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Navigating the Emotional Classroom: How experience shapes educators' anxiety and self-worth

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Abstract. Most of the teaching staff agrees that traits such as "personality" or "mental integrity", along with behavioral manifestations, show substantial significance in the context of the classroom; some of them might even argue that these character attributes have a higher relevance than competence in the specialized field or teaching skills themselves. When an educator experiences failures, they are often attributed to inadequacies of a personal nature, including but not limited to suboptimal empathy, excessive or insufficient enthusiasm, or, as appropriate, excessive authoritarianism, inflexibility, or, conversely, excessive permissiveness. The sphere of stress, tension and anxiety, respectively, within the teaching body is configured as a compartment of the personality and mental health of teachers, which has been almost neglected from a cause-effect relationship perspective. Many postgraduate protagonists went to great lengths to emphasize that dealing with and managing anxiety turned out to be experiences of exceptional significance in the context of their subsequent professional work. A substantial segment of this population showed a strong inclination towards careful consideration of anxiety as a central theme in the educational sphere. As a comprehensive entity, frequently accompanied by an implicit nuance or predispositional character (ie, acting as an internal cause of manifested behavior), anxiety lends itself to multiple operational definitions. The prevalence of various forms of emotional maladjustment, especially anxiety, among the teaching staff has been a subject of sustained research since the first decades of this century. Self-esteem is a trait dedicated to the individual characteristic affective evaluation of one's own person. It is assumed that the level of self-efficacy of the teaching staff is influenced by the degree of self-esteem they show. Thus, the hypothesis is drawn that self-esteem plays an essential role in the academic itinerary of the teachers. A positive self-evaluation intrinsically facilitates the individual's professional development, translated into visible and consistent performance over the relevant time period.

Keywords. anxiety, self-esteem, teachers

1. Anxiety: Conceptual Clarifications

Anxiety, as described in the Dictionary of Psychiatry and Clinical Psychopathology (Postel, 1998), is perceived as a fear without a discernible cause, demonstrated through psychomotor agitation, vegetative changes, and behavioral dysfunctions. This definition

underscores its potentiality to shape current experiences based on an anticipated hostile future (Tudose et al., 2011).

Pichot (1987) postulates that anxiety (or anguish) is an emotional condition marked by three central phenomena: recognizing an impending threat, displaying a waiting stance towards the perceived threat, and feeling utterly helpless and disorganized in the face of it" (Robu, V. 2011, p. 23). Notably, anxiety can be a positive force. As a common emotion throughout one's life, it functions as a body's alert mechanism, preparing for decisive action in the face of unfamiliar situations. This means that anxiety, coupled with fear and the flight instinct, can serve as protective mechanisms against dangers. However, these fears become abnormal when they are nearly ever-present and interfere with day-to-day living (Tudose et al., 2011).

Differentiating pathological anxiety from the usual unrest or fear, which can be provoked by new or challenging situations, is pivotal. The latter typically has a positive impact on activities, enhancing concentration and mobilization of resources. Pathological anxiety displays several attributes. It is often unwarranted, relates to an impending yet vague danger, exudes a waiting or alert attitude, is accompanied by a belief in one's incapability and disarray when facing the threat, and induces vegetative symptoms causing physical discomfort. This can create a self-perpetuating cycle of anxiety.

Pathological anxiety manifests in various clinical situations: in reactions of neurotic and psychotic intensities, in neurasthenias, other neuroses, depressive states, psychoses, withdrawal in drug addicts, early stages of presenile psychoses, and dementias (Tudose et al., 2011). In generalized anxiety, individuals maintain constant anxiety over extended periods—months, years, or even their entire lifetime. Such anxiety is "floating" or "free," not attached to a specific concern but can transiently focus on a more defined situation, like fear for a family member's well-being. These individuals acknowledge the lack of tangible threat but remain engulfed in feelings of insecurity. Accompanying symptoms can include concentration difficulties, irritability, hypervigilance, insomnia, and frequent physical manifestations. Secondary depressive breakdowns or addictive behaviors are common (Ionescu & Blanchet, 2013).

