

Influence of Self-Esteem and Demographic Variables on Anxiety among Female Nurses

Michael, O. Ezenwa¹, Nnaemeka, C. Abamara^{1*} & Evelyn, O. Ozoude¹

¹ Department of Psychology, Nnamdi Azikiwe University, Anambra State Nigeria

* Nnaemeka, C. Abamara, E-mail: abamaranc@yahoo.com

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Abstract

The study examined the influence of self esteem and demographic variables on anxiety among female nurses. Sixty nurses selected from surgery and emergency units of University of Nigeria Teaching Hospital (UNTH) Enugu. Enugu state Nigeria were used in the study. The Index of Self Esteem (ISE) developed by Hudson (1982), was used as one of the research instruments to measure self esteem and was validated in Nigeria by Onighaiye (1996) which has 25 items and state trait anxiety inventory (STAIY-I) developed by Spielberger (1983) was used to measure general anxiety and was validated in Nigeria by Omoluabi (1987). The design for the study was 2x3 factorial design, while 3 way analysis of variance was adopted as the appropriate statistical tool to test the hypotheses postulated. The result indicated that the first hypothesis which stated that; there will be a significant difference between high and low self esteem on anxiety among female nurses was accepted at $P < .05$ level of significance. The second hypothesis which stated that, there will be a significant difference between emergency unit and surgery unit on anxiety among female nurses was accepted at $P < .05$. The third hypothesis which stated that, there will be a significant difference between short service and long service on anxiety among female nurses was accepted at $P < .05$. The fourth hypothesis which stated that, there will be a significant interaction influence of self esteem, hospital units and years of service on anxiety among female nurses was accepted at $P < .05$. The result vividly showed that nurses generally manifest anxiety with respect to self esteem and irrespective of hospital unit and year of working experience at $P < .05$. These results were discussed in line with health care delivery system and culture in Nigeria and their implications stated. Based on the findings, the researchers therefore recommended that clinical Psychologists should be employed in various critical units (Emergency and Surgery) to help nurses to cope with anxiety and other psychological problems.

Keywords

self-esteem, hospital-unit, year of experience, nurses, anxiety

1. Introduction

All over the world, human beings experience anxiety resulting from the changing nature of human wants in the society, stressful work environment, desire to move in line with our hastened technological age and poor relationship (Uwaoma, Obi-Nwosu, & Aguocha, 2011). Anxiety is considered to be a normal response to stress because it helps an individual to cope with the demands of life, but in excess it may be considered as an anxiety disorder according to Diagnostic and Statistical Manual for Mental Disorders V (2013), (Afolayan, Bitrus, Olayinka, Adeyanju, & Agama, 2013). People having anxiety have chronic and pervasive tension about most aspect of their lives and they are consciously and unconsciously hyper vigilant for threat, hypersensitive to criticism and easily get discouraged (Borkonee, 2008). This neurotic anxiety is the interest of the present researchers since it is not healthy for nurses in nursing profession. This effect of anxiety among nurses was supported by a study titled “effect of gender and hospital unit on nurses’ anxiety” conducted by (Uwaoma et al., 2011) at Federal Medical Center, Owerri and it was also confirmed by Chinwendu (2012) in a research conducted at Orthopedic hospital, Enugu. Based on the above evidence established, anxiety is prevalent among health professionals and nurses in particular. Anxiety in clinical practice can be classified into objective, everyday and neurotic anxieties; objective anxiety arises from an unrealistic response to threat in an environment, everyday anxiety is a healthy type which assists us to be active, up and doing in our everyday activities while neurotic anxiety manifests from an unresolved unconscious conflict in an individual (Uwaoma et al., 2011). This type of anxiety perhaps may arise from the excessive concern over harming a patient due to lack of concentration during clinical practice and according to Bamigboye and Adesanya (2008) standard precaution (a set of guidelines that can protect health care professionals from being exposed to work-dependent infection) is low among nurses which may make them to be vulnerable to high rate of exposure to micro-organisms through several modes such as hand contamination with Blood and other body fluids (e.g., semen, vaginal secretions, and amniotic, cerebrospinal, pericardial, peritoneal, and synovial fluids), tissues, air-transmitted micro-organisms especially when nurses are transferred from one hospital unit/ward to another. Despite warning from World Health Organization on standard health precaution among nurses, research evidence confirmed that it is still poor among nurses (Bamigboye & Adesanya, 2008). The different units in a hospital setting have their different difficulties, demands and prospects which invariably reduce or increase the level of the nurses’ anxiety (Mohammed, 2015). This psychological problem is the centre of behavioral problems, and psychological and social factors have a crucial role in its management (Chandra, 2009). Erica (2010) observed that an optimal level of arousal and mindset is necessary to best complete a task such as an examination, perform an act or compete in an event. However, when the anxiety or level of arousal exceeds that optimal level, the result is usually a decline in performance (Okoli, 2011; Balow, 2013).

