

The Relation between Educational Environment and Self-Esteem of Nursing Students

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Abstract: *The nursing students get more personal and social self-esteem through the learning environment. This study aim was to assess the relation between educational environment on self-esteem of nursing students at the Faculty of Nursing Zagazig University. It was conducted using a cross-sectional design on a stratified random sample of 268 students in second, third, and fourth years. Two tools were used for data collection, namely; Rosenberg self-esteem scale and educational environment questionnaire. The study findings revealed that one-half of the nursing students (50%) had low agreement upon the total educational environmental factors. And the majority of the nursing students (84%) were having high self-esteem. It concluded that there are a positive significant correlation between nursing students' self-esteem scores and their agreement upon many of the areas of the educational environment. The study recommends improvement of the educational environment of nursing students, particularly in the arenas of the skills lab, classrooms, and auxiliary and recreational facilities, and student assessment. Students' self-esteem needs some consideration, especially for male and junior students through training and counseling helps. Further research is suggested to assess the effect of improving the learning environment of nursing students on their self-esteem.*

Keywords: *Educational environment, nursing student, self-esteem*

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I. Introduction

Clinical nursing instruction is the door to the actual world of nursing. What students experience as they step through the door will impact the view the students see and the future world they create. Nursing training is a planned process aimed at achieving changes of behavior in students regarding their profession (Sabatino et al, 2014). This interaction has an important effect on the students' level of self-awareness and self-evaluation. As a result of the experience, students learn how to enter into interaction using their own thoughts and feelings, become aware of their own real feelings, and how events around them affect them. An individual's behavior is formed both by heredity and by the environment (Berryessa et al, 2013)

Environmental Education (EE) refers to organized efforts to teach about how natural environments function and particularly how human beings can manage their behavior and ecosystems in order to sustainable living (Bourke et al, 2014). It is a learning process that increases student's knowledge and awareness about the environment and associated challenges, develops the necessary skills and expertise to address the challenges, and fosters attitudes, motivations, and commitments make informed decisions and take responsible action (D'Souza et al., 2013).

Students in the nursing as young people attending universities face a number of problems. Young person is according to some experts a period of transition and according to others a stage between childhood and maturity. The ability of a young person to contribute to the community in this period of development depends on their gaining knowledge, skills and experience (Ahonen and Quinlan, 2013). On the other hand, educational activities, interaction in the school, interest felt in lessons and the drive for success are the important factors affecting self-esteem. The character of the communication that teachers experience with students affects their self-worth. Many studies have shown that there is a direct relationship between students' self-respect and success (Tashiro et al, 2013).

Self-esteem is a term applied in psychology to reflect a person's overall evaluation or appraisal of his or her own worth. "Positive self-esteem is the immune systems of the spirit, assisting an individual face life problems and bounce back from adversity." (Cha and Sok, 2014). Creating a caring learning environment and providing diverse support networks increases self-esteem, promotes success and satisfaction, and increases the number of professional nurses available to deliver high-quality health care for global populations (Barr, 2013; Moagi & Maritz, 2013).

Significance of the study

Self-esteem affects all aspects of an individual's life, such as school achievement, job success, and social and professional development. It is an important academic construct in the process of teaching. It is recognized as unitary of the major factors in learning outcomes of students. Students with high self-esteem, participate enthusiastically in the learning process; they are more confident, active and motivated to learn, and perform better in the examination. Conversely, low self-esteem students do not participate actively in learning, and remain silent and inactive. Hence, there is a close relationship between self-esteem and level of educational attainment of learners. So, this study is an attempt to examine the educational environment of nursing students in the Faculty of Nursing, Zagazig University and its relation to their self-esteem.

Aim of the Study

This study aim was to assess the relation between educational environment and self-esteem of nursing student's at the Faculty of Nursing Zagazig University.

Research questions

1. What are nursing students' opinions level regarding the educational environment?
2. What are nursing students' self-esteem level?
3. Is there a relationship between educational environment and self-esteem of nursing student's?
4. Is there a relationship between personal characteristics, educational environment and self-esteem of nursing student's?

Research design

A cross-sectional design was used to achieve the aim of the study.

