THE COMPARATIVE STUDY OF SELF CONCEPT IN STUDENT SPECIAL REFERENCE WITH MEDICAL STUDENTS

Vikram Gautam Singh	**Dr. Manoj lata Singh**
Ph. D. Research Scholar	Supervisor
Maharaj Vinayak Global University, Jaipur	Maharaj Vinayak Global University, Jaipur

ABSTRACT

An introduction: Understanding the significance of elements such as self-esteem and self-efficacy in students' learning, as well as the examination of their interaction among students, may lead to improvements in educational planning and an improvement in the teaching result. Among students of medical sciences, the purpose of this research was to investigate the link between self-esteem and self-efficacy in their respective fields. Methods: The current research is an analytical-descriptive study that was undertaken as a cross-sectional study on 394 students at NTR University of Medical Sciences in 2016. The participants were all first-year medical students. There were two questionnaires used to gather the information: the Coppersmith Self-Esteem Inventory (CSEI) and the Rogers Self-concept Questionnaire. The data was analysed with the help of SPSS 22. In order to examine the data, the researchers employed descriptive and inferential statistics such as the t-test, chi-square one-way ANOVA, and correlation to do so. Male and female students scored 38.23 6.80 and 37.51 6.67 on the self-esteem scale, respectively, according to the mean and standard deviation of their results. The mean and standard deviation of self-concept scores among female and male students were 9.49.353 and 9.43.414, respectively, whereas the mean and standard deviation of self-concept scores across all students were 9.49.353. Student self-concept ratings differed statistically significantly between majors (0.011), however student self-esteem levels did not vary statistically significantly across majors (0.011). (0.442).

Keywords: *Medical students, Self-esteem, Self-concept*

INTRODUCTION

When people think of themselves, they have a sense of their own worth, a degree of approbation, affirmation, as well as a sense of their own acceptability and worth in their own eyes. It is generated from social life and its values and manifests itself in all phases of daily life activities, which is why it is regarded to be one of the most essential parts of human personality and a predictor of behavioural characteristics. 2 Since self-esteem is the most essential component in the process of psychological development and has a significant impact on thoughts, emotions, wants, values, and objectives, it is

crucial to understand how it works. A person's chances of experiencing emotions of worry, mental instability, and distrust about oneself, as well as truth avoidance and a sense of inadequacy, increase the more attempts they make to attain self-esteem they have failed at. 3 A person who has a strong sense of self-worth is able to deal with dangers and anxiety-inducing occurrences in their lives without experiencing any unpleasant arousal and resulting in any psychological breakdown. 4 The researchers at Kubota et al. found that self-esteem had an impact on patterns of success, performance, relationship with others and psychological well-being in a study.

Because of this, it is vital to increase one's good opinion of oneself. Coppersmith defined self-esteem as a personal appraisal that is generally maintained by paying close attention to one's own well-being (Coppersmith). Individuals who have greater levels of self-esteem are more likely to concentrate on their own personal strengths. Additionally, they are more willing to accept their positive evaluations, while people with lower levels of self-esteem are more likely to accept their negative evaluations. 6,7 Aside from that, self-esteem levels have been used to predict academic performance in certain cases. 8 Self-esteem is a component of one's own self-concept, which comprises cognitive, behavioural, and emotional components of one's own personality. According to research, an individual's self-esteem rises as a result of how they respond to the emotions of others, particularly adults and parents. 9,10 A person's self-concept relates to their attitudes, emotions, and knowledge regarding their talents, skills, and social acceptability, as well as their knowledge of themselves. Each of the cognitive, emotional, and evaluating elements of self-concept are included. This psychological personality factor is established as a result of the individual's prior judgements, perceptions, and feedback from others throughout their life. 1 The findings of the research have shown that women's self-concept differs from men's. Also discovered is that there is a positive association between academic performance and achievement motivation, locus of control, and self-concept, with the greater the level of motivation, inner locus of control, and self-concept being associated with higher levels of academic success.

According to the findings of a research conducted by Roge and Renzull, gender had no substantial influence on students' self-concept among the study participants. However, while both males and females received equal input from the environment, there was a statistically significant difference in their self-concept between the sexes. Thompson and Ungerlider found that females had greater self-esteem than boys, and they hypothesised that this was due to the fact that girls had higher levels of self-confidence and lower levels of anxiety than boys. The findings of the research demonstrate the significance of one's own self-concept and self-esteem at various periods of one's life, including education, employment, social environment, and one's own mental health, among other things. In light of the disparate findings of previous studies on self-concept and self-esteem, the researchers of the current study decided to evaluate the link between students' self-esteem and self-concept at NTR University of Medical Sciences.