However, among nurses the experience of anxiety may be anchored to some factors. Such factors may include demographic factors (hospital unit, year of experience) and self-esteem. According to Rushton

(2008) and Mokoka (2010), the majority of long serving nurses in the workplace, are the highly experienced and have extensive knowledge, practice and wisdom due to their years of nursing, despite their anxious state while discharging their duties; hence, anxiety appears more in the short serving nurses.

Years of experience equally has generated a lot of concern in recruitment and staffing of nurses into their suitably qualified Departments. When older nurses are due for retirement despite their years of experience anxiety sets in which may be because they failed to plan and actualize beforehand what they will do after they retire from public service, likewise on the newly recruited nurses, they hide their anxiety because the profession did not grant any provision for expression of emotion or mood. Observation from the literature has shown evidence that issues contributing to their anxiety include clinical challenges, technological advancement, low self-esteem, interpersonal difficulties, physical and mental health issues, and poor coping skills (Wooten, 2013). These conditions not only result in a high degree of personal suffering, but also impose a considerable burden on the society (Leary, 2009).

Hospital units also contribute more to the anxiety nurses experience while discharging their duties because nurses are constantly exposed to damages caused by anxiety. The hospital units and work related activities are challenging factors that create anxiety among nurses (Aguocha, 2011). It has been documented that the emergency units is one of the most stressful environment for hospital staff (Wooten, 2013). These stressful environments have negative effects on the mental health and performance of the nurses. The urgency needed in caring for the terminally ill patients, lack of adequate facilities, and not communicating well with their colleagues seems to be disturbing for nurses. Researchers have shown that demands on nurses are constant and unrelenting and as such, laboratory and clinical rotations take a mental, emotional and physical toll (McDonald, 2010). Stress increases anxiety over competency and expectations irrespective of the years of experience and hospital unit (Andrey, 2009). Years of experience and hospital unit have received considerable support from foreign empirical literature demonstrating their significant effect on health functioning among people in the helping profession particularly nurses (Payne, 2010; Mazumdar, Buragohain, & Haloi, 2013).

Moreover, apart from demographic variables which are as follows (years of experience and hospital unit), self esteem is another factor that is considered in this research which is likely to influence anxiety among nurses. The word *esteem* comes from the latin word *aestimare*, which means *to estimate or appraise*. Self-esteem thus refers to how humans evaluate themselves overall (positive or negative) in relation to self-worth (Rosenberg, 1965). According to Baumeister (2008) it reflects a person's overall evaluation or appraisal of his or her own worth as dependent on significant others, social role expectations, crises of psychosocial development and communication. It seems plausible that nurses who generally feel more positive about themselves would feel more able to cope with challenges (anxiety) in their profession. People with high self-esteem are characterized by a positive evaluation of one self and ones past experiences; personal growth reflected in ones sense of continued psychological growth and development; a sense that one's life has a purpose and meaning; positive relations with

others; environmental mastery, the capacity to manage effectively on the surrounding world; as well as autonomy, a sense of self determination and the ability to control one's own life (Sowislo, 2013; Price, 2009).