II. Subject and Method

Setting

The study was conducted at the Faculty of Nursing, Zagazig University. The faculty has seven scientific departments as follows: nursing administration, psychiatric and mental health nursing, medical surgical nursing, maternal and newborn health nursing, pediatric nursing, gerontological nursing and community health nursing. Over 1200 undergraduate students are presently enrolled in the four year nursing program.

Subject

Stratified random sampling of (268) nursing students enrolled in the second, third, and fourth year during the academic year (2016/2017) from the total eligible (887) nursing students. The required number of students from each stratum was calculated according to scientific formulae (Kish and Leslie, 1965). The sample consists of (102) students from 2nd year from the total number of (338), students from 3rd year were (91) from the total number of (301), and students from 4th year were (75) from the total number of (248).

Tools of data collection

Two tools were used for data collection

Tool I: Educational environment questionnaire:

It was developed by *Gamal (2012)* to assess nursing students' opinions regarding the educational environment. The questionnaire consists of (105) statements grouped under three dimensions and ten subscales;

1- Learning environment: consists of (24) items grouped under two subscales, namely; nursing curriculum (14) items, and student assessment (10) items.

2- Physical environment: consists of (29) items grouped under three subscales, namely; classrooms (9) items, skills laboratories (10) items, and clinical settings (10) items.

3- Psychological environment consists of (52) items grouped under five subscales, namely; relationship between nursing students and, staff (17 items), relationship between nursing students and faculty administration (6 items), relationship between nursing students and health team members (7) items, relationship between nursing students and their peers (6 items), and services provided by administration to students (16 items).

Scoring system

Subjects' responses were evaluated in four point Likert scale. Reactions to these items were scored from four (strongly agree) to one (strongly disagree) While negative items' scores were reversed. The rafts of the statements were summed-up and the total divided by the number of the items, giving a mean score for each type of factors. The agreement upon the factors was considered high agreement if the percent score was higher than

75%, moderate agreement if between 50% to less than 75%, and low agreement if lower than 50% according to (Gamal, 2012).

Tool II: Rosenberg Self-Esteem Scale:

It was developed by **Rosenberg (1965)** to measure self-esteem among nursing students. It was composed of two parts:

Part 1: Personal characteristics data sheet: to collect data regarding student's personal characteristics such as age, gender, grade, marital status and residence.

Part 2: To measure self-esteem among nursing students, it consists of ten statements; five statements of them are positive and the other five are negative.

Scoring System

Subjects' responses were evaluated in four point Likert scale. Responses to these items were scored from four (strongly agree) to one (strongly disagree) While negative items' scores were reversed. The results of the statements were summed-up and the total divided by the number of the items, giving a mean score for the parts. These scores were converted into percent score. Self-esteem was considered to be high if the percent score was equal or more than ≥ 60 , moderate if the percent score was ranging from $40 < 60$ and Low self-esteem if the percent score was ranging from $20 < 40$ (**Rosenberg, 1965**).

Preparatory phase

This phase involved reviewing of the relevant literature, different fields and theoretical knowledge of several aspects of the research topic using textbooks, articles, internet, periodicals and scientific journals. The preparation of the data collection tools and they were translated into Arabic.

Validity

The content and face validity were established by a jury of five experts from the faculties of Nursing at Cairo, Ain-shams, Benha and Zagazig universities. Content and face validity sheet involved two parts: the first part included the opinions of the experts for each item that were taped on a two point scale: relevant, and not relevant; and the second part covered general or overall opinion about the form which express their impressions and comments on the tools for clarity, applicability, comprehensiveness, understanding, any hints for any additional or omissions of items and ease of implementation. According to their opinions all recommended modifications were performed by the researcher.

Pilot study

A pilot study was carried out to test the tools, feasibility, and clarity and to estimate the time consumed for filling-in the forms. The study was carried about 10% of the sample of nursing students (27 nursing students) selected randomly. Afterwards a brief account of the design of the work, the researcher provided every participant with a copy of the data collection instruments. The time consumed in filling out the form was about 25-30 minutes. The data collected from the pilot study were reviewed and the necessary modifications were done according to the answers and comments made by nursing students. These students were excluded from the main study sample.