MEDICAL STUDENTS AND THEIR WORK ENVIRONMENT

Health Care Environment

According to the report, the health-care business has acquired national attention in the last two decades. In order to fulfil the standards of external regulatory authorities, third party demands, and consumer expectations, health care organisations (i.e., hospitals) have undergone several transformations. Changes in health insurance coverage and hospital reimbursement necessitate the redesign of how hospitals

deliver services to patients. Health care executives must be adept at managing operational expenditures in order to stay competitive and retain financial sustainability, while at the same time striving to consistently improve the quality of patient care provided.

It has been discovered that patients that present to hospitals are sicker than they were before and demand greater levels of treatment. For the purpose of keeping costs down and increasing profit margins, third-party payers (e.g., Medicare, managed care organisations, commercial insurance companies) place restrictions on the number of days and the quantity of medical coverage they offer to their customers. As a consequence, patients are released sooner and treated as outpatients on a more frequent basis.

Specifically, it was stressed that the chaotic climate in the health-care profession produces both stress and opportunities for personal development at the same time.

156 first-year medical students were recruited to participate in the study, and they were asked to take tests of emotional intelligence and physician empathy, in addition to an evaluation of their thoughts regarding a communication skills course component. EI score was shown to be favourably and substantially associated to exam performance in the fall term on a course component (health and society) that included broad themes in medicine, but there was no relationship between EI score and exam performance in the following semester. Students with high emotional intelligence (EI) had more favourable thoughts regarding the communication skills exercise.

Preliminary research has been conducted on empathy, emotional intelligence, and test performance among medical students in years 2.3 (pre-clinical) and 5 of their training (Clinical). In attempt to determine if emotional intelligence (EI) and empathy are associated with academic achievement, questionnaires assessing EI and empathy were developed and completed by students. The relationship between emotional intelligence , empathy and academic achievement was investigated. The findings revealed that the impacts of emotional intelligence (EI) on problem-based learning (PBL) groups were shown to be positively associated.

According to his research, EI ratings at the University of Western Australia were examined. According to some sources, emotional intelligence is a predictor of the interpersonal and communication abilities that medical schools seek in applicants.

The purpose of the next part is to examine the doctor's job and the environment in which he or she works.

Non Health Professionals

Corporate entities with a large number of employees, such as health maintenance organisations and hospitals, are commonly controlled by nonmedical CEOs.

These executives, according to the press, are the "proverbial blue-blazers who supervise the medical experts in white." Health care executives who are not themselves health care professionals find themselves in the difficult situation of managing health care experts such as doctors and nurses, each of whom has their own different ideas about how the company should be handled. Traditionally, the physician has been at the head of the health-care hierarchy, followed by other professions with higher levels of responsibility. It is frequently necessary for non-health executives to put in more effort to earn

the respect of health experts as a consequence of hierarchical structure in the workplace. Non-health professionals may be seen as outsiders by health experts who do not have a good understanding of how the medical industry functions.

Physicians

According to the author, physicians practising conventional medicine have seen the patient as someone who has a disease that has to be fixed without taking into consideration the patient's experiences. According to medical literature, there are eight distinguishing characteristics of doctors, many of which are rooted in the traditional principles of medical education and practise. It distinguishes the following characteristics:

- Lack of flexibility
- Under-appreciation and devaluing of multiple perspectives
- Failure to consistently demonstrate respect for individuals
- Failure to seek win-win solutions (the need to know and be right)
- Valuing professional autonomy rather than other professional cultural attributes like trusting others
- Being the solo player vs. being a team player
- Under-developed interpersonal & communication skills
- Insularity and lack of openness.

In a survey of fifty-eight Canadian and American doctors, both general practitioners and specialists were interviewed, with the exception of psychiatrists, who were not included.

This group of doctors scored ten points below the normative average emotional quotient of 100, according to the findings. However, the intelligence quotient (IQ) of persons who graduate from medical school is twenty points higher than the normed average IQ, indicating that they are more intelligent.

"Having medical experts as administrators has a negative impact on the healthcare system." Physicians are extremely bright, self-sufficient, and used to figuring things out for themselves. Their intellectual aptitude, persistence, and capacity to tackle analytical difficulties are among their greatest assets. They are not, on the other hand, well-known for their ability to deal with people.

believes It is not inherent in physicians; rather, it is a taught skill set that must be developed through time. It is critical to develop a sense of awareness, in which one recognises one's own strengths and weaknesses, self-management, in which one learns to control one's emotions, social awareness, in which one learns to develop a sense of empathy for others, and relationship management, which is the ability to move people in a constructive direction.

