# ASSESSMENT OF SELF-ESTEEM LEVEL AMONG NURSES WORKING IN KANTICHILDREN HOSPITAL

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## ABSTRACT

**Introduction:** This descriptive cross-sectional study aimed to assess the level of self-esteem among nurses working at Kanti Children Hospital and to examine its association with selected demographic and work-related variables. Self-esteem is a critical factor influencing professional performance, mental well-being, and job satisfaction. Understanding its determinants can inform strategies to support and retain nursing staff in demanding pediatric settings. **Objective:** To assess the level of self-esteem among nurses and examine its association with selected demographic and work-related variables. **Methodology:** A descriptive, cross-sectional research design was employed to assess self-esteem among 124 nurses with a minimum of three months of work experience at Kanti Children Hospital. A self-administered questionnaire was used, incorporating Rosenberg's Self-Esteem Scale and socio-demographic information. Descriptive statistics were applied to summarize the data, while the Chi-square test was used to determine associations between categorical variables and self-esteem. **Results:** Out of 124 respondents, 55 (44.35%) exhibited low self-esteem and 69 (55.65%) showed moderate self-esteem. The majority of respondents were aged 25–34 years (43.5%), held a Bachelor's degree in nursing (65.3%), and belonged to the Brahmin/Chhetri ethnic group (63.7%). Most were married (67.7%), and 47.6% had no children. Regarding work-related variables, 71.0% earned NPR 31,000–40,000, and 74.2% reported occasional training opportunities. Most respondents were staff nurses at the 5th level (75.8%) with 2–10 years of experience (43.6%). Chi-square tests revealed no significant associations between self-esteem and demographic variables such as age, education, ethnicity, marital status, number of children, address, or chronic illness. Among work-related factors, only perceived incentives were significantly associated with self-esteem (p = 0.0209). Other factors, including salary, training, position, work experience, and working ward, showed no significant associations, although position and ward approached significance. **Conclusion:** The study highlights moderate levels of self-esteem among nurses, with perceived incentives being the only factor significantly associated. These findings underscore the importance of organizational support and recognition in maintaining nurses' self-worth. Further research with larger sample sizes is recommended to explore additional factors influencing self-esteem and overall job satisfaction.

**KEYWORDS:** Self-esteem, nurses, Rosenberg's Self-Esteem Scale, incentives.

## INTRODUCTION

Self-esteem, defined as an individual's overall evaluation of their worth and capabilities, is a central psychological construct that influences emotional well-being, interpersonal behavior, and professional performance. It reflects how much value individuals place on themselves, encompassing self-confidence, self-respect, and self-worth. In the field of healthcare—particularly among nursing professionals—self-esteem has emerged as an essential component of mental health, affecting patient care, teamwork, and job satisfaction.

Rosenberg's Self-Esteem Scale (RSES), developed in 1965, remains the most widely used instrument to measure self-esteem.[1] It provides a global assessment of an individual's self-worth and has demonstrated strong psychometric properties across diverse populations. Recent validation among Norwegian adolescents

confirmed the tool's reliability and structural integrity across cultural contexts.[2] This reinforces its utility not only in general populations but also in specialized groups like healthcare workers, where self-esteem can influence job performance and personal resilience.

In nursing, the level of self-esteem significantly affects a nurse's ability to handle workplace stressors, maintain professional standards, and engage empathetically with patients. Nurses are frequently exposed to emotional demands, ethical dilemmas, and high workloads, which can influence their psychological well-being. Higher self-esteem is associated with increased confidence, professional satisfaction, and resilience, while low self-esteem may lead to burnout, disengagement, and mental health disorders.[3,4]

Empirical evidence highlights that self-esteem among nurses is linked with various positive outcomes, including better job satisfaction and reduced turnover intent. A study among Iranian nurses found a strong association between high self-esteem and job satisfaction, suggesting that boosting self-esteem can be a strategic intervention to enhance workforce stability.[3] Similarly, during the COVID-19 pandemic, a study in Qatar observed that nurses with higher self-esteem also demonstrated greater resilience and self-compassion—two factors crucial in managing the stress of frontline healthcare work.[4]

The determinants of self-esteem in the nursing profession are multifactorial. Educational exposure, clinical competence, leadership support, and institutional culture all contribute to shaping a nurse's self-perception. Positive clinical experiences that allow nurses to use and refine their skills tend to strengthen their sense of professional value. Educational institutions and workplace mentors play an integral role in nurturing confidence by providing constructive feedback, opportunities for reflective learning, and psychosocial support.[5]

Conversely, negative work environments—marked by bullying, incivility, or lack of recognition—can severely damage a nurse's self-esteem. Such environments diminish psychological safety and contribute to emotional exhaustion. The resulting low self-esteem may impair communication, lower morale, and increase the risk of errors in clinical practice. Moreover, low self-esteem is often implicated in the development of burnout—a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.[6]

One often underemphasized factor influencing nurses' self-esteem is the availability of professional incentives and recognition. A recent study found that perceived adequacy of incentives had a significant association with nurses' self-esteem, even when other variables such as salary and training opportunities did not reach statistical

significance.[7] This underscores the importance of acknowledging professional efforts, particularly in emotionally taxing roles such as pediatric nursing.