Therefore, Positive self-esteem is not only seen as a basic feature of mental health, but also as a protective factor that contributes to better health and positive social behavior through its role as a buffer against the impact of negative influences. It is seen to actively promote healthy functioning as reflected in life aspects such as achievements, success, satisfaction, and the ability to cope with diseases like cancer and heart disease. Conversely, unstable/poor self-esteemed people are passive, defensive, have weak social support, have unrealistic expectations of life, have negative perceptions of themselves and are dissatisfied with their lots in life (Sowislo, 2013; Price, 2009). Thus, it could play a critical role in the development of an array of mental disorders and social problems, such as anxiety, depression, anorexia/bulimia nervosa, violence, substance abuse and high-risk behaviors (Enukorah, 2010). These conditions not only result in a high degree of personal suffering, but also impose a considerable burden on society (Leary, 2009). As will be shown, the most basic task for one's mental, emotional and social health, which begins in infancy and continues until one dies, is the construction of his/her positive self-esteem. It determines who they are, what they can do and what they can become, steering and nurturing individuals through life, and governing ones behavior. Generally, people do seek for self esteem because high self esteem is linked to subjective wellbeing and positive emotions and when it fails or is threatened, they experience unpleasant negative emotions (Enukorah, 2010). The amount of self-esteem an individual possesses also has an impact on the amount of anxiety that a person brings into the situation (Roy, Cleale, & Kendler, 2010). Based on the above overview, the researcher is interested in focusing attention on self-esteem and demographic factors as independent variables influencing factors on anxiety among nurses at University of Nigeria Teaching Hospital Enugu, Anambra State Nigeria.

Furthermore, it can be concluded according to (Price, 2009), that different contributions have been made based on Self-esteem and individual variables as they influence anxiety and none was able to research on Self-esteem and demographic variables as they influence anxiety among nurses. However, as such contributions are mainly foreign based, a reliable inference/solution to anxiety among nurses in Nigeria cannot be proffered on such foreign postulations. In a bid to fill this perceived research gap, this study came into focus.

1.1 Statement of the Problem

Nurses may not be exempted when it comes to being anxious while practicing their profession. This perhaps may stem from the possibility of acquiring work dependent-infection during the provision of nursing care through potential occupational exposure to micro-organisms (Badger & Kawano, 2008; Bamigboye & Adesanya, 2012). Hospital unit on its own is a variable that generates anxiety which their workers are never immune to (Uwaoma, Obi-Nwosu, & Aguocha, 2011; Reghuram, 2014; Mohammed, 2015). In support of this, researchers opined that the level of anxiety experienced by nurses in the

critical units, is detrimental to their physical, psychological and emotional health which often negatively affect their ability to perform their clinical duties, decrease their level of productivity, creating poor relationship with the patients and poor attitude toward the nursing profession in general (Awosus, Omowumi, & Jegede, 2011; Abbas, 2013). Mustafa (2011) and Abugre (2012) asserted that anxiety could be experienced more by short serving nurses working in the intensive care unit because of the fact that the older nurses fail to mentor them appropriately. Low self esteem also, can play a critical role in the development of an array of mental disorders and social problems, such as anxiety across every population, including nursing profession (Price, 2009).

These conditions not only result in a high degree of personal suffering, but also impose a considerable burden on the short serving nurses and the management is not always aware of the challenges faced by their short serving nurses (Putman, 2010; Kamsel, 2011). Epidemiological evidence suggests that without effective prevention and management, the burden of nurses anxiety is likely to continue to increase globally affecting the health care system in general (Awosusi & Hariklia, 2011).

1.1.1 Purpose of the Study

The major purpose of this study is to explore the influence of self-esteem and demographic variables on anxiety among nurses in University of Nigeria Teaching Hospital Enugu. Specifically, the objectives of this study are:

To determine if there will be any significant difference between nurses with low and those with high self-esteem on anxiety.

To determine if there will be any significant difference between nurses in Emergency unit and Surgery unit on anxiety.

To determine if there would be any significant difference between nurses who have below 5 years and those with more than five years of experience on anxiety.

To determine if there would be any significant interaction among self-esteem (High and Low), hospital unit (Emergency and Surgery) and years of experience (Short and Long) on anxiety among nurses.

1.2 Operational Definition of Key Study Variables

Self-Esteem: It is a measure of the self-perceived and self-evaluative component of self-concept, which is the sum total of the self-perceived and other-perceived views of the self held by a person, as measured by Index of Self esteem (Hudson, 1982).

Demographic Variables: In this study, they include; hospital unit and year of experience.

Hospital Unit: This refers to a unit in a hospital, especially for several patients being given similar treatment in a hospital of which emergency and surgery units are part of.

Years of Experience: This has to do with the number of years a nurse has spent in practice. In this context, it could be categorized into long serving nurses in the government hospital ranging from 5years and above and short serving nurses ranging from 0 to 4 years of working experience.