According to the report, organisations often spend significant sums of money and other resources recruiting or promoting new medical leaders, but do not provide the physician with enough support or training to assist him or her in assimilation into a new leadership post.

Market and social factors continue to press medicine to deliver more coordinated and enhanced treatment, according to the study findings. A critical component of this approach of integrated, enhanced care is the

presence of physician leaders. Their supervision is required in order to bring together the many different aspects of the health-care industry.

According to a laparoscopic surgeon from Stanford University, it is critical to recognise and acknowledge the patient's emotional condition. On the day of surgery, Nezhat says that if a patient is very apprehensive, he would cancel the treatment since "every surgeon knows that individuals who are highly terrified do horribly in surgery." They bleed excessively, and they are more prone to infections and problems. They have a difficult time getting back on their feet. It is much better if they remain calm.

Medical malpractice lawsuits are less likely to be filed against physicians who are more empathetic and who spend more time listening to their patients in hospital emergency rooms than against doctors who do not display evidence of empathy, regardless of the medical treatment provided. Across the nation, medical residency programmes are requiring students to demonstrate empathy as a capability. Additionally, a lack of empathy is a contributing factor to a range of morale issues inside a business.

Training in numerous empathetic strategies was part of his research project, which focused on the competence area of empathy. Prior to and following an empathy training session that included information about and samples of medical interviews, case studies, and role-playing of patient interactions to demonstrate the impact of the interpersonal connection in the physician-patient relationship, the Medical Students were observed. People who got training were compared to those who did not get training, which was done as a control group. The students who received training displayed substantial and long-lasting increases in their supportive and sympathetic actions.

Thirty-three out of forty-three surgical residents participated in a research in which they were evaluated on their capacity to lead as well as their perception of the value of 18 leadership abilities. Eighteen talents were ranked as at least somewhat important by 92% of those who answered the survey questions. Over half of the residents ranked themselves as either not competent or just slightly competent in 10 of the leadership qualities tested throughout the study. The researchers came to the conclusion that the residents had self-identified leadership potential and that, if they did not get further training, they would evolve into the normal "surgical personality."

METHODS

There were 394 students from NTR University of Medical Sciences who participated in the current research, which was an analytical-descriptive study that was done as a cross-sectional study. The samples comprised all doctorate, bachelor's, and associate's level students at NTR University of Medical Sciences who were enrolled during the academic year 2016 at the university. In this study, census sampling was employed, and the students were informed of the study's objectives and requested to provide their written agreement before taking part in the research. The Coopersmith Self-Esteem Inventory (CSEI) and the Rogers Self-concept Questionnaire were the tools employed in this research. Coopersmith Self-esteem Inventory was developed in 1967 by Coopersmith in order to measure students' worthiness in social and academic situations. Coopersmith Self-esteem Inventory is a self-esteem assessment tool. This questionnaire has 58 questions that indicate people's views or responses to various situations. In order to analyse people' feedback toward themselves in social, familial, educational, and

personal sectors, the Self-esteem Scale has been developed, and a new dimension dubbed "lying" has been included in it.

In this questionnaire, participants were required to answer questions by selecting either "yes" or "no" from a drop-down menu. Items on each subscale are as follows: there are 26 things on the general scale, 8 items on the social scale, 8 items on the family scale, 8 items on the educational scale, 8 items on the lying scale, and 8 items on the lying scale Individuals who have a favourable picture of themselves will benefit from the results of the subscales and the overall score. This questionnaire may be delivered to individuals or groups of people at the same time. It was determined that the Rogers Self-concept questionnaire, which has been validated in India and other countries, was the most effective tool for measuring students' self-concept. 6 This questionnaire is divided into two sections. In part A, the attitude of a person toward his or her true self is evaluated, and in part B, the attitude of an individual toward his or her ideal self is evaluated. A number is obtained by calculating the absolute value of the difference between parts A and B. As a result, if the difference between parts A and B is less than 7, it suggests that the self-concept is positive, and if the difference is 7 or more than 7, it indicates that the self-concept is negative. 6,7 Following the collection of data, the researchers conducted an analysis of the information using SPSS 22. To analyse the data, the researchers utilised descriptive and inferential statistics such as the t-test, the chisquare test, the one-way ANOVA test, and correlation. The threshold of significance was chosen at P less than 0.05.

RESULTS

Men constituted 38.6 percent of the 394 participants, with 152 males (38.6 percent) and 242 females (24 percent) (61.4 percent). The findings revealed that there was no statistically significant difference in students' self-esteem and self-concept based on their gender (Table 1).