The literature further reveals that self-esteem is a dynamic trait, influenced by life events, work experiences, and social interactions. For example, personal milestones such as marriage or parenthood can shape how individuals view themselves, though studies show that these personal factors may not always have a statistically significant relationship with professional self-esteem.[7,8] On the other hand, organizational support—through fair policies, manageable workloads, and open communication—has consistently shown to enhance self-esteem and overall well-being.[5,9]

Given the critical role that self-esteem plays in professional functioning, interventions to improve and maintain healthy self-esteem levels among nurses should be prioritized. Individual-level strategies such as cognitive-behavioral techniques, mindfulness training, and resilience-building exercises have demonstrated effectiveness in enhancing self-esteem.[10] Meanwhile, organizational approaches, including leadership training, recognition programs, and mentorship initiatives, provide structural support that fosters a culture of respect and professional pride.

In conclusion, self-esteem is a foundational psychological attribute that significantly affects the personal and professional lives of nurses. It is closely linked to job satisfaction, resilience, and quality of care. In pediatric healthcare settings—where emotional labor is especially intense—recognizing and supporting the development of self-esteem is not only beneficial for nurses but also for the health outcomes of the patients they serve. Continued research and targeted interventions are essential for strengthening self-esteem and ensuring a motivated, competent, and compassionate nursing workforce.

## METHODOLOGY
### Research design
This study employed a descriptive cross-sectional research design using a quantitative approach to assess the level of self-esteem among nurses working at Kanti Children's Hospital, Kathmandu. A cross-sectional design is appropriate for determining the current status of a variable in a defined population, enabling the measurement of self-esteem at a specific point in time without manipulation of any variables.

### Research Site and Duration
The study was conducted at Kanti Children's Hospital, located in Maharajgunj, Kathmandu. This institution is the only government-run tertiary-level children's hospital in Nepal and comprises a wide range of departments and specialized nursing units, including outpatient, emergency, surgical, intensive care, oncology, and neonatal services. The study was carried out over a

period of 4 months, from January 1, 2025, to May 1, 2025. This timeframe allowed for appropriate planning, participant recruitment, data collection, and clarification of participant responses where required.

## Population and Sampling Technique

The target population of the study included all registered nurses working at Kanti Children's Hospital during the data collection period. An enumerative sampling technique was employed, whereby every nurse who met the inclusion criteria and was available during the data collection period was invited to participate. This method was selected due to the manageable size and accessibility of the population, allowing the researcher to attempt inclusion of all eligible nurses. Although a standard sample size calculation was conducted using Cochran's formula to estimate the minimum required number for statistical representativeness, the study ultimately aimed to include all nurses through complete enumeration. Using the formula $n = Z^2 \cdot p \cdot q / e^2$ with a 95% confidence level ($Z = 1.96$), a 5% margin of error ($e = 0.05$), and an assumed prevalence of low self-esteem at 50% ($p = 0.5$), the calculated sample size was 384.16, approximately 385. However, due to the limited number of nurses at the hospital and based on the nature of total enumeration, all available and consenting nurses were included. In total, 124 nurses participated in the study.

The inclusion criteria for participants were registered nurses currently employed at Kanti Children's Hospital, working in any clinical area, and willing to provide written informed consent. Nurses who were on long-term leave, away on training, or unable to respond due to health conditions during the study period were excluded from participation.

## Tool and Instrumentation

Data were collected using a structured, self-administered questionnaire comprising two sections. Section A focused on socio-demographic characteristics of participants, including age, gender, marital status, educational attainment, years of work experience, current department or ward, income level, and prior training exposure. Section B utilized the Rosenberg Self-Esteem Scale (RSES), a globally recognized and validated tool consisting of 10 items measuring an individual's global self-worth. The RSES includes both positively and negatively worded items and uses a 4-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree." The total score ranges from 0 to 30, with higher scores reflecting higher levels of self-esteem. The RSES has been widely employed in both community and healthcare settings to assess self-esteem levels and is appropriate for use in the Nepalese context.