Anxiety: This is a momentary or transitory or situation-specific emotion characterised by feelings of tension, apprehension and autonomic nervous system arousal, as measured by State Trait Anxiety

Inventory Y-1 (Spielberger, 1983).

1.2.1 Hypotheses

In this research, the following hypotheses were tested

There will be a significant influence of self esteem on anxiety among female nurses.

There will be a significant influence of hospital unit on anxiety among female nurses.

There will be a significant influence of year of experience on anxiety among female nurses.

There will be a significant interaction among self esteem, hospital unit and year of experience on anxiety among female nurses.

2. Method

2.1 Participants

A total of 60 female nurses from University of Nigeria Teaching Hospital served as participants in the study. The participants were selected through probability sampling technique without replacement. The ages of the participants ranged from 27 to 65 years with a mean age of 34.75 and standard deviation of 5.19. The minimum educational qualification of Registered Nurse are as follows; Staff Nurses are 41 which is (68.3%) of the sample population, Registered Midwives are 14 which is (23.3%) of the sample population and a maximum of M.Sc in Emergency-Surgery Nurses are 5 which is (8.3%) of the sample population.

2.1.1 Instruments

Two instruments were used in the study and they include; Index of Self-Esteem (ISE) developed by Hudson (1982), a 25 item scale designed to measure the level of self-esteem an individual has. It was organized in the form of 5 point liker scale with the expression of “Rarely”, “A little of the time”, “Some of the time”, “A good part of the time”, “Most of the time”. Hudson (1982) provided the original psychometric properties for American samples while Onighaiye (1996) provided the psychometric properties for Nigerian samples. Hudson (1982) obtained a coefficient alpha of .93 and a two-hour test-retest coefficient of .92. While Onighaiye (1996) obtained the following coefficients of validity by correlating ISE with below stated tests; Concurrent validity with Symptoms Checklist (SCL), 90 by Derogatis, Lipman and Covi (1973). Discriminate validity with Ego Identity Scale (EIS) by Tan, Fine and Porac (1977) is -.42. EIS and ISE measures opposite end of self-esteem. Scores higher than the norms (32.04) indicate that the clients have low self-esteem. The lower a score is below the norm, the higher the client’s self esteem.

The second instrument is State-Trait Anxiety Inventory (STAI) by Spielberger (1983). The 20 item questionnaire was designed to measure general anxiety and was organized in the form of 4 point likert scale. Spielberger (1983) provided the original psychometric properties for American samples and obtained a coefficient alpha of .93 for Americans while Omoluabi (1987) provided the properties for Nigerian samples with test-retest coefficient of .31. Scores that are higher than the norms (33.59) indicate typical manifestation of anxiety. Scores lower than the norms indicate the absence of anxiety.

Also a pilot test was conducted by the researchers in order to obtain the reliability of the instruments using Cronbach alpha reliability coefficient. 30 female nurses from Redeemer Hospital Abakpa-Nike Enugu served as participants of the study. An alpha co-efficient of 0.70 was obtained under self esteem scale, 0.60 under anxiety scale, and overall Cronbach alpha reliability coefficient of 0.82.

2.1.2 Procedure

Before the conduct of the research in the hospital, an introductory letter from the Head, Department of Psychology, a copy of the proposal and a consent form was presented to the Chief Medical Director and to the chairman Ethics and Research Committee of the hospital where the researchers were seeking for research permission. After a review, Ethical Clearance Certificate was obtained from the hospital management. The researchers introduced themselves alongside with the Ethical clearance certificate and questionnaires to each head/matron of the selected units before having access to the research participants. Furthermore, the consent form was issued to the participants that sought for their voluntary participation in the study and each copy of the questionnaire had short introductory letter stating the purpose of the research. On the agreed date, the researchers went to the hospital and administered the questionnaires after creating rapport with the nurses. The researchers also advised the participants to be honest on their responses to the instruments as confidentiality was assured. The questionnaires distribution and collection was done within a period of two weeks. A total of 70 copies of questionnaire was produced and distributed to the respondents by hand and the entire 70 copies of questionnaire was collected back, cross checked to ascertain if they were properly filled, and at the end a total of 60 copies of questionnaires were found useful for coding and data analysis.