Table 1: Comparison of students' self-esteem and self-concept scoreswithregardto gender

	Female	Male	t-test
	Mean± SD	**Mean± SD**	
Self-esteem	38.23±6.80	37.51±6.67	0.997
Self-concept	9.49±4.32	9.43±4.14	0.254

According to Post-hoc test, there was a statistically significant difference between the self-esteem score of students of Medicine and Nursing (0.004), Medicine and Anesthesiology (0.001), Nursing and Operating Room (0.027), and Anesthesiology and Operating Room (0.008) (Table 2).

Table 2: Comparison of students' self-esteem and self-concept scores with regard to field of study

Field of Study	Self-esteem	Self-concept
	Mean ± SD	Mean ± SD
Medicine	38.99 ±5.96	8.33 ± 3.31
Nursing	37.17 ± 6.95	10.02 ± 3.94
Operating Room	37.92 ± 6.21	8.58 ± 3.27
Anesthesiology	37.48 ± 7.80	10.49 ± 4.11
Public Health	36.39 ± 9.26	10.08 ± 3.87
Laboratory Sciences	38.71 ± 6.22	9.15 ± 3.23
Emergency Medicine	38.86 ± 5.26	9.52 ± 4.14
ANOVA	0.442	0.011
Total	37.95 ± 6.75	9.47 ± 3.77

Findings of the study indicated that there was no statistically significant difference relationship between gender, marital status, field of study, appearance satisfaction, and general satisfaction (Table 3).

Table 3: The relationship of students' demographics with self-concept and self-esteem

	Self-esteem	Self-concept
Gender	0.281	0.565
MaritalStatus	0.890	0.057
Field ofStudy	0.453	0.151
GeneralSatisfaction	0.077	0.152
AppearanceSatisfaction	0.035	0.044

As a result, major satisfaction was found to be significantly associated with field of study (P=0.000), appearance satisfaction with field of study (P=0.110), but there was no significant relationship between gender and general satisfaction (P=0.121) or gender and appearance satisfaction (P=0.054), according to the study's findings.

DISCUSSION

The purpose of the current research was to investigate the link between self-esteem and self-concept in adults. The findings revealed that there was no statistically significant difference in pupils' self-concepts based on their gender. The findings of the research conducted by Feldhusen and Nimolos, Hoge and Renzulli, and Tamanifar et al. revealed that there was no statistically significant difference in students' self-concepts based on their gender identity. 16,14,17 It may be extrapolated that one of the reasons for

the absence of a link between self-concept and gender among pupils is the inability to get equal input from the environment. 6 Hoge and Renzulli found that gender had no significant influence on students' total self-concept, despite the fact that there were considerable variations between male and female students' self-concept. 14 Some disparities in the development of attitudes and self-concepts between male and female pupils may be attributed to cultural, societal, and familial influences. When the link between self-esteem and gender was investigated, it was shown that there was no statistically significant difference between men and girls in terms of their self-esteem. According to this result, which is in agreement with those of Poorshafei and colleagues, Westhves and associates, and Joseph et al., but it is in conflict with those of Janati et al., Thompson et al., and Tamanaifar et al. 15,17-21 It seems that this disparity may be attributed to cultural differences as well as disparities in views about men and females among the participants in the study. One additional potential explanation for the absence of a link between self-esteem and gender is that all genders do not get equal input from their surroundings. For better or worse, cultural distinctions are no longer evident, and both men and women get the same treatment. Additionally, the attitude that institutions instil might be a contributing factor to this lack of differentiation. Some academics, on the other hand, feel that men and women have distinct concepts of "self," and that, as a result, their levels of self-esteem cannot be compared with certainty. 6 This research also discovered a statistically significant difference in mean self-concept ratings between students of Medicine and Nursing, Nursing and Operating Room, and Anesthesiology and Operating Room, as well as between students of Nursing and Operating Room (0.008). Because one's self-concept is formed based on previous judgments, perceptions, and feedback from others, and because an individual's perception of their ability in learning is one of the accepted types of academic behaviour, it can be influenced by the field of study, judgments, and feedback from others, and as a result, it may make a significant difference.

CONCLUSION

Because people's self-esteem and self-concept may both encourage and demotivate them, individuals who have higher levels of self-esteem and self-concept are more resistant to challenges and have more tenacity, and as a result, they are more likely to succeed. Given the large disparities in self-concept of students with diverse areas of study, which may have an impact on students' academic accomplishment, several tactics may be used to enhance students' academic achievement by boosting their self-concept and offering positive feedback. University teachers should thus pay close attention to their students' self-concept and work to reinforce their attitudes toward them, as well as to prevent them from developing negative attitudes against themselves. Professors' acceptance of students' talents and flaws assists them in developing a realistic view of themselves, which may help them achieve academic success.

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