Reliability

The pilot study served to assess the reliability of the scales used in the data collection tools. The Cronbach alpha coefficient was calculated to assess the reliability of the tools through measuring their internal consistency. The results demonstrated that excellent reliability with Cronbach alpha coefficient (0.95) for the educational environment questionnaire and (0.92) for Rosenberg self-esteem scale that considered high.

Fieldwork

The field work of this study was executed in three months from the beginning of October 2016 till the end of December 2017. Once the researcher obtained the official permissions to start, the researcher met with the Faculty administration to arrange for the data collection. And so, the process of sampling and recruitment of students was done. The researcher met with the selected nursing students, after an explanation of the study the tools were distributed to students in the classroom and the researcher was present at all the time for some clarification, this was done for the three grades. The time consumed to answer the entire tools ranged from 25 to 30 minutes.

Ethical considerations

The study was approved by the research and the ethics committee of the Faculty of Nursing, Zagazig University. A verbal consent was obtained from every nursing student after explanation of the nature and aim of the study. They were informed about their rights to refuse or withdraw at any stage of filling-in the tools. Also, they were assured that the information would be utilized confidentially and used for the research purposes only.

Statistical Design

Data entry and statistical analysis were performed using SPSS 16.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables. Qualitative categorical variables were compared using a chi - square test. The Spearman rank correlation was applied for assessment of the interrelationships among quantitative variables and ranked ones. In order to identify the independent predictors of self-esteem and environmental factors scores, multiple linear regression analysis was used after testing for normality, and homoscedasticity and analysis of variance for the full regression models were done. Statistical significance was considered at p-value <0.05.

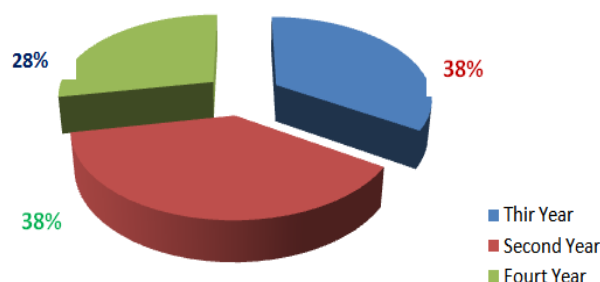
III. Results

Table 1: Personal characteristics of nursing students in the study sample (n=268)

Items	n	%
Age (years)		
< 21	150	56.0
21+	118	44.0
Range	19-27	
Mean±SD	20.4±1.1	
Median	20.4	
Gender:		
Male	70	26.1
Female	198	73.9
Marital status:		
Single	233	86.9
Married	35	13.1
Residence:		
In Zagazig	81	30.2
Outside Zagazig	187	69.8

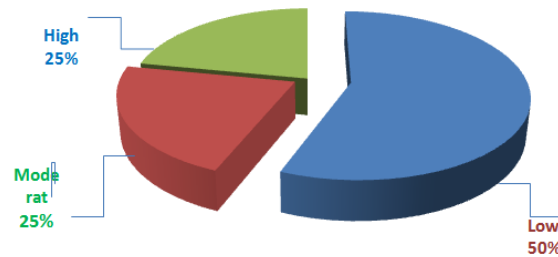
The personal characteristics of nursing students illustrated in **Table (1)** the table shows that the nursing students' age ranged between (19 and 27) years with mean (20.4) years. Slightly less than three-fourth of the sample consisted of female nursing students (73.9%). The majority of the nursing students were singles (86.9%), and more than two-thirds resided outside Zagazig (69.8%).

Figure 1: Distribution of the nursing students in the study sample according to grade (n=268)



Distribution of the nursing students according to their grade is shown in **figure (1)**. The highest percentage of nursing students was from the second year (38.1%) while the lowest was from the fourth year (28.0%).

Figure 2: Total percentage of nursing students' agreement levels regarding educational environment (n=268)



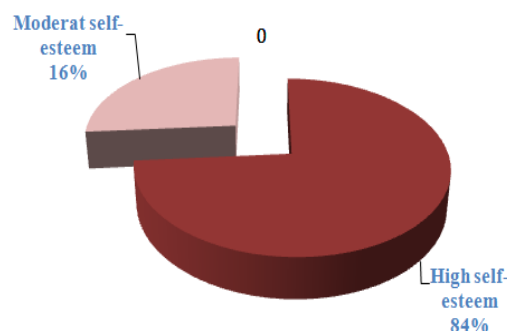
Total percentage of nursing students agreement levels regarding educational environment are shown in **figure (2)**. It clears that one-half of the nursing students (50%) had low agreement upon the total educational environmental factors.