Classic anxiety neurosis combines panic attacks with generalized anxiety, with various manifestations between these two syndromes. All neurotic conditions share the central theme of anxiety, which often dominates their symptomatic profile. Psychotic anxiety either accompanies depression or manifests independently, as observed in schizophrenia and organic psychoses. It can lead to significant vegetative disturbances in eating patterns and sleep rhythms. An anxiety rapture may emerge in acute shock reactions or psychoses, manifesting as a sudden, intense spike in anxious feelings, with potential suicidal tendencies or, less frequently, aggressive acts.

As classified in DSM-IV, anxiety disorders comprise: phobic anxiety disorders (specific phobia, social phobia, agoraphobia); panic attacks; generalized anxiety disorder; obsessive-compulsive disorder; acute stress reaction; post-traumatic stress disorder.

Somatic equivalents of anxiety are essential for diagnosis, especially when patient participation is limited. These signs, tied to the arousal of the sympathetic nervous system, include facial pallor, tense facial expressions, dilated pupils, dry mouth, perspiration bouts, fine tremors in limbs, rapid heartbeat, cardiac extra beats, chest discomfort, loss of appetite, abdominal cramps, diarrhea, rapid breathing, chest constriction sensation, frequent urgent urination, insomnia, blood pressure surges, high blood sugar, and high lipid levels (Tudose et al., 2011).

2. Anxiety Theories: An Integrated Overview

Anxiety, a profound and complex human emotion, has been conceptualized through various theoretical lenses over time. Here, we provide an integrated and succinct overview of these theories, delving into their core concepts and their relevance in understanding anxiety.

Psychoanalytic Theories of Anxiety

Originating from the work of Freud, psychoanalytic theories have not evolved much since their inception but remain impactful, especially in clinical contexts. Freud (1917, 1926) perceived daily and neurotic anxiety. Daily anxiety, linked to real threats, was often likened to fear. Neurotic anxiety could manifest as free-floating, phobic, or be involved in a panic attack. Initially, Freud theorized anxiety as transformed libido via repression. If an instinctual act, like sexual impulses, is repressed, it results in anxiety. Later, Freud reversed this link, positing that anxiety signals potential threats, and unpleasant threats induce anxiety leading to repression. Later psychoanalysts like Sullivan (1953) shifted the focus from inner conflict to social environments. However, theorists like Bowlby (1973) balanced the views, emphasizing the mother-child relationship, based on the fear of the mother's absence.

Behavioral Learning Theories of Anxiety

These theories, rooted in the work of Pavlov and Watson, emphasize the role of learning in anxiety development. The central premise is that organisms learn to avoid harmful stimuli, with anxiety or fear as the mediator. Post-Pavlov and post-Watson analyses state that conditioned stimuli, when paired with unconditioned harmful stimuli, lead to a conditioned response, i.e., anxiety or fear. Notably, Mowrer and Dollard & Miller initiated this perspective, emphasizing that reducing this anxiety strengthens the response. For Mowrer, anxiety became distinct when its source was vague or repressed. Staats & Eifert (1990) expanded this perspective, positing that anxiety can be acquired through adverse conditioning or language.

Phenomenological and Existential Theories of Anxiety

With roots tracing back to Kirkegaard (1844), these theories consider anxiety as inherent in human existence. Growth and maturity, rooted in freedom and recognizing life's possibilities, inherently involve anxiety. Encountering these possibilities means confronting anxiety. Kirkegaard differentiated between specific fear and the more general anxiety, viewing the latter as integral to decision-making. Fischer (1970) modernized this view, integrating prior theories into an experiential understanding of anxiety with five components: identity, world, motivation, action, and capability.

Cognitive Theories of Anxiety

Michael Eysenck (1990) emphasized the cognitive system's role in influencing the physiological system. He introduced the notion of self-schemas, personally relevant cognitive structures. Based on his theory, individuals with high or low anxiety levels have different information stored in their long-term memory. This view aligns with research on mood-dependent retrieval and mood-congruent learning. Moreover, Eysenck suggested that individuals' anxiety levels might also vary in cognitive processing and attention.

