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Evaluating the correlation between self-esteem and the values of anxiety and depression respectively in an organizational context

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Abstract. The present work aims to analyze, on the one hand, the link between self-esteem levels and anxiety values among professionally active people, respectively, on the other hand, between self-esteem levels and depression values, among the same population. We consider it important to define the concept of self-esteem in relation to anxiety and depression. In order to determine whether the working hypotheses are valid, a questionnaire was drawn up consisting of the items of the Anxiety, Satisfaction and Depression and Enthusiasm at Work Scale (Warr, P. (1990). The measurement of well-being and other aspects of mental health. *Journal of Occupational and Organizational Psychology*, 63(3), 193-210.), respectively of self-esteem related to the organization (Pierce, J. L., Gardner, D. G., Cummings, L. L., & Dunham, R. B. (1989). Organization-based self-esteem: construct definition, measurement, and validation. *Academy of Management Journal*, 32(3), 622–648.). The group of participants in this study was made up of both male and female people, professionally active, predominantly from the urban environment, with higher education and a varied length of work.

Keywords. Self esteem, anxiety, depression, organizational environment

1. Theoretical foundations of self-esteem in relation to anxiety and depression

Self-esteem is a complex psychological concept, and commonly offered explanations describe it as both an assessment of personal characteristics based on self-observation and the reactions of others, and a person's willingness to believe that they are capable of coping life's challenges. Scientists make a clarification worthy of consideration, namely the fact that self-esteem does not refer to a feeling of superiority; competition or comparison with others not being part of



this concept. Expectations of love, friendship, or happiness, on the other hand, are component parts of the conception under discussion. (Branden, 2008).

The concept of self-esteem was first described by William James in 1890 as the feeling of self-respect that develops when individuals consistently meet or exceed important goals in their lives. Today, the definition continues to be relevant and self-esteem is considered to be the evaluative aspect of self-knowledge that reflects the extent to which people like themselves and consider themselves competent (Zeigler, 2013).

One of the researchers concerned with this concept, Morris Rosenberg, concluded that self-esteem is, in short, the global evaluation that the individual has about himself. He emphasized that high self-esteem refers to the fact that an individual considers himself worthy and respects himself. The scientist defines self-esteem as a complex cognitive and affective synthesis involved in dictating the individual's attitudes towards his own person. (Lupu, 2019).

According to Rosenberg's established opinion, self-esteem refers to the general self-evaluation of the individual's competences (Rosenberg, 1965), constituting that type of self-evaluation and descriptive conceptualization that individuals achieve and maintain about themselves. From this perspective, self-esteem is a personal evaluation, as a reflection of what individuals believe about themselves. According to the concept advanced by Korman, self-esteem is a reflection of the degree to which the individual perceives himself as a "competent individual who satisfies needs" (Korman, 1970, p. 32), a situation in which, individuals endowed with self-esteem the very high self experiences a sense of personal adequacy accompanying "a sense of satisfaction in the past" (Korman, 1966, p. 479). More than a reflection of a "self-knowledge", the authors Pelham and Swann made observations on the aspect that self-esteem also consists of an affective component (feeling of pleasure/displeasure), translated through the prism of the fact that people with high self-esteem of course they like who and what they sound like (Pelham și Swann, 1989).

There are still difficulties in determining the nature of self-esteem as this concept covers several perspectives. On the one hand, the discussed concept represents a psychodynamic process of development, and on the other hand, it represents, from a cognitive-behavioral point of view, an accumulation of coping strategies (Sintion, 2007).

This personality component, although one of the most fundamental dimensions of our personality, is a discrete, intangible, complex phenomenon of which we are not always aware. The concept of self-esteem occupies an important place in Western culture, especially in the United States, where the word self-esteem is part of the current language. The verb "to estimate" comes from the Latin aestimare - "to evaluate" having a double meaning: "to determine the value" and "to have an opinion about" (Iurchevici, 2011).