Table 2:-Frequency and percentage of nursing students' agreement levels regarding educational environment (n=268)

Educational environment	High Agreement		Moderate Agreement		Low Agreement	
	n	%	n	%	n	%
Learning Environment						
1- Nursing curriculum (schedule-teaching methods)	126	47.0	45	16.8	97	36.2
2- Students' assessment	94	35.1	47	17.5	127	47.4
Physical Environment						
1-Classrooms	69	25.7	26	9.7	173	64.6
2-Skills laboratory	56	20.9	53	19.8	159	59.3
3-Clinical settings (Hospital)	79	29.5	53	19.8	136	50.7
Psychological Environment						
1-Relations with faculty staff	186	69.4	36	13.4	46	17.2
2-Relations with peers	100	37.3	98	36.6	70	26.1
3-Relations with hospital health care team	40	14.9	37	13.8	191	71.3
4-Relations with faculty administration	56	20.9	39	14.6	173	64.6
5-Services provided by the administration	124	46.3	60	22.4	84	31.3

Opinions of nursing students about the learning environment, physical, and psychological factors of educational environment are presented in **table (2)**. It shows that the highest percentage (69.4%) of "high" agreement was upon the relations with faculty staff and students. On the other hand, the highest percentages of "low" agreement were upon the relations with hospital health care team and relations with faculty administration, classrooms and skills laboratory (71.3%, 64.6%, 64.6 and 59.3%) respectively.

Figure 3: Percentage of total score self-esteem level among nursing students (n=268)



Percentage of total score self-esteem level among nursing students are shown in **figure (3)**. It clear that the majority of the nursing students (84%) were having high self-esteem level.

Table 4: Correlation between nursing students' educational environment and self-esteem scores (n=268)

Educational environment domains	Self-esteem scores	
	Spearman's rank correlation Coefficient (r)	P-value
Learning Environment		
Nursing curriculum (Schedule, teaching methods)	0.17	0.01**
Students' assessment	0.13	0.03*
Physical Environment		
Classrooms	0.06	0.30
Skills lab	-0.06	0.37
Clinical setting (Hospital)	0.08	0.22
Psychological Environment		
Relations with faculty staff and students	0.10	0.11
Relations with peers	0.03	0.62
Relations with hospital health care team	0.06	0.35
Relations with faculty administration	0.03	0.61
Services provided by the administration	0.09	0.17
Total score	0.09	0.14

Statistically significant at $p < 0.05$ (*) Statistically significant at $p < 0.01$ (**)

Correlation between nursing students' self-esteem and educational environment score **table (4)**. There is no statistically significant correlation could be revealed between nursing students' agreement upon the total educational environment and their total self-esteem level. It demonstrates that statistical significant weak positive correlations between total self-esteem level and the scores of educational environment agreement in the nursing curriculum ($r=0.17$, $p=0.01$), and student assessment ($r=0.13$, $p=0.03$).

Table 5: Correlation between nursing students' scores of educational environment and self-esteem and their grades and age

Variables	Spearman's rank correlation coefficient	
	Grade	Age
Self-esteem	.127*	0.07
Educational environment		
Learning Environment		
Schedule, curriculum, teaching methods	.223**	.142*
Students' assessment	.235**	.192**
Physical Environment		
Classrooms	.417**	.309**
Skills lab	0.11	0.11
Hospital	.182**	.175**
Psychological Environment		
Relations with faculty, staff and students	0.10	-0.01
Relations with peers	.121*	0.05
Relations with health team	0.04	0.10
Relations with faculty administration	.153*	0.03
Services provided by the administration	0.08	0.09
Total score	.265**	.186**

(*) Statistically significant at $p < 0.0$

(**) Statistically significant at $p < 0.01$

Correlation between nursing students' scores of self-esteem and educational environment and their grades and age **table (5)**. It shows that there is statistically significant weak positive correlation between self-esteem and the grade ($r=0.127$). Meanwhile, nursing students' grade had statistically significant positive correlations with their agreement scores level and most dimensions of educational environment. These correlations were weak except for the area of classrooms which was moderate correlation ($r=0.417$). Similar correlations were depicted with students' age, but they were all weak.

