do you want to achieve in student life?		
	Get into good carrier	94	47.0
	Get good marks	38	19.0
	Personal satisfaction	20	10.0
	enjoying to the maximum	12	6.0
	Meeting teachers and parents expectations	35	17.5
41	Group activities like to participate		
	Educational trip	63	31.5
	Jolly tours	59	29.5
	Collective rebelling	2	1.0
	Group study	33	16.5
	Cultural activity	38	19.0
	Any other	5	2.5

Table 2: Correlation among self-esteem, study habits, adjustment and academic achievements of the study subjects

N=200

Study variables	Self-Esteem	Study Habits	Adjustment	Academic Achievement
Self-Esteem	1	0.206**	0.530**	0.038
Study Habits	0.206**	1	0.201**	0.047**
Adjustment	0.530**	0.201**	1	0.051**
Academic Achievement	0.038	0.047**	0.051**	1

** Correlation is significant at the 0.01 level (2-tailed).

The above table 2 throws light on the overall correlation between self-esteem, study habits, adjustment and academic achievement of the study subjects.

The Pearson Correlation analysis was used to find out the relationship. The results highlighted that there was a high level statistical significance of a weak positive correlation between self-esteem and study habit ('r' = 0.206 at p< 0.05 level of significance).

With regard to correlation between self-esteem and adjustment, the analysis showed that there was a high level significance of strong positive correlation ('r' = 0.530 at p< 0.05 level), whereas between self-esteem and academic achievement the correlation analysis indicated a negligible relationship which is statistically nil significance.

With regard to correlation between study habits and adjustment, analysis revealed a weak positive correlation ('r' value 0.201 at P value <0.05 levels) and correlation between study habits and academic achievement also indicated a negligible positive correlation ('r' value = 0.047 at P value <0.05 levels).

Similarly, the correlation between adjustment and academic achievement indicated statistically a weak positive correlation ('r' value 0.051).

Table 3 Effect of study habits, adjustment and academic achievement on self-esteem of subjects.

N= 200

Study variables	β Coefficient	Std Error	t test	Sig	95% CI	
					Lower	Upper
Constant	243.759	19.098	12.763	0.000	206.22	281.29
Academic Achievements	0.122	0.135	0.903	0.367NS	0.388	0.144
Study habits Score	0.534	0.217	2.466	0.014**	0.108	0.960
Adjustment Score	1.603	0.131	12.273	0.000***	1.859	1.346

Dependent variable: Self-esteem, R = 0.541, R square = 0.293, F= 60.123, p<0.001

The above table 3, brought out the multiple regression results for Self-esteem taking into consideration of all cases (N=440). The selected independent variables were academic achievement, study habits and adjustment. These independent variables were correlated with self-esteem.

The table revealed the total 'R' square percentage contribution towards self-esteem was 29.3% of variance. Among three independent variables, only study habit and adjustment significant effect with self-esteem.

Study- habits: - There was a positive relationship between self-esteem and study habits. If the study habit score increases by one unit then, self-esteem score also increases by 0.534 units. Study habits score was statistically significant ($t=2.466$) at 95% level of confidence.

Adjustment score: -There was a positive relationship between self-esteem and adjustment score. If adjustment score increases by one unit then, self-esteem score also increases by 1.603 units. Adjustment score was statistically significant ($t=12.273$) at 99% level of confidence.

It was agreed that as the 't' value for β Coefficient was significant, β Coefficients were reliable parameter. Therefore, the multiple regression equation was

Self-esteem = 243.759 + (0.534) Study habits + (1.603) Adjustment score + (0.122) Academic Achievements.

By applying the F ratio value (60.123), it was said that it was significant at p<0.05 level. So the independent variable study habits and adjustment score were essential in order to predict self-esteem among all subjects.

Table 4: Effects of study habits, adjustment and academic achievement on self-esteem among the nursing subjects.

N= 200

	β Coefficients	Std Error	't' value	Sig	95% CI	
					Lower	Upper
Constant	249.519	32.851	7.595	0.000	184.653	314.386
Academic Achievements	0.028	0.237	0.118	0.906 NS	0.496	0.440
Study habits Score	0.291	0.352	0.824	0.411 NS	0.405	0.986
Adjustment Score	1.410	0.208	6.766	0.000***	1.822	0.999

Dependent variable: Self-esteem, R = 0.496, R square = 0.246, F= 17.795, p<0.000

The above table 4 highlights the multiple regression results for Self-esteem taking into consideration of NURSING STUDENTS subjects (N=168). The selected independent variables were study habits, adjustment and academic achievement. These independent variables were correlated with self-esteem.