Researchers have found that there are a number of correlations between increased levels of self-esteem and various positive feelings. Therefore, people with high self-esteem have high goals, have a high level of self-confidence and believe that they are capable of solving various difficult situations. They also show resistance to stress and failure, and it seems that people with high self-esteem set higher goals than those with low self-esteem (Baumeister și Leary, apud Dafinoiu, 2014).

Self-esteem is significantly related to both rationality, creativity and the ability to manage change, as well as the willingness to recognize and correct possible errors. The global level of self-



esteem of a certain person influences the choices he makes in life. In this context, a high self-esteem is associated with strategies to improve oneself and to accept risks and possible errors, while a low self-esteem, rather, involves defense and risk avoidance strategies and failures (Macarie et al., 2007).

In psychoanalysis, self-esteem is considered to develop through the internalization of parental images and identification with them, being often associated with the feeling of guilt. The defense mechanisms presented in the psychoanalytic theory are considered to have as their aim the avoidance of an exaggerated decrease in self-esteem. Self-esteem navigates between the Superego, which internalizes society's norms, and the Self, which deceives itself to protect itself (Macarie et al., 2007).

From a sociological point of view, self-esteem appears as a social construct, being sometimes confused in its evolution with the development of moral consciousness. Self-esteem acts at the level of the psyche through the processes of identification, internalization and adaptation. Ch. Cooley (1998) advances a hypothesis according to which self-esteem is a social construction. The evaluation of one's own person is guided by the social and linguistic interactions with those around, starting from childhood. Those around are a social mirror in which the person looks to get an idea of the opinion of others regarding him. This opinion, once learned, will quickly be incorporated into the self-perception. Our self-esteem increases to the extent that those around us have a good opinion of us. Conversely, if others do not have a good opinion of us, we will integrate their negative opinion and develop low self-esteem. A person with a balanced self-esteem will have a stable way of thinking about himself and will not be destabilized according to approvals or rejections. (Macarie et al., 2007).

Factors such as failure, rejection or criticism, along with other events with a negative impact can reduce the level of self-esteem, while praise, positive interpersonal interactions and love have a positive effect on the concept. Research has shown that low self-esteem favors the risk of depression, feelings of loneliness, substance abuse and professional failure. (Ikechukwu et al., 2013).

A person whose self-esteem is increased feels the professional challenges and not only as easy-to-manage situations that can bring benefits, while people whose self-esteem is low can perceive the same situations as risky or provoking failure. Certain studies mention that people with high self-esteem show an optimistic approach in the face of failure (Brown, 2010).

High self-esteem is associated with greater confidence in oneself and in personal reactions. Individuals with high self-esteem present themselves in a valuing manner, have the ability to accept risks, pay more attention and focus on highlighting their own qualities. Unlike the aforementioned, individuals with low self-esteem tend to be self-protective, avoid risks and avoid highlighting personal flaws (Macarie et al., 2007).

Individuals with low self-esteem are more likely to explain negative events by taking responsibility for failure, compared to their counterparts with high self-esteem. In addition, individuals with low self-esteem are less willing to take risks, compared to other subjects, due to the need to protect themselves from the threat. By comparison, individuals with high self-esteem have rich self-protective resources and can more easily face threats (Macarie et al., 2007).

Self-esteem is vital to our psychological balance and affects our performance in all activities. When it is positive, it allows us to mobilize and act effectively, to face the difficulties of



existence, to feel good in our own skin and to have a good opinion of ourselves. When it is negative, it increases the risk of failure, causes us many sufferings and inconveniences that disrupt our daily life and causes us to have an even more gloomy opinion of ourselves.