Table 6: Best fitting multiple linear regression model for the educational environment score (n=268)

Variables	Unstandardized Coefficients		Standardized Coefficients	T-test	P-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
	Constant	57.45				2.66	
Grade	3.36	0.74	0.27	4.52	<0.001	1.90	4.83
Residence outside	2.54	1.31	0.11	1.95	0.053	-0.03	5.12

R-square=0.09

Model ANOVA: $F=12.37$, $p < 0.001$

The variables entered and excluded: age, gender, marital status, self-esteem

The best fitting multiple linear regression models for students' score of agreement upon educational environment factors are represented in **table (6)**. It indicates that the statistically significant positive, independent predictors of student's agreement score where the grade and the residence outside Zagazig. However, these two factors explain only 9% of the variation in the agreement score. Other factors as age, gender, marital status, and the score of self-esteem have no influence on the agreement score.

Table 7: Best fitting multiple linear regression model for the self-esteem score (n=268)

Variables	Unstandardized Coefficients		Standardized Coefficients	T-test	P-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	25.71	1.05		24.59	<0.001	23.65	27.77
Grade	0.64	0.27	0.14	2.34	0.020	0.10	1.18
Female gender	1.31	0.50	0.16	2.63	0.009	0.33	2.30

R-square=0.04 Model ANOVA: F=6.06, p=0.003

The variables entered and excluded: age, marital status, residence, educational environment.

The best fitting multiple linear regression model for nursing students' self-esteem score are presented in **table (7)**. It shows that there is statistically significant positive, independent predictors of nursing student's self-esteem score where the grade and the female gender. However, these two variables explain only 4% of the variation in the self-esteem score. Other factors as age, marital status, residence, and the score of agreement upon educational environment have no influence on the self-esteem score.

IV. Discussion

High quality of education is a priority for the most of the countries (Bhore, 2013), especially with nursing education due to the shortage of qualified nurses in Egypt (El-Gilany et al, 2017). Evaluation of educational environment is essential for the provision of student-centered and high quality educational programs (Marzieh and Khodayar, 2016).

Self-esteem is all important for clinical judgments (Lakdizaji et al, 2013). Nursing requires high self-esteem for the quality of health services that they deliver to patients. Nursing students will carry out healthcare and health improvement services for patient care who can establish healthy interpersonal relationships in the work environment (Bingöl G., et al. 2012). Self-esteem developed during the education period is the basis for professional practice (Shrestha, 2013). It is significantly related to nursing professional identity (Iacobucci et al, 2013). Moreover, low self-esteem has been demonstrated to be linked with high rates of nursing student attrition (Peterson-Graziose et al, 2013). Hence, in the planning of the clinical placement, attention must be paid to whether the setting offers the student a meaningful learning situation where the appropriate learning outcome may be achieved as well as trainees' self-esteem (Bisholt et al, 2014 and Nazar., et al, 2015).

The aim of the current study was to assess the relation of educational environment on self-esteem of nursing student's at the Faculty of Nursing Zagazig University. The aim was attained by the following answer for research questions:

Part I: What are nursing students' opinions level regarding the educational environment?

The finding of the current study revealed that half of nursing students have a total low level of agreement upon the educational environment. Increasing student enrollment in baccalaureate nursing programs has resulted in an increase in the numerical density of students, which led to an imbalance in the number of students ratio to the educational physical environment resources norms (classrooms-labs-library) and human resources standard (academic staff –administrative staff) according to the Egyptian National Authority for Quality Assurance and Accreditation. Also, this might be attributed to the gap between student expectations and experience, and student actual and idealized experience. In addition, the differences between students experiences at different courses and clinical sites. Furthermore, overloaded study schedules for practical faculties with neglecting of other auxiliary services such as recreational activities, rest and transportation and lack of communication between faculty administration with their students. Many faculties are not using a basic approach to attain the students' needs by considering them as the main stakeholders in their education (Bakhshialiabad et al, 2015).