In conclusion, anxiety, as a multifaceted emotional experience, has been explained through diverse theoretical lenses. While each provides unique insights, an integrated understanding might offer a more comprehensive view of this complex emotion.

3. Self-Esteem: Theoretical Notions

Self-esteem is a multidimensional construct that encompasses an individual's overall self-worth and self-acceptance. American psychologist, Nathaniel Branden (1996), posits self-esteem as the capacity to confront life's essential challenges without losing hope (Humphreys,

2006). According to Larousse (1999), self-esteem encapsulates how individuals perceive their physical, cognitive, social, and spiritual characteristics that bolster their self-dimensions.

Integral to understanding self-esteem is the self-concept. This pertains to an individual's perception of their intrinsic value, grounded in an accurate self-image—comprising beliefs about their capabilities and limitations. This self-image provides a comprehensive view of oneself, including aspects like national and cultural identity, social roles, physical appearance, strengths, weaknesses, and personal qualities (Tom, 2005).

Several processes contribute to the formation of self-esteem. For instance, social comparison involves consistently and unconsciously measuring oneself against significant others. This process can either boost or undermine self-esteem, depending on the nature of the comparison. For instance, comparing oneself with someone perceived as superior can either foster competition or, in those with melancholic or phlegmatic temperaments, induce feelings of inferiority. Conversely, downward comparisons can sometimes elevate self-esteem. In essence, these social comparisons aim for accurate self-evaluation (Iluț, 2001, p.79-80).

The proximity of the individuals being compared plays a crucial role. Successes of unfamiliar individuals generally don't impact our self-assessment. However, if a close acquaintance outperforms us in a domain significant to our identity, the resultant threat to self-worth intensifies, depending on the psychological closeness and magnitude of their achievement. This phenomenon is termed reflection or assimilation, where others' successes are internalized into one's self-evaluation. Interestingly, if someone succeeds in a domain that's irrelevant to us, but that person holds importance in our life, their achievements incite pride and joy.

Different groups have varying reference points. Jodelet (1998) suggests that young individuals often rely on friendly and sentimental references for aesthetic or social assurance. Individuals with lower educational levels tend to compare themselves less to others than those with higher educational qualifications.

Strickland (as cited in Scârneci, 2009) views self-esteem as a fusion of self-confidence and self-acceptance, highlighting two primary components: the feeling of being loved and accepted by others and a sense of competency in fulfilling tasks and solving problems independently. Laery and Downs (as cited in Scârneci, 2009) argue that self-esteem acts as a sociometer, which continually gauges the social environment for signals of disapproval, rejection, or exclusion, subsequently alerting individuals via negative affective reactions.

To enhance self-esteem, Cocoradă (2004, p.138) underscores the importance of recognizing one's capabilities and limitations, accepting faults while highlighting strengths, and embracing failures as learning opportunities.

Differentiating high self-esteem individuals from their low self-esteem counterparts, Humphreys (2007) notes that the former tend to see new situations as challenges rather than threats, value independence, accept responsibilities, engage in novel tasks, aptly express both positive and negative emotions, and acknowledge the repercussions of their actions. In contrast, low self-esteem individuals often exhibit dissatisfaction with themselves, avoid responsibilities and novel tasks, feel undervalued, evade accountability for their actions, manifest low tolerance towards frustration and group pressures, and inadequately express or deny their emotions.

For self-esteem to flourish, genuine feelings and experiences are paramount. An individual's intrinsic worth must be recognized, nurturing the belief that they deserve success. A heightened self-esteem paves the way for harnessing human potential, promoting personal development, and achieving aspirations. By contrast, diminished self-esteem risks abandonment of goals due to a lack of tenacity.

Self-esteem comprises three components, as delineated by Andre and Lelord (1999): self-confidence, self-concept, and self-love. Balancing these components is pivotal for harmonious self-esteem. Interdependence exists among them: self-love strengthens a positive self-concept, which in turn influences self-confidence (Lelord F., 2003).