From the point of view of the content of self-esteem, there are theories that support a unidimensional interpretation and theories that support a multidimensional approach. Taking into account the complexity of the studied concept, we bring into discussion the perspective that covers all its sides. So, self-esteem is built from the assessment made on each of the following dimensions:

a. Emotional self - identified as an individual's representation of the degree of control he has over his own emotions and impulsivity and his degree of self-mastery that is translated into the ability to organize activities.

b. The social self - is about the representation of interaction with others and the sense of social belonging.

c. Professional self - refers to representations, behaviors and performance at work. The perception of one's own competences is embedded in the image that the person constructs about himself.

d. Physical self - includes body image, perceptions of others' opinions of physical appearance, and physical and athletic abilities.

e. The anticipatory self - the way the person looks to the future and the attitude towards what awaits him there (Macarie et al., 2007).

According to authors Lelord and Andre, there are several levels of self-esteem:

a. High and stable – external circumstances and everyday events have a minor influence on self-esteem. He does not invest a lot of time and energy in defending his image, and when he is contradicted he listens to his interlocutor without being tense

b. High and unstable - the subject's self-esteem, even if it is high, can suffer major shocks if it is in a competitive or destabilizing context. Failure and criticism are perceived as a danger and the individual tries to excessively display his qualities or successes. Such a level of self-esteem leads an individual to behaviors of monopolizing time in a discussion and irritation.

c. Low and unstable - people with such self-esteem are very sensitive and reactive to negative or positive external events. They strive to give themselves and others a better self-image; they don't talk much, they present themselves modestly, and when they express their opinions they do so cautiously, watching the reactions of those around them.

d. Low and stable - external circumstances, even favorable ones, have a minor influence in mobilizing self-esteem; the subject makes little effort to promote his self-esteem, whose low level he accepts and tolerates; this person risks going unnoticed, must be asked to speak, and in this case, prefers to adhere to the opinions issued before (Lelord, Andre, 2003)

We consider it important at this point to mention the various theories that explain the formation of the concept at the individual level. A first theory would be James's model which emphasizes the criteria by which personal success or failure is judged. In other words, the more achievements a person has, the higher his self-esteem, provided that the individual's aspirations are realistic. James' model is also called the arithmetic model of self-esteem (Sintion, 2007).

Another model for measuring self-esteem is the financial model which makes a comparison between self-esteem and how the individual manages his possessions or finances. In short, the more



goods an individual possesses, the more comfortable he will feel using them. In contrast, the more limited the resources, the more the individual will feel the need to protect them (Sintion, 2007).

The humanistic model starts from Rogersian theories in which it is considered that people need two fundamental psychological needs - positive regard from others and self-actualization, and self-esteem plays an important role in fulfilling these needs (Sintion, 2007).

People who have low self-esteem tend to be usually labeled as weak, insecure, sensitive, shy and with high levels of anxiety. These individuals have a high tendency towards introversion with a generally negative view of themselves and their situation. Often, this typology of people is perceived as and even becomes a victim of aggression without being provocative, and is often unable to protect itself within the bullying phenomenon. The victims are usually alone, they do not belong to any social network, and when they choose a social network with other members they turn out to have similar traits and a non-aggressive attitude. All these gaps in social integration expose the victims to the risk of developing psychological disorders (Pellegrini et al., 1999).

Over the years, through the studies of Bjorkqvist and his collaborators (apud Smith, 2004, p. 101), the scope of organizational bullying has been expanded to include indirect aggression done through a third party, relational aggression done to damaging relationships with one's peers and social aggression done to affect the self-esteem and even social status of the person being bullied. In terms of prototypical examples, in addition to hitting and verbal teasing, spreading rumors and social exclusion are also categorized as forms of aggression (Smith, 2004).

The reliability and validity of self-assessments by victims, more specifically the victim's inner perspective on the phenomenon of bullying to which she is subjected, raises questions for some researchers. The difficulty arises in the context of the accuracy or emotional stability of participants and their memories over time. Some studies have addressed the issue by examining the stability of memories of victims of bullying. In a retrospective study of the experiences of a sample of 60 male and female bullied in school, researchers found that participants' memories of bullying remained stable over a 12- to 14-month period. In addition, the researchers' estimates of the severity of bullying that victims experienced were found to be relatively accurate when compared to reports by peers of the same age. (Cowie et. al, 2002).