These results agree with Sharkawy et al (2013) and Abd El-Rahman (2009) whose study in Egypt Alhajjar (2013); in Gaza Ouse (2014); in UK. Barcelo (2016) in Philippine, demonstrated that the nursing students had a low level of agreement upon the educational environment. While this findings disagreement with the study carried out in Egypt Sharkawy (2017); Ahmed (2016) in Pakistan; Italy by Bagnasco et al (2014) and Sayed (2012) in Saudi Arabia who reported that the students had a high level of satisfaction with the educational environmental.

The result of the present study showed that the nursing students' agreements related to subscales of educational environment dimensions are that the highest percentage of agreement upon their relations with faculty staff. On the other hand, the lowest percentages of agreement were upon relations with hospital health care team and relations with faculty administration, classrooms and skills laboratory respectively.

Good relationships between students and teachers have been highlighted and students rated the relationship as high, in some studies (Kobra et al, 2018 and Venise et al, 2013). This is an area of major importance in building the personality and consequently raising students' self-esteem since it includes factors such as faculty and their assistants dealing respectfully with students, answering their queries, and encouraging them to ask questions, these factors were agreed upon by a majority of the students. In this respect (Orsini et al 2015) who stated how much teachers may support students learning and behaviors, and may lead students to value and engage in academic activities through gradual transference of responsibility, encouragement of personal interests, timely and constructive feedback, and team discussion. Staff-student relationships are key to students' experience of belongingness and learning. People who have belongingness are more likely to experience high self-esteem, which showed a direct link between good relationships and students' professional development (Abd ElAzim and Qalawa, 2016).

Nursing students-in-training acquire their first experiences as members of the health care team, the complexities of working in a multi-professional environment and the clinical rotations might have an enormous influence on professional relation development of students. Furthermore, the health care team often has mixed emotions with the additional responsibility and assignment of students during their scheduled work shift; they feel it is an invasion and nuisance to their work day. In addition, the patient's also have concern of a novice involved in their care and do not want to be a practice subject for the student.

Lack of nursing students' relations with faculty administration, this might be attributed to faculty administration following supervisory, evaluative, and formal advisory roles in their communication. Often a lack of transparency, consultation and encouraging students to share their concerns and integration within the institution. These attributes have been an important factor in contributing to student satisfaction. There are several factors of classroom and skill labs physical environment which are the combination of increasing student numbers has contributed to instructional spaces are not enough and larger class sizes that may affect both student satisfaction and learning. The classroom educational facilities and may be not well equipped with physical facilities like audiovisual aids i.e., multimedia, computers, overhead projectors and internet. However, these technologies are not being utilized as were expected (Lee, 2011).

This finding is in agreement with AbdEl Rahman (2009) who demonstrated deficiencies in the skills lab. Likewise, the studies conducted in the United States and California by Delparto (2013) and de Fulvio et al (2015) who found that the nursing student's agreement upon the educational environment factors related to relation with the health team, and faculty administration was the worst and came at the bottom of the ranking of the factors. However, the findings were incongruent with the study conducted in Italy by Bagnasco et al (2014) who reported that the students have a high level of satisfaction with the methods used, the equipment and supplies developed, and with the clinical instructors in the clinical skills lab. The discrepancy with the present study may be attributed to differences in financial resources.

Part 2: What are nursing students' self-esteem level?

The findings of the current study showed that the majority of the nursing students were having a high level of self-esteem. This is certainly related to positive aspects such as having a positive vision and being satisfied with self. The student and faculty staff relationship is a positive factor, contributing to the development of positive self-esteem in students (Sati, 2017 and Imani, 2018). The finding is in agreement with the results of a study carried out in Nepal by Shrestha, (2013) who found that the majority of the nursing students have a high level of self-esteem. On the other hand the study carried in Greece by Papazisis et al (2014) who reported that the lowest percentage of nursing students were having high self-esteem.

Part 3: Is there a relationship between educational environment and self-esteem of nursing student's?