Self-love, unconditional and undeterred by performance or external evaluation, provides a buffer against feelings of despair. Predominantly rooted in familial love received during early life, a lack of self-love might result in self-doubt and feelings of inadequacy. On the other hand, self-concept, shaped largely by familial influences, especially parental aspirations, constitutes the subjective assessment of one's attributes and flaws (B. Cyrulnik, 1989).

In conclusion, self-esteem stands as a cornerstone in understanding individuality and interpersonal and social behaviors, demanding comprehensive exploration and nuanced understanding.

4. The development of self-esteem throughout an individual's life

Self-esteem, in its essence, refers to an individual's subjective self-evaluation of their worth. It is imperative to comprehend that self-esteem does not necessarily mirror an individual's objective talents or skills, nor how one might be appraised by others. More precisely, self-esteem is commonly understood as the feeling of being "adequate" (Rosenberg, 1965, p. 31). This suggests that high self-esteem does not inherently lead to feelings of superiority over others. Instead, it emphasizes self-acceptance and self-respect, as opposed to the narcissistic traits seen in those with excessive self-regard (Ackerman et al., 2011).

While there may be variance in the unique developmental trajectory of self-esteem across individuals, longitudinal data indicates that self-esteem generally increases from adolescence through middle adulthood, peaks around the ages of 50-60, and subsequently declines into old age. An increasing number of longitudinal studies have analyzed the trajectory of self-esteem across pivotal developmental stages such as adolescence (Birkeland et al., 2012; Erol & Orth, 2011; Kuzucu et al., 2013; Morin et al., 2013; Steiger et al., 2014), early adulthood (Chung et al., 2014; Wagner et al., 2014; Zeiders et al., 2013), and old age (Wagner, Gerstorf et al., 2013; Wagner et al., 2014). These findings consistently reveal a pattern of growth from adolescence through midlife followed by a decline in older age.

However, findings concerning the magnitude of the decline in self-esteem during the latter years have been inconsistent. While some studies indicate significant decreases (Orth et al., 2012; Orth et al., 2010; Shaw et al., 2010), others find these declines to be minimal (Wagner, Gerstorf et al., 2013; Wagner et al., 2014). More research is warranted to understand this trajectory in old age. Given that deteriorations in health, cognitive abilities, and socioeconomic status seem to mediate the decline in self-esteem (Orth et al., 2010; Wagner, Gerstorf, et al., 2013), variations between studies may be attributable to differing median levels of these moderating factors.

While men typically report higher self-esteem levels than women, gender doesn't appear to exert a significant influence on the developmental trajectory of self-esteem. Both genders generally exhibit an increase in self-esteem from adolescence to midlife, followed by a decline in later years (Erol & Orth, 2011; Orth et al., 2012; Orth et al., 2010; Wagner, Gerstorf, et al., 2013).

Another dimension of self-esteem pertains to its variability in response to external contingencies like success or failure experiences (Crocker & Wolfe, 2001). Highly contingent self-esteem is generally deemed maladaptive as it hints at an unstable foundational sense of self-worth. In line with the general pattern of healthy self-esteem development from

adolescence to mid-adulthood, recent research suggests that self-esteem becomes progressively less contingent, undergoing fewer short-term fluctuations as individuals transition through these years (Meier, Orth, Denissen, & Kühnel, 2011).

Regarding the influence of self-esteem on significant life outcomes, previous sections established that while self-esteem remains a relatively stable characteristic, it does exhibit modest yet ever-present fluctuations throughout life. These observations prompt the question: does the magnitude of an individual's or population's self-esteem matter? Are individuals with high self-esteem truly better equipped in areas of relationships, work, and health, or is high self-esteem simply a reflection of success in these areas? This is a pivotal query, both practically—given the potential life-improving ramifications of boosting self-esteem—and theoretically. Notably, an earlier analysis concluded that self-esteem is not a significant predictor or cause of nearly anything (Baumeister, Campbell, Krueger, & Vohs, 2003, p. 37).

