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PREVIEW

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**Towards an occupational self-esteem model for psychiatric
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Kunes-Connell, Mary Victoria, Ph.D.

The University of Nebraska - Lincoln, 1991

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Ann Arbor, MI 48106**

PREVIEW

TOWARDS AN OCCUPATIONAL SELF-ESTEEM

MODEL FOR PSYCHIATRIC NURSES

BY

MARY V. KUNES-CONNELL

A DISSERTATION

**Presented to the Faculty of
The Graduate College in the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy**

**Major: Interdepartmental Area of Community
& Human Resources**

**Under the Supervision of Professor John Creswell
Lincoln, Nebraska**

December, 1991

DISSERTATION TITLE

Towards An Occupational Self-esteem Model
for Psychiatric Nurses

BY

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GRADUATE COLLEGE
UNIVERSITY OF NEBRASKA

**TOWARDS AN OCCUPATIONAL SELF-ESTEEM MODEL
FOR PSYCHIATRIC NURSES**

Mary Kunes, Ph.D.

University of Nebraska, 1991

Adviser: John Creswell

The literature points to a relationship between self-esteem and behavior (Branden, 1969). However, no studies have been conducted on occupational self-esteem. Despite the lack of research, occupational self-esteem is considered essential to an individual's behavior in the workplace.

The purpose of this study was to develop a grounded theory of occupational self-esteem for psychiatric nursing using data collected from a 161-bed, private, psychiatric teaching hospital. The central question was: "What factors of the nurse and the nursing environment influence the perception of the psychiatric nurse's occupational self-esteem?"

During the 4.5 month investigative period, three data collection methods were used: interview, document review, and observation. Using theoretical sampling 17 psychiatric nurses were chosen for interview. Documents were reviewed to develop a background about organizational philosophy, structure, and job expectations in the workplace. Approximately 25 hours of staff and management meetings were observed.

Constant comparative analysis guided the development of a model consisting of categories, properties, and causal conditions of occupational self-esteem. Trustworthiness of findings was determined using triangulation of data, member-checking, and independent interrater coders.

An occupational self-esteem model was derived inductively from data collected. The model derived a definition of occupational self-esteem as: an organized view of self-worth in the work role based on an evaluation of the self in relationship to role completion and role value.

The model proposed that professional role identity and leadership paradigms constitute two causal conditions of occupational self-esteem. These two conditions work together to create a hospital organizational environment conducive to promoting occupational self-esteem. Occupational self-esteem is predicated on the profession's ability to articulate a role identity that is consistent within the profession and congruent with the organization's expectations. The study suggested four strategies facilitating role identity: education, affirmation, feedback, and appropriate resource allocation.

Occupational self-esteem is also predicated on a leadership paradigm characterized by supportive, "bottom-up" communication. Connectedness and empowerment were identified as strategies needed to facilitate this style.

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CHAPTER ONE

Focus of the Study

The importance of self-esteem as a predictor of behavior has long held the interest of professionals in diverse service-oriented fields. In academic settings, the self-esteem of elementary, high school, and college-aged students has been studied from the dual perspective of conditions influencing academic self-esteem to academic outcomes (Calsyn & Kenny, 1977; Coopersmith, 1959, 1967; Scheirer & Kraut, 1979; Shavelson, Hubner & Stanton, 1976). Most notably, the fields of psychology and psychiatry have paid special attention to the self-esteem construct. Branden (1969) contends that it is the decisive factor in one's psychological and emotional development. In fact, he makes an argument for the strong relationship between self-esteem, productivity, motivation, and love. Branden (1961), Rogers (1951) and Travelbee (1979) claim that it is inextricably tied to mental health and mental illness. In addition to its impact on mental health, Antonucci and Jackson (1983) describe a link between self-esteem and physical health. This interest has prompted much research in the areas of global, academic, social, and physical self-esteem (Bandura, 1982; Coopersmith, 1959; Crary, 1969; Epstein, 1979; Fleming & Courtney, 1984; Fleming & Watts, 1980; Webster & Sobieszek, 1974; Wylie, 1961, 1974, 1989). However, limited attention has been paid to occupational

self-esteem (Fleming and Courtney, 1984). Fleming and Courtney (1984) contend that, just as academic self-esteem is important to the child and adolescent's performance in the school setting, occupational self-esteem may be equally important to the adult's performance in the work setting. However, occupational self-esteem, as a facet of global self-esteem has yet to be explored.

