

## Emotional Intelligence, Self-Efficacy and Empathy as Predictors of Overall Self-Esteem

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### ABSTRACT

Empirical research on self-esteem has an exceptional interest in nursing experts, since they work in a difficult climate that needs, to keep working during their working age, a solid physical, social and emotional association. The goal was to decide the informative estimation of individual factors, for example, on Self-esteem in an example of nursing experts, to distinguish which factors have the most logical incentive for in general self-esteem with long stretches of involvement. The emotional intelligence factors in all cases were seen to have positive relationships with generally speaking self-esteem. Mind-set was as yet the indicator with the most logical load in all the gatherings. General Self-Efficacy vanished in the model of experts with the most experience. Associations and the board nursing should actualize intercession programs that advance prosperity and fulfillment in laborers during their working age. It would bear some significance with train nursing experts in such vital abilities as Empathy, Emotional Intelligence and Self-Efficacy.

### OVERVIEW

The idea of self-esteem was initially presented by James (1984) to allude to the degree to which people assess their own apparent achievement or disappointment in accomplishing their objectives. In his book, "Standards of Psychology," he expressed: "So our self-feeling in this world relies altogether upon what we back ourselves to be and do. It is dictated by the proportion of our realities to our alleged possibilities; a small amount of which our assumptions are the denominator and the numerator our prosperity" (James, 1890, p. 310). Despite the fact that there are various chronicled references, one of the creators who has contributed most to its examination has been Moris Rosenberg, who characterized it as "an individual's overall inclination of worth" (Rosenberg, 1965, p. 31). Self-esteem starts creating in immaturity and advances through middle age, showing up at its most noteworthy point at around 60 years old, and beginning at that age, gradually starts to diminish (Orth et al., 2012). In spite of the fact that the degree of self-esteem may change all through life

because of solid day by day encounters, it ordinarily stays stable throughout extensive stretches of time (Webster et al., 2017).

Empirical studies on self-esteem have not just taken an interest in diving further into its advancement, changes, variations and suggestions; different lines of research have likewise emerged which investigate the elements influencing this develop (Orth, 2017). For model, a few studies have focused on determining the prescient limit of Big Five Personality Traits on self-esteem (Weidmann et al., 2017; Pilarska, 2018). Another influential part of research straightforwardly inspected how certain individual self-decisions influence self-esteem, among which perceived Self-Efficacy, Empathy and Emotional Intelligence (EI) are emphasized. Perceived Self-efficacy alludes to a person's conviction, derived from their own encounters, about their capacity to control their environmental factors (Bandura, 1977). It is an individual construct widely concentrated in the extent of Organizational Psychology, and is thought about a ground-breaking precursor

for commitment and job performance, just as a buffer against burnout (Barbaranelliet al., 2018) and is considered in instruments that value the burnout from a multidimensional point of view (Pérez-Fuentes et al., 2017, 2018b). Then again, longitudinal studies have exhibited that good musings about one's Self-efficacy contribute to keeping up ideal degrees of self-esteem to the extent that people feel they have a more noteworthy capacity to confront stressful circumstances (Caprara et al., 2013). Accordingly, some authors have found a good connection between Self-Efficacy and self-esteem (Maggiori et al., 2016). Empathy is "a person's capacity to comprehend and share the sensations of others" (Jolliffe and Farrington, 2006, p. 589). It consists of two measurements, Affective Empathy, which involves an emotional reaction and Cognitive Empathy, which consists of a normal comprehension of the feelings (Villadangos et al., 2016; Slavny and Moore, 2018). In the field of medical services, it is considered a fundamental quality for experts in relating to patients (Petrucci et al., 2016). Consequently, people who react empathically to others will in general build their sensation of self-esteem (Cameron and Fredrickson, 2015). In spite of the fact that empathy is a significant part of medical services work, extreme identification with the feelings of patients and relatives can generate anxiety and weariness in the expert (Kompanje et al., 2015; Schwan, 2018). Subsequently, expanding psychological empathy, and thereby, lessening the affective segment, creates benefit in the consideration, devotion and effectiveness of medical care workers (Navarro-Abal et al., 2018; Shao et al., 2018). Finally, Emotional Intelligence (EI) comprises of those abilities a person has for comprehension, seeing and adaptively regulating their own feelings and those of others (Salovey and Mayer, 1990; Nightingale et al., 2018). As indicated by the model proposed by Mayer and Salovey (1997), EI is defined as a free