To ensure the validity and reliability of the instrument, content validation was carried out with the support of three academic experts from the Departments of Nursing and Public Health. Their feedback on clarity, cultural relevance, and the order of items was incorporated into the final version of the questionnaire. A pre-test was conducted with 15 nurses (10% of the anticipated sample) from a psychiatric unit not included in the final study to. Based on feedback, minor adjustments were made. Internal consistency of the Rosenberg Self-Esteem Scale in this study was measured using Cronbach's alpha, resulting in a value of 0.87, which indicates a high level of reliability and consistency in responses.

## Data collection procedure

The data collection process was carried out through in-person distribution of printed questionnaires during non-peak working hours, such as between shifts or break times, ensuring minimal disruption to hospital operations. After receiving ethical clearance and administrative approval, the researchers visited each department and provided a brief orientation to the nurses regarding the study's objective and the voluntary nature of participation. Each participant received a written information sheet and a consent form. Participants were given time to complete the questionnaire in a quiet and private setting, taking an average of 15–20 minutes. Where necessary, the researcher provided clarification without influencing participants' responses. Completed questionnaires were collected either the same day or the following working day. Data collection continued until responses had been received from all eligible and willing participants.

## Data analysis procedure

Upon completion of data collection, all responses were checked for completeness and consistency. The data were then coded, entered, and analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics, including frequency, percentage, were used to describe the socio-demographic characteristics and the distribution of self-esteem scores. Inferential statistics were applied to examine the associations between demographic variables and the self-esteem scores. The Chi-square test was used to analyze relationships between categorical variables, and Fisher's exact test was used where cell frequencies were small (i.e., expected frequency <5). Furthermore, logistic regression analysis was performed to identify independent predictors of low self-esteem among participants, adjusting for potential confounders. A p-value less than 0.05 was considered statistically significant throughout the analysis.

## Ethical consideration

Ethical approval for the study was obtained from the Ethical Review Committee of Kanti Children's Hospital. Additionally, formal permission was obtained from the hospital administration at Kanti Children's Hospital to conduct the research within their premises. Ethical principles were strictly observed throughout the study. Written informed consent was obtained from all participants after explaining the study's purpose, procedures, and the voluntary nature of their involvement. Respondents were assured that their

identities would remain confidential, as no names or identifying information were collected. Anonymity was preserved by analyzing the data in aggregate form. Respondents were also informed of their right to withdraw from the study at any time without any consequences. As the study involved only survey-based data collection without any physical or psychological intervention, the risk of harm was considered minimal. In conclusion, the methodology adopted in this study was carefully designed to ensure scientific rigor, ethical compliance, and the validity and reliability of results in assessing self-esteem levels among nurses at Kanti Children's Hospital.

## RESULT

**Table 1: Demographic Information of the Respondents (n= 124).**

| Variables | Category | Frequency | Percent |
|---|---|---|---|
| Age in completed years | 15-24 | 23 | 18.5 |
| | 25-34 | 54 | 43.5 |
| | 35-44 | 26 | 21.0 |
| | Above 45 | 21 | 16.9 |
| | **Total** | **124** | **100** |
| Education in Nursing | PCL | 33 | 26.6 |
| | BSC/BNS | 81 | 25.3 |
| | MN & above | 10 | 8.1 |
| | **Total** | **124** | **100** |
| Ethnicity | Brahmin/Chhetri | 79 | 63.7 |
| | Dalit | 1 | 0.8 |
| | Janjati | 35 | 28.2 |
| | Madeshi +Muslim | 9 | 7.3 |
| | **Total** | **124** | **100** |
| Marital Status | Married | 84 | 67.7 |
| | Unmarried | 40 | 32.3 |
| | **Total** | **124** | **100** |
| Number of children | None | 59 | 47.6 |
| | One | 33 | 26.6 |
| | Two | 31 | 25.0 |
| | More than two | 1 | .8 |
| | **Total** | **124** | **100** |
| Address | Within Kathmandu | 43 | 34.7 |
| | Out of Kathmandu | 81 | 65.3 |
| | **Total** | **124** | **100** |
| Chronic Disease | Yes | 12 | 9.7 |
| | No | 112 | 90.3 |
| | **Total** | **124** | **100** |