Though a definition of occupational self-esteem has yet to surface in the literature, it is implied that occupational self-esteem can be defined as the feelings about the self in relation to successful task accomplishment and relationship capabilities in the work setting (Fleming & Courtney, 1984).

Understanding the occupational self-esteem of the worker may be especially important in the psychiatric nursing profession. In psychiatric nursing successful task completion is predicated on the effectiveness of the nurses' communication abilities. In fact, Combs and Avila (1985) note that the self-esteem of the helper is essential to the success of therapeutic treatment. If self-esteem frames communication and behavior, then psychiatric nursing's behavior in delivering care can be compromised by any event affecting the nurse's occupational self-esteem--that is, the self-esteem associated with one's view of the self as a professional and helper. In a hospital setting, the occupational self-esteem of the psychiatric nurse may be

important not only to the quality and success of the helping relationship, it may have ramifications to the overall quality of care being delivered in a psychiatric hospital.

Overview of Self-Esteem Literature

Despite its relevance to psychiatric nursing, as well as other helping professions, the literature is virtually non-existent in its discussion of occupational self-esteem. A review of the literature indicates that emphasis has been placed on understanding the general self-concept and self-esteem constructs (Coopersmith, 1959, 1967; Shavelson, et al., 1976; Webster & Sobieszek, 1974; Wylie, 1961, 1974, 1989). Three areas relevant to these constructs have been identified in the research. First, there is an extensive body of literature related to the development of an individual's self-concept and self-esteem (Coopersmith, 1967; Gordon, 1969; Webster & Sobieszek, 1974). It emphasizes the role of cognitive self-evaluation in the formation of the self-concept and affective self-evaluation in the formation of self-esteem. This literature stresses the structure and dimensionality of these constructs. A second body of literature emphasizes the role that self-esteem plays in determining one's level of motivation, behavior, and achievement (Coopersmith, 1959, 1967; Webster & Sobieszek, 1974). A third area relates to the development and testing of scales to measure the constructs (Gilberts, 1983; Gordon, 1969; Wylie, 1961, 1974, 1989).

Apart from the general literature, a body of nursing literature exists in this area. This literature emphasizes an association between self-esteem and factors such as the physical and mental health of individuals (Antonucci & Jackson, 1983). The most recent direction taken by nursing research involves an analysis of the concept of self-esteem disturbance as a nursing diagnosis (Norris & Kunes-Connell, 1985). Table 1 summarizes a number of general self-esteem studies in terms of the type of study conducted, subjects, instrumentation, and properties discussed in the study.

Five general themes emerge from this table. First, the research has primarily focused on the child, adolescent, or young adult population in the academic setting. No studies have investigated the self-esteem of the adult in the workplace. Second, data collection primarily involves survey methodology allowing the investigator to breakdown the construct into its component parts. As a result, the research stresses the structure and dimensionality of the self-esteem construct. Third, the use of qualitative methodology in the study of this phenomena is rare. Fourth, emphasis is rarely placed on the antecedent conditions or consequences of self-esteem on behavior. Finally, there are few, if any, replication studies in the area.