intellectual capacity related with general intelligence. It comprises of four different abilities: perception of feeling, emotional assistance, understanding emotions and their administration. Then, Bar-On (1997) described blended model of IE comprising of different emotional and social abilities assembled into five cooperating regions: Intrapersonal (including emotional mindfulness, decisiveness, independence, self-esteem and self-acknowledgment); Interpersonal (including empathy, social duty and relational relationships); Stress the board (counting pressure resistance and impulse control); and Mood (counting satisfaction and optimism). Baron's idea of EI (2006) depends on the capacity to understand oneself as well as other people, adapt to natural requests and solve everyday issues in changing situations. After considering both of the above EI models, EI involvement in the exhibition of nursing experts, and its convenience for their connection with associates, patients and family members, we chose the Bar-On model as a hypothetical premise for quantifying the IE develop. Besides, such blended models attempt to see how the capacity to control pressure affects the capacity to focus and utilize intelligence, for instance, uncertainty making. In nursing, dynamic cycles could be said to be a consistent, related with self-efficacy, and ultimately, with the expert's self-esteem.

Some longitudinal investigations have indicated that in spite of the fact that the direction of improvement of self-esteem follows a bend in all people, there are close to home contrasts in the advancement of its different measurements, that is diverse self-assessments in explicit features (e.g., individual, social, scholastic, physical) (Orth, 2017). Consequently, high self-esteem is related with prosperity and fulfillment (Orth et al., 2012), mental change (Liu et al., 2014), socialization and social incorporation (Orth, 2017), adapting to conflictive circumstances and

overseeing pressure viably (Bajaj et al., 2016; Yildirim et al., 2017), and positive authoritative outcomes (Xanthopoulou et al., 2007). While people with low self-esteem will in general have a contrary perspective on the world (Cameron and Granger, 2018), issues with wellbeing and mental issues (e.g., wretchedness; Michalak et al., 2011), they are, likewise, in danger of burnout (Alharbi et al., 2016; Molero et al., 2018; Pérez-Fuentes et al., 2019). Taking into account the abovementioned, there is impressive interest in its investigation in expert and scholarly fields because of the wide scope of repercussions influencing different individual areas (e.g., social, wellbeing, and work). Empirical research on self-esteem has a unique interest in nursing experts, since they work in a difficult climate which requires solid physical, social and emotional association (Edwards et al., 2010). Additionally, positive individual assessments impact individual assets, expanding prosperity and fulfillment of representatives and in the association (e.g., commitment, better remedial relationship with patients) (Lehluante et al., 2012; Lin et al., 2018; Pérez-Fuentes et al., 2018a).

Empirical investigations on self-esteem have not just checked out digging further into its advancement, changes, varieties and suggestions; various lines of research have additionally arisen which investigate the variables impacting this build (Orth, 2017). For instance, a few investigations have focused on deciding the prescient limit of Big Five Personality Traits on self-esteem (Weidmann et al., 2017; Pilarska, 2018). Another compelling part of research straightforwardly analyzed how certain individual self-decisions impact self-esteem, among which saw Self-Efficacy, Empathy and Emotional Intelligence (EI) are stressed.

Seen Self-efficacy alludes to a person's conviction, gotten from their own encounters, about their capacity to control their environmental factors (Bandura,

1977). It is an individual develop broadly concentrated in the extent of Organizational Psychology, and is viewed as a ground-breaking predecessor for commitment and occupation execution, just as a cushion against burnout (Barbaranelli et al., 2018) and is considered in instruments that esteem the burnout from a multidimensional viewpoint (Pérez-Fuentes et al., 2017, 2018b). Then again, longitudinal investigations have exhibited that good musings about one's Self-efficacy add to keeping up ideal degrees of self-esteem to the degree that people feel they have a more noteworthy capacity to defy unpleasant circumstances (Caprara et al., 2013). Consequently, a few creators have discovered a positive connection between Self-Efficacy and self-esteem (Maggiori et al., 2016).