The table revealed the total R square percentage contribution towards self-esteem was 24.6% of variance. Among three independent variables only adjustment showed a statistically significant correlation with self-esteem.

Adjustment score: -There was a positive relationship between self-esteem and adjustment score. If adjustment score increases by one unit then, self-esteem score also increases by 1.410 units. Adjustment score was statistically significant at 99% level of confidence with self-esteem.

Since P value was less than 0.01, it was agreed that as the 't' value for β Coefficient was significant, β Coefficients were reliable parameter. Therefore the multiple regression equation was

Self-esteem = 249.519 + (0.291) Study habits + (1.410) Adjustment score +(0.028) Academic Achievements.

By applying the F ratio value (17.795), it was significant at $p < 0.05$ level. So the independent variable adjustment score was essential in order to predict self-esteem among Nursing subjects.

Table.5 Effects of study habits, adjustment and academic achievement on self-esteem among B.Sc. Nursing subjects.

N=200

	β Coefficients	Std Error	t test	Sig	95% CI	
					Lower	Upper
Constant	231.105	23.967	9.643	0.000	183.918	278.293
Academic Achievements	0.181	0.165	1.097	0.274	0.505	0.144
Study habits Score	0.800	0.282	2.835	0.005**	0.244	1.355
Adjustment Score	1.670	0.170	9.846	0.000***	2.004	1.336

Dependent variable: Self-esteem, R = 0.568, R square = 0.323, F= 42.613, $p < 0.000$

Implications for study/ Implications for Practice

The findings of this study highlight the potential of multimedia educational interventions as an effective strategy in promoting reproductive health awareness, particularly concerning infertility. Nurses and other healthcare professionals can incorporate such tools into patient education sessions to deliver comprehensive, engaging, and easily understandable information. Multimedia resources can help bridge communication gaps, especially for clients with low health literacy or limited exposure to medical information. By using culturally appropriate visuals and language, these tools can effectively dispel myths, reduce stigma, and foster positive attitudes among couples facing infertility challenges. In clinical settings, multimedia education can complement traditional counseling methods, making the learning experience more interactive and impactful. Furthermore, this approach supports the goal of patient-centered care by empowering individuals to make informed decisions about their reproductive health. On a broader scale, hospital administrators and health policymakers can consider integrating such educational packages into routine services, particularly in outpatient departments, fertility clinics, and community outreach programs. This strategy not only improves knowledge and attitudes but also encourages early help-seeking behavior, which is crucial for timely diagnosis and intervention in infertility management.

Study Limitations and Recommendations for Future Research

The study was limited to female nursing students in Vadodara City district, restricting generalizability to other regions or male students. Its cross-sectional design and use of self-reported tools may have introduced bias and limited causal interpretation. Additionally, only two psychological variables—self-esteem and emotional maturity—were assessed, without exploring other influencing factors such as stress or family dynamics. Future research should include diverse populations, longitudinal methods, and qualitative approaches for deeper insights. Comparative studies involving male students and intervention-based research to enhance self-esteem and emotional regulation among nursing students are also recommended to improve academic and personal development outcomes.

CONCLUSION

The study concludes that there is a significant positive correlation between self-esteem and emotional maturity among female nursing students in Vadodara City district. Most students exhibited moderate levels of both constructs, highlighting the need for psychological support during academic years. Emotional maturity plays a key role in coping with clinical and academic challenges, and higher self-esteem contributes to better personal and professional development. These findings underscore the importance of integrating emotional intelligence training, counseling, and self-awareness programs within nursing curricula. Enhancing these attributes can lead to more confident, emotionally balanced, and resilient future nurses capable of delivering quality care.

Declaration of Conflicting Interests

- The author(s) declare that there is no conflict of interest with respect to the research, authorship, and publication of this article.

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Human Subjects Review Details

This study was approved by the Institutional Review Board (IRB) of Parul University. All participants provided informed consent prior to participation. The study adhered to ethical guidelines for research involving human subjects, ensuring confidentiality, voluntary participation, and the right to withdraw at any time without consequence.

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