2.1.3 Design/Statistics

The study was a cross-sectional survey research, and the design was 2x2x2 factorial designs, while 3 way-Analysis of variance was adopted as the appropriate statistical tool to test the hypotheses postulated, because of its suitability in testing three independent variables with two levels each against one dependent variable. Lastly, the result was analyzed at $p < .05$ level of significance and at an appropriate degree of freedom using SPSS version 17.0.

3. Result

Table 1. Summary Table of Means and Standard Deviation on of Self Esteem and Demographic Variables on Anxiety among Female Nurses

Variables		Mean	S.D	Numbers
Self esteem:	Low	41.54	8.39	13
	High	27.50	2.12	47
Hospital Unit:	Emergency	34.000	5.68	27
	Surgery	35.24	5.36	33

Year of experience:	Short service	35.06	5.85	35
	Long service	32.68	5.03	25

Dependent Variable: Anxiety

From Table 1 above, nurses with low self-esteem obtained a total mean of (41.54) while nurses with high self-esteem obtained a total mean of (27.50). Thus, a high mean indicates manifestation of low self-esteem while a lower mean indicates manifestation of high self esteem. Scores higher than the norms (32.04) indicate that the clients have low self-esteem and the lower a score is below the norm, the higher the client's self-esteem. A mean of 32.04 was the basis for judging participants to be manifesting low self esteem. Therefore, serving nurses who have low self esteem manifested more anxiety but serving nurses who have high self esteem showed no anxiety due to their high self esteem nature. More so, nurses in Emergency unit obtained a total mean of (34.00), while nurses in Surgery unit obtained a total mean of (35.24). Short serving nurses obtained a total mean of (35.06) while long serving nurses obtained a total mean of (32.68). Thus, a high mean indicates anxiety manifestation while a lower mean indicates absence of anxiety; a mean above 33.59 was the basis for judging participants to be manifesting anxiety.

Table 2. Summary Table of Three-Way ANOVA on Hospital Unit, Year of Experience and Self-Esteem on Anxiety among Female Nurses

Source	Type III sum Of squares	Df	Mean squares	Calculated value F	Critical (Sig)
A					
SELF ESTEEM	37.11	17	37.11	1.13	.32
B					
HOSPITAL UNIT	11.20	1	11.20	.37	.55
C					
YEAR OF EXPERIENCE	25.71	1	25.71	.85	.37
SE X HU	120.67	6	20.11	.67	.68
SE X YE	191.73	5	38.35	1.27	.31
HU X YE	20.23	1	20.23	.67	.42
AXB XC					
SE X HU X YE	.00	0			
Error	755.57	40	29.13		
Total	73957.000	60			

Dependent Variable: Anxiety

From Table 2 above, calculated value of $F(1.13)=.32$, $p<.05$ level of significance, indicated that nurse’s self esteem had a significant influence on anxiety manifestation. The calculated value of $F(0.37)=.55$, $p<.05$ level of significance, indicated that in the hospital unit a nurse works in, had a significant influence on anxiety manifestation meaning that hospital units (emergency and surgery units), had a significant influence on anxiety manifestation among nurses. Also, calculated value of $F(0.85)=0.37$, $p<.05$ level of significance, indicated that nurse’s years of experience had a significant influence on anxiety manifestation. Meaning that year of experience (long and short serving nurses) had a remarkable influence on anxiety manifestation among nurses.

However, calculated values of $F(.67)=.68$, $F(.127)=.31$, $F(.67)=.42$, $p<.05$ level of significance, showed no significant interaction effect among hospital units, years of experience and self-esteem on anxiety manifestation among female nurses. In essence, anxiety manifestation among nurses was not as a result of significant interaction between hospital units, years of experience and self esteem.