However, post Baumeister et al. (2003), various well-constructed longitudinal studies have assessed the prospective effects of self-esteem on life outcomes (e.g., Kuster et al., 2013; Marshall et al., 2014; Orth et al., 2009; Trzesniewski et al., 2006). These studies provide compelling evidence that self-esteem is predictive of success and well-being in significant life domains, even after accounting for prior self-esteem levels and successes. Notably, many studies employed cross-lagged models, establishing high self-esteem as a predictor rather than a consequence of life success.

Studies have assessed a spectrum of outcomes, including marital satisfaction, social network size, physical and mental health, education, employment status, and work satisfaction. Cross-sectional studies indicate a positive correlation between self-esteem and relational satisfaction (Shackelford, 2001; Voss et al., 1999). This may be because high self-esteem individuals engage in relationship-enhancing behaviors, whereas those with low self-esteem exhibit dysfunctional, relationship-damaging behaviors. For instance, low self-esteem individuals are more likely to deploy destructive conflict-resolution strategies, which in turn reduces their partner's marital satisfaction (Heene et al., 2005; Orth & Luciano, 2015; Orth et al., 2014).

Regarding health, longitudinal studies suggest that high self-esteem is linked to better mental health and reduced risk of depressive symptoms (Orth et al., 2009; Orth et al., 2014). High self-esteem has been linked with improved physiological health, including reduced cortisol levels and superior immune system functioning (O'Donnell et al., 2008; Orth et al., 2014). These findings hint at the possibility that high self-esteem might protect against stress and its harmful physiological effects. In the realm of education and work, high self-esteem predicts greater academic and vocational accomplishments (Orth et al., 2014; Robins & Beer, 2001; Trzesniewski et al., 2006). Collectively, these studies illustrate that self-esteem is not merely a byproduct of life success but a predictor of it.

However, it's crucial to underscore that while self-esteem predicts many significant life outcomes, the effect sizes are relatively modest. For example, in the large-scale review conducted by Orth and colleagues (2014), the median cross-lagged correlation between self-esteem and its outcomes was only .09. This implies that while there's a relationship, it's of modest magnitude.

To put things in perspective, many factors other than self-esteem influence life outcomes. For instance, while high self-esteem might predict better mental health, other factors such as genetics, early childhood experiences, trauma, and life circumstances significantly influence mental health outcomes. Similarly, in the context of academic success, while high

self-esteem might boost achievements, other factors like intelligence, quality of schooling, motivation, and parental support play pivotal roles.

In summation, self-esteem plays a noteworthy role in shaping life outcomes. It is linked to significant life domains, including relationships, health, education, and work. While self-esteem predicts these outcomes, the effect sizes are moderate, underscoring that while self-esteem matters, it's one of many influential factors.

5. Research Methodology

Currently, educators are under media scrutiny due to the strike they initiated, making this topic timely and relevant. While a significant portion of the teachers' grievances relate to financial matters, undoubtedly, other factors have motivated their protest against the Romanian system.

Considering the deviant behaviors exhibited by newer student generations, the lack of necessary teaching materials, inadequate financial compensation from the government, and their potentially diminished self-confidence, teachers' reactions were foreseeable. The insufficient remuneration they receive in contrast to the significant efforts they put forth might be a major contributor to anxiety. Over time, this could potentially lead to diminished self-esteem.

Research Objectives

The continuously pursued research objectives were:

- To investigate and identify the differences between teachers with over 10 years of teaching experience and those with less, in terms of teaching anxiety, self-esteem, and general anxiety.
- To discern the correlation between self-esteem and teaching anxiety within the surveyed population.

Research Hypotheses

Hypotheses are integral to research, allowing for the investigation of bicausal relations or simultaneous interrelations between variables. Drawing from collected data, the hypotheses for this study are:

- Significant differences are presumed between educators with over 10 years of experience and those with less regarding anxiety. It's postulated that teachers with less experience might exhibit higher levels of anxiety than their more experienced counterparts.
- Notable differences might exist between teachers based on their experience, concerning self-esteem. It's speculated that less experienced teachers may have lower self-esteem than those more seasoned.
- Variance is anticipated between teachers of different experience lengths concerning teaching anxiety. It's hypothesized that teachers with fewer years of experience might experience higher levels of teaching anxiety.
- A negative correlation is presumed between self-esteem and teaching anxiety. As self-esteem rises, teaching anxiety might decrease.