Given the above, there is very little information that includes a witness check of bullying incidents, and similarly there are few attempts to measure test-retest reliability when retrospective data are collected. To date, there have been very few systemic studies of aggression in the social context. Furthermore, there are practical and ethical difficulties in identifying perpetrators and the reasons why they engage in such behaviour, although an honest perspective from the aforementioned would be valid and useful for further studies. Consequently, many researchers are reluctant to rely solely on the personal accounts of victims (Cowie et. al, 2002).

Research into workplace victimization and its effects states that one in 7 adult suicides is the result of workplace bullying. All information refers to the self-reports of the victims and the dominant research method is that of the questionnaire. However, structured interviews and interviewer-administered questionnaires are the methods most frequently used by researchers in the field (Rayner et. al, 1997).

The negative consequences of workplace bullying can be viewed from different perspectives. A first perspective relates to individual issues and highlights that employees can suffer from repeated negative behaviors from superiors, peers and even subordinates over a long



period of time, causing psychological strain and emotional damage. Such damages affect the physical and mental health and even the family life of an employee. A second perspective highlights the fact that workplace aggression decreases the efficiency and quality of work in the case of victims and this aspect negatively influences the organization, both financially and at an evolutionary level (Wu et. al, 2020).

In a 5-year longitudinal study of more than 1,600 participants, Einarsen and Nielsen (2013) found that exposure to organizational bullying behavior leads to anxiety and other disorders. The same researchers explored through the study potential gender differences in the relationship between exposure to bullying and levels of anxiety and even depression. The results of the aforementioned study state that men tend to be more affected in the long term by exposure to this phenomenon and to report the negative effects of the negative experience including 5 years after its occurrence. The female participants in the study, on the other hand, self-reported the negative effects felt for a shorter period of time (Einarsen & Nielsen, 2013).

In the case of the men participating in the study, it was found that exposure to different forms of aggression was associated with clear effects on physical health (headaches, back pain, high blood pressure), with cognitive and affective problems (anxiety, depression, concentration) and even with psychosocial symptoms (alcohol consumption, family problems). The women participating in the same study, on the other hand, associated bullying only with psychological and social problems. Also, findings from the related field of ostracism indicated that high levels of exclusion have a stronger effect on men than women in terms of their mental health; for men, exclusion is linked to a sense of threat to self-esteem that eventually leads to anxiety disorders.

Exposure to workplace bullying and its associations with health and well-being have been examined by a large number of researchers.

The consequences of this exposure include, among others, psychological disorders such as depression, burnout, anxiety and even the development of aggression. Exposure to systemic and prolonged aggressive behaviors (by implication the status of a victim within the phenomenon) negatively affects the targeted individual, and the effects of exposure to organizational bullying can initially be explained through a series of cognitive mechanisms - individuals resort to evaluation processes that allow the interpretation of triggering factors based on the current assessment of available resources.

These appraisal processes can lead to various forms of cognitive dissonance when the triggers cannot be controlled, thus leading to feelings of helplessness in the face of the current situation. Therefore, the negative effects are triggered by the repeated and chronic cognitive activation of a prolonged process of bullying.

Cognitive activation would also lead to prolonged physiological activation, which may subsequently manifest itself in impaired health and well-being, decreased quality of life, increased cortisol levels, increased heart rate, and the onset of symptoms of anxiety and depression (Einarsen et. al, 2011).

2. Methodology

2.1. Hypotheses

It is presumed that there is a correlation between self-esteem and levels of anxiety in the organizational environment.



It is presumed that there is a correlation between self-esteem and levels of depression in the organizational environment.