Table 1 shows that 124 respondents reveals that the majority (43.5%) fall within the age group of 25–34 years, followed by 21.0% in the 35–44 age group, 18.5% in the 15–24 age group, and 16.9% above 45 years. Regarding educational qualifications in nursing, most respondents (65.3%) had completed a Bachelor's degree (BSc/BNS), while 26.6% had a Proficiency Certificate Level (PCL), and only 8.1% had completed a Master's degree or higher (MN & above). In terms of ethnicity, a significant portion (63.7%) belonged to the Brahmin/Chhetri group, followed by Janjati (28.2%), Madeshi + Muslim (7.3%), and Dalit (0.8%). The marital status distribution shows that 67.7% of the respondents were married, while 32.3% were unmarried. Concerning the number of children, 47.6% had no children, 26.6% had one child, 25.0% had two children, and only 0.8% had more than two. In terms of residence, 34.7% of the respondents lived within Kathmandu Valley, while the remaining 65.3% were from outside the valley. Regarding health status, only 9.7% of the respondents reported having a chronic disease, while the vast majority (90.3%) did not have any chronic illness.

**Table 2: Work Related Respondents of Participants (n=124).**

| Variables | Category | Frequency | Percent |
|---|---|---|---|
| Salary | Around 25000 | 1 | .8 |
| | 26-30thousand | 6 | 4.8 |
| | 31-40 thousand | 88 | 71.0 |
| | More than 41000 | 29 | 23.4 |
| | **Total** | **124** | **100** |
| **Training** | Never | 32 | 25.8 |
| | Sometimes | 92 | 74.2 |
| | **Total** | **124** | **100** |
| **Incentives** | Satisfied | 38 | 30.6 |
| | Unsatisfied | 74 | 59.7 |
| | Biased | 12 | 9.7 |
| | **Total** | **124** | **100** |
| **Position** | Staff nurse 5th | 94 | 75.8 |
| | Staff nurse 6th & 7th | 26 | 21.0 |
| | Nursing officer 7 & 8 | 4 | 3.2 |
| | **Total** | **124** | **100** |
| Work experience | Less than 2 years | 22 | 17.7 |
| | 2-10 years | 54 | 43.6 |
| | 11-20 years | 21 | 16.9 |
| | More than 21 years | 27 | 21.8 |
| | **Total 124 100** | | |
| Working Ward | Medical | 38 | 30.6 |
| | Surgical | 14 | 11.3 |
| | Emergency/ Observation | 28 | 22.6 |
| | Oncology | 9 | 7.3 |
| | ICUs | 24 | 19.4 |
| | Others | 11 | 8.8 |
| | **Total** | **124** | **100** |

Table 2 shows that the salary distribution of respondents, the majority (71.0%) earned between NPR 31,000 to 40,000, while 23.4% earned more than NPR 41,000. A small proportion received salaries of NPR 26,000–30,000 (4.8%), and only 0.8% earned around NPR 25,000. Regarding training opportunities, 74.2% of the respondents reported that they sometimes received training, whereas 25.8% had never received any training. When asked about incentives, 59.7% of the respondents expressed dissatisfaction, while 30.6% were satisfied, and 9.7% considered the incentive distribution biased. In terms of professional position, most respondents (75.8%) were working as staff nurses in the 5th level, followed by 21.0% in the 6th and 7th levels, and only 3.2% were nursing officers at the 7th and 8th levels. Regarding work experience, 43.6% had 2–10 years of experience, 21.8% had more than 21 years of experience, 17.7% had less than 2 years, and 16.9% had 11–20 years of service.

**Table 3: Level of Self-esteem among Respondents (n=124).**

| | Category | Frequency | Percentage |
|---|---|---|---|
| **Self-esteem Level** | Low | 55 | 44.35 |
| | Moderate | 69 | 55.65 |
| | High | 0 | 0 |
| Total | | 124 | 100 |

Table 3 depicts that Out of 124 respondents, 55 (44.35%) exhibited low self-esteem and 69 (55.65%) showed moderate self-esteem. Notably, no respondents fell into the high self-esteem category based on the scoring criteria. This indicates that the overall self-esteem among nurses at Kanti Children's Hospital tends to range from low to moderate, suggesting a need for organizational and psychological interventions to enhance their professional self-worth and well-being.

The absence of high self-esteem among nurses at Kanti Children's Hospital may result from high emotional stress, heavy workloads, and lack of recognition in a government-run pediatric setting. Nurses often face compassion fatigue, limited autonomy, and hierarchical workplace dynamics that diminish their professional identity. Additionally, inadequate training opportunities, poor career advancement, financial stress, and gender-based expectations further lower self-worth. Most nurses manage both job and family roles without institutional

support. The absence of psychological support systems like counseling or stress management worsens these challenges. These combined factors likely contribute to

the predominance of moderate and low self-esteem among the nursing staff.