Research Methods and Techniques

A method represents a relatively general and strategic approach to understanding reality, while research tools are means, tangible or otherwise, that facilitate data collection. For this study, the questionnaire method was employed. The following psychometric tools, deemed crucial for this study's objectives, were chosen:

- State-Trait Anxiety Inventory for Adults (STAI® - Y)
- Rosenberg Self-Esteem Scale (RSES)
- Parsons' Teaching Anxiety Scale (TCHAS)

State-Trait Anxiety Inventory for Adults (STAI® - Y): The STAI evaluates two distinct anxiety concepts: state anxiety (A-state) and trait anxiety (A-trait). The A-state scale consists of 20 descriptive items gauging a respondent's feelings at a specific moment, while the A-trait scale, also comprising 20 items, measures general feelings. Administered individually or in groups, scores range between 20 and 80 for both subscales. Responses utilize a four-point Likert scale. Charles D. Spielberger, the inventory's creator, is a Distinguished Research Professor of Psychology at the University of South Florida.

Rosenberg Self-Esteem Scale (RSES): Devised in 1965 by Morris Rosenberg, the RSES remains a preeminent tool for measuring self-worth and self-acceptance. Consisting of 10 items, scores range between 10 (low self-esteem) and 40 (high self-esteem). Cronbach's alpha coefficient, reported by the author, is 0.89, indicating sound internal consistency.

Parsons' Teaching Anxiety Scale (TCHAS): Initially developed at Stanford University for use with trainee teachers, the TCHAS contains self-reporting statements about a teacher's reactions to teaching—both emotional responses to varied teaching situations and attitudes towards the teaching profession. The author currently utilizes only the TCHAS(1)-29, which is adaptable based on the teacher category under study. The scale includes 29 items with five response options, ranging from "Never" to "Frequently".

Participants in the Research

This study was conducted on a sample of 60 subjects, 37 women and 23 men, all of whom are educators aged between 26 and 50 years old. From the outset, the goal was to create two samples based on professional experience: 30 subjects with more than 10 years of experience and 30 subjects with less than 10 years of experience, for statistical analysis. Since the research was conducted online, the participant pool expanded to include individuals from various geographical areas in Romania. However, the majority of respondents came from Constanța County.

Ethical Considerations of the Research

Testing was conducted solely with the prior consent of the participants before administering the battery of tests. Those who expressed interest in receiving their results were informed through scores, rather than through any interpretation or comparison to a benchmark, considering the current academic status of the author of this research. All participants were reassured about the confidentiality of their results. Throughout the study, the utmost care was taken to respect the moral and psychosocial integrity of the testing participants.

6. Statistical processing and data interpretation

Hypothesis 1: *It is postulated that significant differences exist between educators with over 10 years of teaching experience and those with less than 10 years, concerning anxiety levels. We assume that teachers with fewer years of experience are more likely to exhibit higher anxiety levels than their more experienced counterparts.*

Table 6.1. Statistical test of hypothesis 1

Test Statistics^a

	STAI
Mann-Whitney U	8,000
Wilcoxon W	473,000
Z	-6,540
Asymp. Sig. (2-tailed)	,000

a. Grouping Variable:
Experientia_Profesionala

We observe that $Z = -6.540$ at a significance threshold of $p < 0.01$, therefore there are significant differences between teachers with a professional experience of more than 10 years and teachers with a professional experience of less than 10 years, in terms of anxiety. So, the hypothesis is confirmed. The beginning of the professional career is difficult for everyone, regardless of the field in which they work. Therefore, teachers are no exception to this rule.

In a study carried out in 2005, having as its main topic teachers without teaching experience in education, Murray J. and Male T. concluded that teachers at the beginning of their career need a period of at least 2-3 years to - outline their professional identity and to control their level of tension felt in relation to work. So, in the first years in the field, teachers tend to be more anxious, more insecure, more afraid to carry out their activity.