2.2. Instruments

The instruments used were the Anxiety-Satisfaction and Depression-Enthusiasm Workplace Evaluation Scale, and the Self-Esteem Reported to the Organization Scale.

2.3. Results

Hypothesis 1: It is presumed that there is a correlation between self-esteem and levels of anxiety in the organizational environment.

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Depression	,171	60	,000	,929	60	,002
Anxiety	,167	60	,000	,926	60	,001
Self-esteem	,183	60	,000	,908	60	,000

a. Lilliefors Significance Correction

Considering the results of the Kolmogorov-Smirnov test, it can be observed that there are non-normal distributions, all three having Sig. < 0.05. Thus, non-parametric correlation coefficients will be applied.

The Spearman correlation coefficient was applied:

Correlations			Anxiety	Self-esteem
Spearman's rho	Anxiety	Correlation Coefficient	1,000	-,614**
		Sig. (2-tailed)	.	,000
	Self-esteem	N	60	60
		Correlation Coefficient	-,614**	1,000
	Self-esteem	Sig. (2-tailed)	,000	.
		N	60	60

** . Correlation is significant at the 0.01 level (2-tailed).

Using the non-parametric Spearman coefficient in the statistical analysis, the existence of a significant association between the level of individual self-esteem and the intensity of anxious manifestations was found. This correlation indicates a likely link between a person's self-perception and their predisposition to states of anxiety or psychological tension. Interpretation of these results requires a careful analysis of the dimensions and directionality of the relationship between self-esteem and anxiety, thereby providing a basis for understanding the complex underlying psychological dynamics.

Over the years, numerous studies have been conducted on the correlation between self-esteem and anxiety levels in the organizational environment, with these two aspects of mental health often intersecting. A relevant article is written by Alavi, H. R., and Askaripur, M. R., which examines the relationship between self-esteem and job satisfaction (satisfaction with the type and



nature of work, satisfaction with the manager or supervisor, satisfaction with colleagues, satisfaction with promotion, satisfaction with salary and remuneration).

A random sample of 310 individuals from the Kerman province in Iran was selected. The analysis used two valid and reliable questionnaires, the Kruskal-Wallis test, and the median test. The results indicated a significant relationship between self-esteem and the following factors: job satisfaction, satisfaction with the type and nature of work, satisfaction with the manager or supervisor, satisfaction with colleagues, self-esteem, and satisfaction with promotion, and satisfaction with salary and remuneration. There was no significant difference in job satisfaction and its five dimensions at different levels of each of the modifying variables: gender, age, salary, marriage, number of family members, and work experience (Alavi & Askaripur, 2003).

Another study aimed to examine the link between self-esteem and professional stress among medical assistants. Assuming that self-esteem is grounded in the value given by God, it is assumed that those with a deep relationship with Him should not have problems with self-esteem. According to recent statistics, out of the 126 medical schools in the United States, 86 offer spiritual counseling to future doctors, a significant increase from only two faculties in 1992 (Booth, 2008).

The research was conducted on a sample of 100 medical assistants from the County Hospital Braila and the Psychiatry Hospital "Sfântul Pantelimon" Braila. Two questionnaires were used to assess the level of perceived stress (Perceived Stress Questionnaire) and self-esteem.

The population selected for this study included nursing staff aged between 23 and 61 years, and the investigation took place throughout the year 2014. Subjects were selected from both highly professional medical institutions and institutions with more modest performances. The key variables of the study included self-esteem, stress, and job tenure. Two instruments were used to measure these variables: the Perceived Stress questionnaire and Rosenberg's Self-Esteem Scale, both validated and with a high degree of reliability (Șerban, 2015).

The results showed that individuals with high self-esteem and low stress levels represent a higher percentage (55.8%) compared to those with moderate self-esteem and low stress levels (35.7%). Thus, the research hypothesis was confirmed, and the null hypothesis was rejected, highlighting that environmental changes can elicit different reactions in different individuals (Booth, 2008).