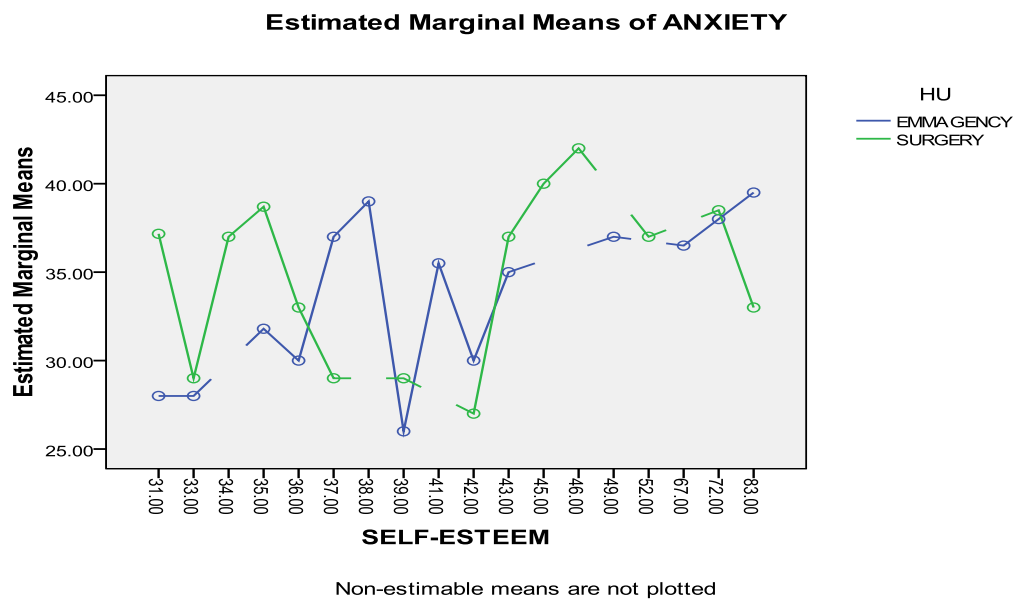
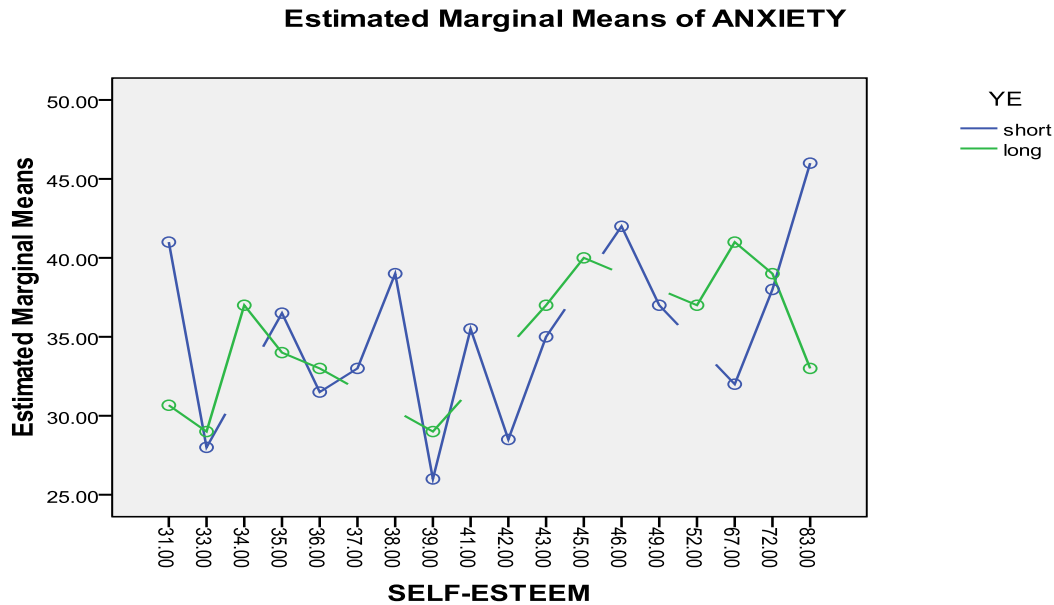


Figure 1. Graph on Influence of Self Esteem Interacting with Emergency Surgery on Anxiety among Female Nurses



Non-estimable means are not plotted

Figure 2. Graph on Self Esteem Interacting with Years of Experience on Anxiety among Female Nurses

3.1 Summary of Results

- In summary, the above results showed that:
- Hospital unit as a factor remarkably influenced anxiety among female nurses.
- Years of experience as a factor remarkably influenced anxiety among female nurses.
- Self esteem as a factor remarkably influenced anxiety among female nurses.
- Hospital unit, Years of experience and Self esteem have no significant interaction effect on anxiety among female nurses.