Hypothesis 2: *It is assumed that there are significant differences between teachers with a professional experience of more than 10 years and teachers with a professional experience of less than 10 years, in terms of self-esteem. We assume that teachers with less professional experience are more likely to have a lower level of self-esteem than those with more professional experience.*

Table 6.2. Group Statistics

	The experience Professional	N	Mean	Std. Deviation	Std. Error Mean
Self-esteem	-10 years	30	15,83	3,659	,668
	+10 years	30	36,83	3,495	,638

Table 6.3. Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Self-esteem	Equal variances assumed	,648	,424	-22,734	58	,000	-21,000	,924	-22,849	-19,151
	Equal variances not assumed			-22,734	57,879	,000	-21,000	,924	-22,849	-19,151

To begin with, we analyze the results of the Levene Test (Table 6.3) which show us the homogeneity of the variances. $F=.648$ a significance threshold $p=0.424$. As p is statistically significant, it follows that the hypothesis is confirmed.

Therefore, teachers with less professional experience are more likely to have a lower level of self-esteem than those with more professional experience.

According to the study by Gomez-Jorge and Diaz-Garrido (2023), teachers' self-esteem is directly influenced by professional experience. So, with the passage of time, they develop a higher self-esteem and a considerably higher level of productivity in terms of their academic competence.

Self-esteem helps them improve their performance by helping them cope with workplace stress, anxiety and depression.

Another study that confirms the above hypothesis is that of Beulah Kiruba J. and D. Venkataraman (2017). The authors concluded that teachers at the beginning of their career have a low to medium level of global self-esteem, the lack of professional experience having an important role in this aspect in the lives of teachers, as well as in their academic efficiency.

Hypothesis 3. *It is assumed that there are significant differences between teachers with more than 10 years of professional experience and teachers with less than 10 years of professional experience in terms of teaching anxiety. We assume that teachers with less professional experience are more likely to have a higher level of teaching anxiety than those with more professional experience.*

Tabel 6.4. Group Statistics

	Professional experience	N	Mean	Std. Deviation	Std. Error Mean
TCHAS	-10 years	30	112,00	14,125	2,579
	+10 years	30	45,20	13,469	2,459

Tabel 6.5. Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
TCHAS	Equal variances assumed	,542	,465	18,746	58	,000	66,800	3,563	59,667	73,933
	Equal variances not assumed			18,746	57,869	,000	66,800	3,563	59,667	73,933

To begin with, we analyze the results of the Levene Test (Table 6.5) which show us the homogeneity of the variances. $F=.542$ a significance threshold $p=0.465$. As p is statistically significant, it follows that the hypothesis is confirmed.

Therefore, teachers with less professional experience are more likely to have a higher level of teaching anxiety than those with more professional experience.

Gardner and Leak (1994), in a study of teachers' teaching anxiety, found that teaching experience was correlated with teaching anxiety; reported frequency of teaching anxiety was associated with several experience-related variables, particularly age ($r = -.29$), years of full-time teaching ($r = -.29$), academic rank ($r = -.29$).

Therefore, the two concluded that teachers with more professional experience show a significantly lower level of teaching anxiety, compared to teachers who have less professional experience.

Hypothesis 4. *It is hypothesized that there is a negative correlation between teaching anxiety and self-esteem. The higher the self-esteem, the lower the level of anxiety.*

Tabel 6. 6. Correlations

			Self-esteem	TCHAS
Spearman's rho	Self-esteem	Correlation Coefficient	1,000	-,716**
		Sig. (2-tailed)	.	,000
		N	60	60
	TCHAS	Correlation Coefficient	-,716**	1,000
		Sig. (2-tailed)	,000	.
		N	60	60

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

According to Table 6.6. the threshold of significance is $p < 0.05$ (0.000) and the correlation coefficient is -0.716 so the correlation is significant.