Empathy is "a person's capacity to comprehend and share the sensations of others" (Jolliffe and Farrington, 2006, p. 589). It comprises of two measurements, Affective Empathy, which includes an emotional reaction and Cognitive Empathy, which comprises of a levelheaded comprehension of the feelings (Villadangos et al., 2016; Slavny and Moore, 2018). In the field of medical services, it is viewed as a fundamental quality for experts in identifying with patients (Petrucci et al., 2016). In this way, people who respond empathically to others will in general expand their sensation of self-esteem (Cameron and Fredrickson, 2015). Despite the fact that empathy is a significant segment of medical care work, extreme recognizable proof with the feelings of patients and relatives can produce tension and weariness in the expert (Kompanje et al., 2015; Schwan, 2018). Subsequently, expanding psychological empathy, and along these lines, decreasing the full of feeling segment, creates benefits in the consideration, devotion and viability of medical care laborers (Navarro-Abal et al., 2018; Shao et al., 2018).

At long last, Emotional Intelligence (EI) comprises of those abilities an individual has for comprehension, seeing and adaptively managing their own feelings and those of others (Salovey and Mayer, 1990; Nightingale et al., 2018). As indicated by the model proposed by Mayer and Salovey (1997), EI is characterized as an autonomous psychological capacity related with general intelligence. It comprises of four distinct abilities: view of feeling, emotional help, getting feelings and their administration. In the interim, Bar-On (1997) depicted a blended model of IE comprising of various emotional and social abilities gathered into five collaborating territories: Intrapersonal (counting emotional mindfulness, decisiveness, autonomy, self-esteem and self-acknowledgment); Interpersonal (counting empathy, social duty and relational connections); Stress the board (counting pressure resilience and drive control); and Mood (counting bliss and confidence). Noble's idea of EI (2006) depends on the capacity to get oneself as well as other people, adapt to natural requests and tackle ordinary issues in evolving circumstances.

In the wake of considering both of the above EI models, EI association in the presentation of nursing experts, and its handiness for their collaboration with partners, patients and relatives, we settled on the Bar-On model as a hypothetical reason for measuring the IE develop. Besides, such blended models endeavor to see how the capacity to control pressure influences the capacity to focus and utilize intelligence, for instance, in dynamic. In nursing, dynamic cycles could be supposed to be a consistent, related with self-efficacy, and eventually, with the expert's self-esteem.

Several studies have uncovered that EI is identified with a positive emotional state and high self-esteem (Carvalho et al., 2018). The connection between measurements of EI and self-esteem, inspiration and idealism ("Mood,"

Bar-On, 2006), for instance, which fortify self-idea by successfully overseeing upsetting circumstances, has additionally been investigated (Mäkikangas et al., 2004); satisfactory adapting procedures and compromise ("Adaptability"; Bar-On, 2006) are identified with acceptable self-esteem (Yildirim et al., 2017); the capacity to know about one's own considerations and sentiments ("Intrapersonal"; Bar-On, 2006) shields people from getting consumed in pessimistic or basic convictions, subsequently improving their self-esteem (Bajaj et al., 2016); in like manner, emotional guideline neutralizes the adverse effect of distressing circumstances ("Stress the executives"; Bar-On, 2006), advancing positive effect in emotional self-assessment (Park and Dhandra, 2017).

## DISCUSSION

Since the start of the 20th century, unique logical interest has been arousing in the investigation of self-esteem in nursing experts as a gathering with high emotional, physical and social wear. Nonetheless, a larger part of the empirical research has focused on examples of understudies and medical caretakers with almost no work insight (Edwards et al., 2010). Consequently, one of the qualities of this investigation is its example, which incorporates attendants with up to more than 11 years of involvement with the calling. In corresponding to the proof previously appeared in past studies (Maggiori et al., 2016), Self-Efficacy, Cognitive Empathy and all the elements of EI connected emphatically with Self-Esteem. In actuality, a negative relationship was found between Affective Empathy and Self-Esteem, which might be clarified by emotional weariness. Indeed, others creators have indicated that emotional contribution, normal for Affective Empathy, blocks medical services experts from working adequately. While the capacity to identify on understanding the patient's feelings

effectively affects the medical care proficient's reaction (Navarro-Abal et al., 2018; Shao et al., 2018), the emotional part of empathy can be an inconvenience for clinical practice, since it produces sensations of extreme obligation and weakness about providing care and patient consideration (Schwan, 2018). This adversely influences the sensation of self-efficacy, and at last, the self-esteem of the medical care proficient. Along this line, the negative repercussion of solid full of feeling empathy on the adequacy of nursing work could be clarified by over the top emotional association that prompts burnout (Kompanje et al., 2015).