The research suggests that stress should not be viewed only as a dimension of the physical environment but as a complex construct consisting of numerous interrelated variables. From a cognitive approach, the study reveals that self-esteem is a significant variable in influencing the level of stress in the medical field. Thus, in the face of the same stressors, individuals with low self-esteem may experience more reactions compared to those with high self-esteem (Șerban, 2015).



Hypothesis 2: It is presumed that there is a correlation between self-esteem and levels of depression in the organizational environment.

The Spearman correlation coefficient was applied:

Correlations			self-esteem	depression
Spearman's rho	self-esteem	Correlation Coefficient	1,000	-,651**
		Sig. (2-tailed)	.	,000
	depression	N	60	60
		Correlation Coefficient	-,651**	1,000
	depression	Sig. (2-tailed)	,000	.
		N	60	60

** . Correlation is significant at the 0.01 level (2-tailed).

Following the application of the non-parametric Spearman coefficient, the data analysis revealed the presence of a significant correlation between the degree of positive self-evaluation, called self-esteem, and the prevalence of depressive symptoms.

This correlation suggests a likely relationship between the individual's perception of self-worth and the tendency to experience depressive states. Interpretation of this association involves a detailed examination of the nature and direction of the interaction between self-esteem and depressive manifestations, thereby facilitating a deeper understanding of the underlying psychological mechanisms.

In psychology, self-esteem represents a fundamental concept, assessing cognitive, behavioral, and affective aspects. It reflects attitudes toward oneself and is linked to beliefs about personal values, abilities, relationships, and future outcomes in desired interactions (Blascovich & Tomaka, 1991).

William James, one of the early researchers on self-esteem, observed that self-satisfaction or dissatisfaction depends not only on achievements but also on evaluation criteria. Self-esteem is closely related to the ratio between self-perceived self and the desired ideal self, often used as a global indicator of self-evaluation in theories and empirical studies (Lelord and André, 2003).

Studies show that self-esteem is associated with social and economic status, influencing individuals' health. People have a fundamental need to belong, and self-esteem plays a crucial role in the risk of social exclusion. Individuals with high self-esteem tend to be happier and healthier, while those with low self-esteem often face depression and social anxiety (Branden, 1994; Taylor & Brown, 1988).

Self-esteem can be influenced by perfectionism and decision delay, leading to avoidance behavior and difficulties in accepting oneself. Psychotherapy can intervene effectively, addressing negative beliefs and promoting a balanced self-image by establishing reasonable standards, developing communication skills, and unconditional self-acceptance. Thus, improving self-esteem can lead to a more satisfying and fulfilling life (Crăciun, 2014).

Conclusions

Based on the formulated and confirmed hypotheses, we can assert that the obtained results may have significant implications for management practices in organizations. Understanding the correlation between self-esteem and the mental health of employees can enable the development



of stress management strategies and the promotion of psychological well-being within the organization.

The research results indicate that self-esteem is closely linked to levels of anxiety and depression in the organizational environment. It is crucial to explore and understand how organizational culture can influence these relationships, as organizational values and practices can play a significant role in the psychological well-being of employees.

To improve the mental health of employees, organizations could benefit from implementing self-esteem development programs. These programs may include coaching sessions, training, and resources to support the enhancement of employees' self-esteem.

Although the current study confirmed the formulated hypotheses, there is an opportunity for future research to delve into the specific mechanisms of the relationship between self-esteem and anxiety/depression in the organizational context.

It is essential to acknowledge and discuss potential limitations of the research, such as the sample size, the specificity of the industry or field of activity of the studied organizations, and other variables that could influence the results.

The research suggests that organizations could benefit from implementing preventive measures and early intervention to manage the risk of anxiety and depression among employees. Early identification of self-esteem-related issues and taking appropriate measures can contribute to maintaining a healthy work environment.

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