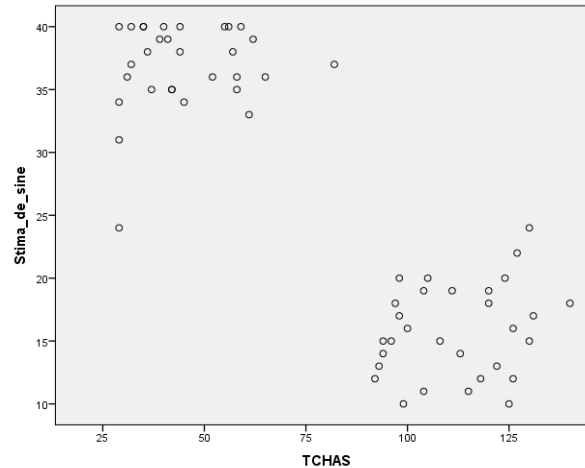


Figure 6.1. Point cloud Correlation between TCHAS and self-esteem

In the following figure (Figure 6.1) we graphically represented the correlation between the two variables with the help of the cloud of points.

The point cloud is the graphical representation of the correlation between the two variables. The points are skewed to the left, which shows a negative correlation between the two variables.

The hypothesis that there is a correlation between TCHAS and the self-esteem variable is confirmed.

Meihua Liu and Bin Wu (2021), in a study on teachers' teaching anxiety, revealed, according to statistical data, the fact that individual factors such as age or level of education influence the anxiety level of teachers. The older a teacher is, the more professional experience he has, the more self-confidence he gains, the level of self-esteem increases. As the level of self-esteem increases, the level of teaching anxiety decreases considerably.

Conclusions

Within the intricate fabric of the educational landscape, the emotional and psychological experiences of educators remain central. It's clear that teaching as a profession is not just about imparting knowledge, but also about navigating the varied emotional terrain that accompanies it. Experience, an often cited pillar of professional growth, plays a critical role in shaping these emotional dynamics, particularly in areas of anxiety and self-worth. With a research focus sharply trained on the differential impact of experience, this study delved deeply into the comparative emotional profiles of educators with different tenures.

In line with the first hypothesis, the study posited that there would be significant differences in anxiety levels between educators with more than ten years of teaching experience and those newer to the profession. Using the State-Trait Anxiety Inventory (STAI) as a measure, initial indicators suggested a nonparametric distribution of scores, which was later confirmed by the one-sample Kolmogorov-Smirnov test. Further investigation using the U-Mann-Whitney test revealed that educators with less than a decade of experience struggled with significantly higher levels of anxiety. This finding supports the proposition that the early stages of a teaching

career, characterized by novel challenges and steep learning curves, are fraught with heightened anxiety.

The second hypothesis shifted the focus to the realm of self-esteem, postulating discernible differences between the two cohorts of educators. Preliminary data derived from the Rosenberg Self-Esteem Scale (RSES) suggested a parametric distribution. This was subsequently validated, leading the study to employ the Independent Samples T-test. The results were clear: educators with more than ten years of teaching experience had significantly higher self-esteem. This suggests that, over time, the cumulative experiences-both triumphs and challenges-provide educators with a more resilient sense of self.

Consistent with the third hypothesis, the research delved into the nuanced area of teaching anxiety, postulating that educators with fewer years of experience would experience this form of anxiety more acutely. Utilizing the Teaching Anxiety Scale, the data revealed that novice educators did indeed experience heightened levels of teaching anxiety. This is consistent with the understanding that the first forays into the world of teaching, with challenges such as classroom management, pedagogical choices, and professional expectations, can be exceptionally anxiety-provoking.

In sum, the experience of teaching is a formidable modulator of emotional and psychological experience. The early years of teaching appear to be a crucible of anxiety, both general and teaching-specific. However, as educators progress through their careers, gain experience, and hone their craft, they cultivate a robust sense of self-worth. This study underscores the central role that experience plays, not only in pedagogical competence, but also in shaping educators' emotional well-being. The findings have profound implications for educational institutions and policymakers, underscoring the need for supportive mechanisms for educators, especially those in the early stages of their careers.

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