The aftereffects of our examination for the complete example of medical attendants, affirmed past studies which recognized General Self-Efficacy (Caprara et al., 2013), Cognitive Empathy (Cameron and Fredrickson, 2015), and three Emotional Intelligence measurements, Mood, Stress Management and Intrapersonal (Carvalho et al., 2018) as indicators of self-esteem. Notwithstanding, it ought to be underlined that Mood is the main indicator. Likewise, Mäkikangas et al. (2004) demonstrated that inspiration and good faith favor translation of uncertain or conceivably distressing circumstances as sure, causing people to fortify their self-idea about their capacity to defeat unfavorable circumstances. Along these lines, Mood, as a part of Emotional Intelligence that accentuates inspirational demeanor and attitude as an adapting system in distressing circumstances, is quite possibly the most significant deciding components in the self-esteem model proposed. These outcomes likewise show the need to check whether self-efficacy intervenes among Mood and self-esteem. This is an intriguing proposition for future research. Contrasts were found with long periods of involvement for the factors which best foresee self-esteem. Mind-set was as yet the indicator with the most logical load in all the gatherings. Subsequently, nursing

experts with greater position typically act all the more properly when confronted with unforeseen and distressing circumstances (e.g., persistent demise) (Adaptability) (Chang et al., 2016). They likewise generally think all the more emphatically and feel more prominent fulfillment when playing out their positions (Intrapersonal) in examination with the individuals who have been working less years (Lehuluante et al., 2012; Pasila et al., 2017). The General Self-Efficacy vanished in the model of experts with the most experience. Intellectual empathy, notwithstanding, just shows up as a "negative" indicator for the gathering of medical caretakers with the least experience. Despite the fact that studies have demonstrated that self-esteem is a fundamental fixing in medical care experts (Petrucci et al., 2016), the facts demonstrate that for certain workers with little experience it is emotionally extremely depleting to comprehend the emotional conditions of different people, which might be because of absence of preparing as well as arrangement in this expertise. By the by, this examination could represent a few restrictions. In the first place, the information may show inclination from having been procured with self-report polls, in spite of the fact that this is regular in mental assessment. At last, the examination configuration didn't permit it to be resolved whether the connections between Self-efficacy, Empathy and Emotional Intelligence and Self-Esteem are kept up after some time, so it is important to do longitudinal studies which make it conceivable to investigate the impact of the factors on self-esteem.

## CONCLUSION

A negative relationship was found between Affective Empathy and Self-Esteem which might be clarified by emotional weariness; it ought to be underlined that Mood is the main indicator. Temperament was as yet the indicator with the most illustrative load in

all the gatherings with long periods of involvement. In any case, General Self-Efficacy vanished in the model of experts with the most experience, in which case two factors entered in the condition which were absent in the remainder of the gatherings, Adaptability and Intrapersonal. In this way, considering the outcomes, it very well may be presumed that relying upon status in the position, experts rely less upon self-assessment of their presentation (Perceived Self-efficacy) and more on their Emotional Intelligence (Mood, Adaptability, Intrapersonal) to arrange their self-esteem.

The proof which has risen up out of this examination may have significant reasonable ramifications. In the scholastic circle, it would bear some significance with train future nursing experts in such vital abilities as Empathy, Emotional Intelligence and Self-Efficacy. Likewise, associations and nursing the board should execute intercession programs that advance prosperity and fulfillment in laborers during their time of dynamic business. It would bear some significance with train nursing experts in such vital capabilities as Empathy, Emotional Intelligence and Self-Efficacy. For instance, via preparing in emotional administration or improving reaction to patients and relatives dependent on empathic correspondence.

For intercession, alternate methods of creating faith in self-efficacy ought to be created. In accordance with the hypothesis of Bandura (1994), perhaps the best approaches to do this would be through experience, vicarious learning by noticing social models, or by controlling pressure, which is significant for planning intercession pointed toward lessening pressure to control negative emotional responses and their outcomes, for example, unsafe somatization.

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