4. Discussion

The study examined the influence of self esteem and demographic variables on anxiety among female nurses. The results indicated a significant influence of self-esteem on anxiety manifestation among nurses, this is in line with the findings of Edura et al. (2011), they concluded that self esteem has a direct significant influence on anxiety among nurses in nursing profession. In essence, nurses with high self esteem manage their work challenges better than nurses with low self esteem.

The second result means that hospital unit yielded a significant influence on anxiety manifestation of nurses in hospitals. This can be observed in line with other studies conducted in this area for example; Uwaoma et al. (2011) found that anxiety could be experienced more by short serving nurses working in the Intensive care unit as a result of inadequate mentorship by long serving nurses. According to Uwaoma et al. (2011) nurses in emergency unit are known to be linked with anxiety which affects their productivity. However, the most significant influence of hospital units on anxiety among nurses is not

surprising because in Nigeria, hospitals lack basic equipments that ought to build confidence in nurses who attend to emergency patients (Chiwendu, 2012).

Also, the third result means that year of experience as a factor was found to yield a significant influence on anxiety among nurses at University of Nigeria Teaching Hospital (UNTH). Though the anxiety manifested more on the short serving nurses, than the long serving nurses. That is to say that the short and long serving nurses at University of Nigeria Teaching Hospital differ significantly in their anxiety manifestation. This result supports the findings of Amstrong (2009) who opine that, long serving nurses are highly experienced and have extensive knowledge and practice skills despite their anxiousness over their ability to cope with some aspects of nursing. Also those long serving nurses cope well with physical and mental demands of their profession more than the short serving nurses. The significant influence of years of experience on anxiety manifestation among nurses in Government hospitals does not come as a surprise, since it is known that “experience they say is the best teacher”. This simply means that long serving nurses are better equipped with various experiences that help them to cope with challenges in the course of discharging their duties though they still experience anxiety, unlike the short serving nurses who newly joined the practice with less expertise.

Moreover, self-esteem, hospital units and year of experience do not interact significantly in manifestation of anxiety among nurses at University of Nigeria Teaching Hospital. This shows that long and short serving nurses in emergency and surgery unit’s manifest anxiety but in different levels. Although the short serving nurses in these units experience more anxiety due to their little work experience and work pressure in different units in which they work in. That does not mean that long serving nurses do not experience anxiety in their work place, but not as the short serving nurses. This is in contrary with the work of Makoka and Maboko (2010) and Okafor (2012), they reported that year of experience (long serving nurses) in emergency and surgery units are better off than their short serving nurses when it comes to emergency situations.

The major short comings of this study were:

The study was to a significant degree a sample population of female nurses, therefore the results cannot be generalized to all medical professionals or to nurses not in critical care units. Despite the constraints, the objectives of the study were achieved. In view of the scope, recommendations and limitations of the study, the researcher suggests that similar studies be carried out among nurses in other areas of the country using different means of data collection, so that findings can be compared and possibly generalized.

4.1 Recommendation

Based on the outcome of this study, the researchers hereby make the following recommendations:

- 1) Hospital management should ensure collegial support and good communication network among nurses to promote conducive atmosphere in the hospital.
- 2) Government should invest more on research and seminars on the means of boosting nurses’ knowledge on the efficacy of high self-esteem with regards to anxiety.
- 3) Knowledge on anxiety will enable nurses to seek for psychological

intervention when they see conditions related to that while carrying out their professional duties. 4) Federal and State Ministries of health should incorporate self-esteem in the programs designed to boost the psychological wellbeing of nurses.

In view of the scope of recommendations and limitations of the study, the researcher suggests that similar studies be carried out among nurses in other areas of the country using different means of data collection, so that findings can be compared and possibly generalized.

5. Conclusion

This study examined the influence of self esteem and demographic variables on anxiety among female nurses at University of Nigeria Teaching Hospital (UNTH) Enugu. Based on the findings of this study, the researchers hereby conclude that self esteem, years of experience of nurses and the hospital units they work under in the hospital significantly influence their anxiety manifestation in the hospital. The participants were made up of sixty female nurses from University of Nigeria Teaching Hospital (UNTH) Enugu. The study however showed that self-esteem has an influence on anxiety among female nurses which indicates that high self esteem is a protective factor while low self esteem has a link to an array of psychological problems, like anxiety. Therefore, there is a need for improved factors in socio-economic, personal/individual and organizational factors among nurses in teaching hospitals as this will reflect in the quality of health care they will render to patients.

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