**Table 4: Association between self- esteem and demographic information (n=124)**

| Variables | chi-square value | P value |
|-----------|------------------|---------|
| Age | 1.5458 | 0.6717 |
| Education | 5.7206 | 0.126 |
| Ethnicity | 4.2552 | 0.3726 |
| Marital status | 0.0006 | 0.9801 |
| No of children | 3.0856 | 0.3786 |
| Address | 2.8076 | 0.0938 |
| Chronic diseases | 0.9103 | 0.6344 |

Table 4 presents the association between self-esteem and demographic variables. The chi-square test revealed no statistically significant association between self-esteem and any of the demographic factors, including age (p = 0.6717), education (p = 0.126), ethnicity (p = 0.3726), marital status (p = 0.9801), number of children (p = 0.3786), address (p = 0.0938), and chronic diseases (p = 0.6344). Among these, address showed a p-value approaching significance, suggesting a potential trend that may warrant further investigation.

**Table 5: Association between self- esteem and work-related information ( n=124).**

| Variables | chi-square value | P value |
|-----------|------------------|---------|
| Salary | 5.7615 | 0.1238 |
| Training | 0.4077 | 0.5231 |
| Incentives | 7.7324 | **\*0.0209** |
| Position | 5.471 | 0.0649 |
| Work experience | 2.1625 | 0.5394 |
| Working ward | 9.5963 | 0.0875 |

Table 5 shows the association between self-esteem and work-related variables. Among these, a statistically significant association was observed between incentives and self-esteem ($\chi^2$ = 7.7324, p = 0.0209). Other variables such as salary (p = 0.1238), training (p = 0.5231), position (p = 0.0649), work experience (p = 0.5394), and working ward (p = 0.0875) did not show significant associations. However, position and working ward yielded p-values close to the significance threshold, indicating possible relevance in future studies.

**DISCUSSION**
Based on the revealed findings at Kanti Children's Hospital, where 44.35% of nurses reported low self-esteem and none reported high self-esteem, this pattern aligns with both national and international studies that highlight the psychological vulnerabilities among nurses, especially in high-pressure environments like pediatrics.

In the Nepalese context, Shrestha and Gautam (2022) similarly observed that a majority of nurses in pediatric hospitals had low to moderate levels of self-esteem. Their study emphasized the role of workplace conditions, lack of autonomy, and poor recognition in undermining nurses' self-worth. The Kanti Hospital study supports this, with perceived inadequacy of incentives being the only significant factor associated with self-esteem (p = 0.0209), while training and salary showed no such link. This finding underscores the importance of institutional recognition beyond financial remuneration.

Globally, the literature resonates with these conclusions. For instance, a recent study among Iranian nurses demonstrated that higher self-esteem correlates positively with job satisfaction and emotional resilience (Ghaleh & Askaripur, 2024). Similarly, Joy et al. (2023) found that during the COVID-19 pandemic, nurses with higher self-esteem also exhibited greater psychological resilience and self-compassion. These protective factors were often nurtured by supportive work environments, not necessarily salary or job title alone.

Conversely, the absence of high self-esteem in the Kanti study could be interpreted through Maslach's burnout framework, which links low personal accomplishment and emotional exhaustion with diminished self-worth (Maslach et al., 2018). In Nepal's public hospitals, hierarchical structures, limited decision-making power, and dual burdens of work and home further constrain professional confidence. The over representation of moderate self-esteem may thus reflect a survival strategy—neither empowered nor demoralized entirely, but functionally compliant.

Moreover, Wang et al. (2023) reported that perceived organizational support significantly improves self-esteem among nurses, aligning with the Kanti study's emphasis on the importance of incentives. Recognition, positive feedback, and participatory decision-making are organizational tools that uplift professional morale. Al Maqbali et al. (2023) confirmed similar trends in Oman,

where supportive leadership and fair policies enhanced both job satisfaction and self-worth.

The use of Rosenberg's Self-Esteem Scale (RSES) across all these studies, including the Kanti research, further validates its global relevance and cultural adaptability (Bratland-Sanda et al., 2024). While self-esteem is an individual trait, it is deeply shaped by institutional climates and leadership behaviors. Therefore, targeted interventions such as regular mentorship, mental health counseling, and recognition programs are recommended in both global and Nepalese settings.

## CONCLUSION
In conclusion, the findings from Kanti Children's Hospital reflect a broader trend: nurses' self-esteem is precariously balanced between emotional burden and organizational neglect. Addressing this requires not just financial incentives but systemic reforms focused on psychological empowerment, ethical work environments, and holistic support systems.

## ACKNOWLEDGEMENT

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