Table 1. Summary of Self-Esteem Literature Review Findings

Year	Author	Type of Study	Subjects	Data Collection Tools	Within-Construct Properties							Between-Construct Properties	
					Organized Construct	Multi-faceted Construct	Hierarchical Construct	Stable Construct	Developmental Construct	Evaluative Construct	Differential Construct	Causal Conditions	Effects
1950	Bugental & Zales	Survey	134 students (ages 17-28) in a college level introductory psychology course	H-A-Y Technique (Projective Technique)	•	•			•				
1959	Coopersmith, S.	Survey	1. 102 5th & 8th Grade children (61-69 female; 53 males) 2. Teachers & Principals of the 102 children	Self-Esteem Inventory Behavior Rating Form Marlowe-Crowne Social Desirability Scale Children's Sociograms		•				•	•		•
1962	Schlen, Mosch, & Decker	Experimental	80 adult subjects	Bulter-Hugh O Sort following Ten-Item & unlabeled therapy				•		•			
1963	Whitler & Meyer	Survey	68 undergraduates attending a psychology class	1. Bulter-Hugh O 2. Index of Adjustment & Value 3. Taylor Manifest Anxiety Scale 4. Marlowe-Crowne Social Desirability Scale 5. Coopersmith's Newy-Newy Scale						•	•		
1968	Rosenzweig	Survey	70 Caucasian women studied at 18 & then again at age 25	1. Biographical Inventory Scale 2. Index of Adjustment & Values				•	•	•			
1969	Crary, W.	Survey	120 sophomore dental students	Spence Beta Test Life Scale		•				•			
1979	Shapiro	Multi-Test/Multi-Method Approach Survey	127 individuals (age 14-22)	1. Five Point Rating Scale 2. Five Point Self-Rating Scale 3. O-Sort 4. Judgment about self 5. Interview Sentence						•			
1980	Flaming & Hunt	Multi-Test/Multi-Method Approach Survey	123 college sophomore students in an introductory research course	1. Feelings of Inadequacy Scale 2. Elms Empathy Fantasy Scale 3. Coopersmith's Social Desirability Scale 4. Miller's Locus of Control 5. Anxiety Differential Scale 6. Thurman's Vocabulary Test		•	•			•	•		•
1982	Shawson & Bales	Multi-Test/Multi-Method Approach Survey	99 junior high school students	1. Way I Feel About Myself Scale 2. Tennessee Self-Concept Scale 3. Michigan State Self-Concept of Ability Scale: Form A & B		•	•	•			•		•
1984	Flaming & Courtney	Survey	258 1st year college psychology students	1. Self-Rating Scale 2. Rosenberg's Self-Concept Scale 3. Beck's Depression Inventory 4. Marlowe-Crowne Scale 5. Sundberg's Manifest Anxiety Scale 6. McClelland & Schuler's Anxiety Scale 7. Tulacz's Scale 8. Fantasy-Reality Scale	•	•	•			•	•		•
1985	Horne & Kuehn-Conrad	1. Interview 2. Survey	54 participants 1. 10 hospitalized psychiatric patients 2. 5 battered women 3. 21 ETH & drug abusers 4. 9 chronically, physically ill individuals	1. Semi-structured interview 2. Social Self-Esteem Inventory	•			•		•		•	•
1985	O'Brien	Survey	208 female undergraduates	1. Rosenberg Self-Esteem Scale 2. Early Feelings of Inadequacy Scale			•			•			
1986	Mart	Survey	1. 151 Australian University students 2. 381 Cultural Studies subjects 3. 298 11th grade females 4. 46 High School girls 5. 76 female students 6. 100 female students 7. 100 female students 8. 100 female students 9. 100 female students 10. 100 female students 11. 100 female students 12. 100 female students 13. 100 female students 14. 100 female students 15. 100 female students 16. 100 female students 17. 100 female students 18. 100 female students 19. 100 female students 20. 100 female students 21. 100 female students 22. 100 female students 23. 100 female students 24. 100 female students 25. 100 female students 26. 100 female students 27. 100 female students 28. 100 female students 29. 100 female students 30. 100 female students 31. 100 female students 32. 100 female students 33. 100 female students 34. 100 female students 35. 100 female students 36. 100 female students 37. 100 female students 38. 100 female students 39. 100 female students 40. 100 female students 41. 100 female students 42. 100 female students 43. 100 female students 44. 100 female students 45. 100 female students 46. 100 female students 47. 100 female students 48. 100 female students 49. 100 female students 50. 100 female students 51. 100 female students 52. 100 female students 53. 100 female students 54. 100 female students 55. 100 female students 56. 100 female students 57. 100 female students 58. 100 female students 59. 100 female students 60. 100 female students 61. 100 female students 62. 100 female students 63. 100 female students 64. 100 female students 65. 100 female students 66. 100 female students 67. 100 female students 68. 100 female students 69. 100 female students 70. 100 female students 71. 100 female students 72. 100 female students 73. 100 female students 74. 100 female students 75. 100 female students 76. 100 female students 77. 100 female students 78. 100 female students 79. 100 female students 80. 100 female students 81. 100 female students 82. 100 female students 83. 100 female students 84. 100 female students 85. 100 female students 86. 100 female students 87. 100 female students 88. 100 female students 89. 100 female students 90. 100 female students 91. 100 female students 92. 100 female students 93. 100 female students 94. 100 female students 95. 100 female students 96. 100 female students 97. 100 female students 98. 100 female students 99. 100 female students 100. 100 female students	Self-Description Questionnaire II		•				•			