Moreover, the current study demonstrated a positive significant correlation between students' self-esteem scores and their agreement upon two areas of the educational environment in the nursing curriculum, and student assessment. The finding is in agreement with the study conducted in Alexandria by Gamal (2012) who showed a significant relationship between nursing students' self-esteem scores and their agreement upon many of the areas of the educational environment.

This indicated that students' good feeling of the educational environment would enhance their feeling of self-esteem. There is connection between student emotions and the learning environment whereas the conducive learning environments to meet the social-emotional and academic needs of students. Students prefer learning environments whereas teachers support teamwork through cooperative to competitive situations which

enhance student self-esteem (Imani, 2018 and Bajaj, 2013). Students' performance assessment methods in nursing programs study use many different methods of evaluation such as summative, formative and ongoing evaluation which encourage learner self-realisation and skill development, to create situations leading to experiencing success stories, with the aim of motivating learners for higher academic achievement and enhancement of self-esteem (Asta Meškauskienė, 2017).

Part 4: Is there a relationship between personal characteristics, educational environment and self-esteem of nursing student's?

The findings of the current study revealed that the grade and living in Zagazig are independent factors predictors of student agreement score regarding educational environment factors, this may be ascribable to the fact that the students living in Zagazig may not suffer the troubles related to transportation and living far from family, which may determine their opinion of the educational surroundings. As well as this might be attributed to as more maturity and more familiar with the school personnel and facilities. In correspondence with this, a study among nursing students in Oman revealed higher satisfaction with the clinical learning environment among senior students (D'Souza et al, 2015).

Concerning the factors affecting students' self-esteem, the present study revealed that female students had significantly higher self-esteem. This was confirmed by multivariate analysis. The finding could be attributed to the fact that the nursing profession is still regarded as a feminine one, which would lead to a sense of lower self-esteem among male students. In agreement with Ratanasiripong and Wang (2011) demonstrated the effect of gender on the self-esteem of nursing students in Thailand. Similar findings were also revealed in the study carried out among nursing students in Alexandria (Abd Elkareem, 2012).

Additionally, the grade was identified as a positive, independent predictor of student's self-esteem scores. This is quite plausible since as students grow and advance in their academic level they gain more self-confidence and they get a feeling of higher status as they approach graduation. This would foster their feeling of self-esteem. A similar process of maturation in self-esteem was reported among medical students in a study in the United Kingdom (Murdoch-Eaton and Sargeant, 2012).

V. Conclusion

The study findings lead to the conclusion that half of nursing students have a low level of agreement upon the educational environment factors, while the highest percentage of them had a high level of self-esteem. There is a positive significance correlation between students' self-esteem scores and their agreement upon many of the areas of the educational environment.

VI. Recommendations

In view of the study findings the proposed recommendations are as follows:

1. Analyze the source of poor perception then develop; implement and evaluate a suitable plan for improve and corrects these weak areas by pay more attention to the faculty climate dimensions including educators, faculty, self-studentship, and especially clinical learning.
2. The classrooms and skill lab should be well ventilated, proper lighting system and continuous power supply, dustbin should be provided to help in maintaining cleanliness, designed in such a way that various technologies should be used effectively and well equipped with more technological audio visual aids and nursing skills equipment in terms of quality and quantity to commensurate with the numbers of students.
3. The auxiliary and recreational facilities such as the cafeteria, toilets, and resting areas need more attention from the faculty administration.
4. The area of student assessment should be improved in terms of allowing students to discuss the results of their tests, with constructive feedback on their performance.
5. The improvements particularly regarding the students' relations with hospital staff and administration should be more directed to junior students who are mostly affected by the problems in these areas.
6. Faculty administration follows advisory roles with their communication to the student, more of transparency, consultation and encouraging students to share their concerns and integration within the institution.
7. Although the majority of the students are having high self-esteem, still some do not, especially the male and junior students; these needs more fostering of their self-esteem through provision of training and counseling services and by prepares stakeholders to embrace the cultural shift through collaborative culture will enhance to support student long-term success.
8. Surveys need to be repeated periodically to monitor the situation after implementation of any corrective measures. In depth qualitative research relating to the items that were scored as unsatisfactory i.e. negative items may help to learn what the main problems are and how they might be addressed.

9. Further research is suggested to assess the effect of improving the learning environment of nursing students on their self-esteem.

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