Limitations in the Self-Esteem Literature

A review of the self-esteem literature suggests several limitations to the present state of our knowledge concerning the development of occupational self-esteem in the psychiatric nurse. First, self-concept and self-esteem definitions are not always clearly delineated and tend to vary with each study. Neither construct has been clearly nor consistently defined for use in research (Coopersmith, 1967; Gordon, 1969; Shavelson et al., 1976). The lack of clarity makes it difficult to determine whether self-concept and self-esteem are synonymous constructs or separate but related constructs. These vague and inconsistent definitions make it difficult to determine if the constructs actually measure self-esteem for the situation or role under study.

Second, most of the studies center on the formation of a global self-esteem--that is, a maturationally-based view of the self, derived from appraisals of significant others. The role self-esteem construct is often neglected, despite its significance to the development of one's global self-esteem and its importance as a predictor of behavior in particular situations. Role self-esteem needs to be further delineated, clarified and investigated if its importance to global self-esteem is to be truly appreciated (Watkins, 1978). Studies that have chosen to study role self-esteem have concentrated on academic or social roles of the

children, adolescents, or college-aged adults (Shavelson, et al., 1976; Wylie, 1961, 1974). Despite its presumed centrality to adulthood, self-esteem studies have not concentrated on the occupational role (Fleming and Courtney, 1984). Clarification and delineation of occupational self-esteem is necessary if practitioners are to design and implement effective programs meeting the self-esteem needs of the individual in various work-related roles.

A third limitation in the present state of knowledge on occupational self-esteem in nursing relates to methods of generating data on nurses' perception of themselves in the work setting. Scales designed to measure both the development and effects of self-esteem have been limited in scope. Most scales have been designed and tested using children and adolescents as the sampling population. As a result, the generalizability of the scales may be limited to these populations. In fact, most scales are designed primarily for use by educators with school-age children and adolescents or by clinicians for use in the counseling environment (Shavelson et al., 1976; Wylie, 1961, 1974, 1989). Few scales have been developed that measure occupational self-esteem of the adult in the work role. No scales have been designed and tested to measure issues of occupational self-esteem in the psychiatric nurse. The few studies on self-esteem in nursing have used either global self-esteem scales or self-image scales that focus on the

desirability of nursing as a career (Baldwin, Welches, Walker, & Eliastam, 1987; Ugwuegbu & Ogundeyen, 1977). Global self-esteem may not be a valid measuring criteria for understanding occupational self-esteem. Shavelson and Bolus (1982) studied the relationship between global and academic self-esteem and grade point average (GPA). Their findings indicated that global self-esteem is not significantly correlated to the GPA. On the other hand, academic self-esteem tends to be a more significant predictor of GPA. If this holds true, scales designed to measure global self-esteem may not be valid or reliable tools in measuring occupational self-esteem, its antecedents, or consequences.

Fourth, the reliability and validity of many scales are questionable. An extensive review of self-esteem scales by Gilbert (1983), Gordon (1969), and Wylie (1961, 1974, 1989) indicate that few, if any, have been rigorously tested for validity and reliability. In fact, Shavelson et al. (1976) point out that scales to measure self-concept are as diverse and numerous as the studies themselves. Furthermore, validity problems arise secondary to the lack of a definition of the construct used to form the basis of indicator measurement.

Fifth, the measurement of the construct should involve methods that elicit the individual's own thoughts, feelings, and interpretations of events that affect self-esteem in particular roles. The humanistic approach to self-esteem