

The Relationship between Social Achievement Goals and Self-Esteem, Depression and Anxiety among Medical School Students

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ABSTRACT

Background: Social achievement goals such as the desire to receive positive feedback from the social environment or avoid negative feedback are situations that affect an individual's quality of life and predispose them to mental disorders. **Aim:** The aim of this study is to investigate the relationship between social achievement goals and self-esteem, depression, and anxiety in medical school students. **Materials and Methods:** 400 participants, 201 of whom were female volunteers, between the ages of 18-30, studying at the Faculty of Medicine were evaluated. Sociodemographic Data Form, Social Achievement Goal Orientation Scale, Beck Anxiety Inventory, Beck Depression Inventory, and Rosenberg Self-Esteem Inventory Sub-Scale were applied to the participants. **Results:** A negative correlation between social development goals and depression ($r_s = -0.218, P < 0.001$) and anxiety ($r_s = -0.188, P < 0.001$), and a positive correlation with self-esteem ($P = 0.002$) were found. A statistically significant and positive correlation between social performance-avoidance goals and depression ($r_s = 0.233, P < 0.001$) and anxiety ($r_s = 0.245, P < 0.001$), and still statistically significant, and negative relationship with self-esteem ($P = 0.001$) were found. While social performance-approach goals were positively correlated with anxiety ($r_s = 0.192, P < 0.001$) and depression ($r_s = 0.108, P = 0.03$), no statistically significant correlation was found with self-esteem ($P = 0.129$). **Conclusion:** It has been seen that our study generally supports the other studies in the literature concerning the relations between social achievement goal subgroups and self-esteem, depression, and anxiety in university students. It will be possible to contribute to the findings with studies encompassing university students from different cities and departments and studies with a large number of participants other than students.

KEYWORDS: *Depression, self-esteem, social achievement goals*

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INTRODUCTION

Social achievement goals represent different ways in which individuals define social competence and are generally evaluated under three subheadings, which include social development goals, social performance-approach goals, and social performance-avoidance goals.^[1] The relationship of these goals with various psychiatric conditions is being investigated in studies. In particular, a positive relationship was observed between the social performance approach and social performance-avoidance


goals and anxiety and test anxiety.^[2-4] When we look at the studies that determined the level of depression as well as anxiety; a positive relationship was reported between social performance-avoidance goals and depression, and a negative relationship between social development goals and depression.^[5] In a study

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conducted with 116 students aged 12-14 years in Japan, in the presence of interpersonal stress; people with high social performance-avoidance goal scores demonstrated a greater number of depressive symptoms, while high social development goal scores were protective against depressive symptoms.

An important interaction between social achievement goals and self-esteem has been conceived.^[6] Self-esteem is the state of appreciation that arises from the person's approval of the self-concept based on their self-assessments.^[7] In a study conducted with 311 university students in the United States, it was observed that students with high social performance-avoidance goal scores had lower; while those with high social development goal scores had higher levels of self-esteem.^[8] In another study involving university students, self-esteem was found to be positively correlated with social development goals and negatively correlated with social performance avoidance and social performance-approach goals.^[9] Social development goals contribute to the development of social competence and social skills used in social relations.^[10]

In this sense, social development goals had been associated with academic participation and social satisfaction variables.^[6] These results support that individuals with higher social development goal scores are more successful in social competence and adaptation. Therefore, expectedly higher social development goal scores correlate positively with higher levels of self-esteem; but negatively with depression and anxiety.

In a study of 304 students at different phases of medical school training, social performance-avoidance goals were positively correlated with help-avoidance and negatively correlated with cumulative medical school grade point average. In addition, social performance-approach goals were negatively correlated with exam points in the clerkship.^[11] Students holding social development goals have a greater likelihood of monitoring their studies, engaging in deep learning strategies, managing their study effort, and organizing their studies. Social performance-avoidance scores, in contrast, are associated with surface learning strategies.^[12] In another study of 645 dentistry and medical students, low self-esteem is related to depression, anxiety, and stress.^[13]

Due to the small number of studies related to this field in the literature and the lack of a relevant study that previously evaluated medical school students, investigation of the relationship between social achievement goals and self-esteem, depression and anxiety in medical school students in our country has been planned.

MATERIALS AND METHODS

Selection of the study group

A total of 400 volunteers aged over 18 years including 201 female students from the Faculty of Medicine were enrolled in the study. The informed consent form had signed by all volunteers who were involved in the study. The study was held in accordance with the Helsinki Declaration, including all its amendments and revisions. Access to data was restricted to the researchers. The study was carried out with the approval of the Institutional Ethics Committee dated 11.06. 2019 and decision number 2019/164.

Measurement tools used

Sociodemographic Data Form, Social Achievement Goal Scale, Rosenberg Self-Esteem Scale, Beck Depression Inventory, and Beck Anxiety Inventory were administered to the participants.

Sociodemographic data form

This form, which was prepared by the researcher, includes questions inquiring about the sociodemographic characteristics of the volunteers, such as age, gender, history of psychiatric illness, and presence of chronic disease.

Social achievement goal orientation scale

The 22-item Social Achievement Goal Orientation scale, developed by Ryan and Hopkins in 2003, was later revised by Horst, Finney, and Barron in 2007, and the 13-item Social Achievement Goal Orientation Scale was created.^[14] In 2017, Turkish validity and reliability study was carried out by Arslan *et al.* and two items were removed from the scale on the grounds that they reduced reliability and validity. Therefore, the Turkish form of the Social Achievement Goal Orientation Scale consists of a total of three dimensions: (1) social development dimension, (2) performance-approach dimension, (3) performance-avoidance dimension, and 11 items. The Social Achievement Goal Orientation Scale is a five-point Likert-type scale, and there is no negative or invertible item in the scale.^[15] Five of the 11 items are related to the social development dimension, 4 to the performance-approach dimension, and 2 to the performance-avoidance dimension, and the participants are asked to score between 1 and 5 for each of these 11 items. Higher sub-dimension scores mean that the goals of the participant concerning this sub-dimension are more predominant.

Rosenberg self-esteem scale

The scale developed by Rosenberg (1965) was adapted to our country by Çuhadaroğlu (1986).^[16] The scale consists of 63 items and 12 subtests. In this research study, the D-1 self-esteem subtest was used. According to the self-assessment system of the scale, the subjects score

between 0 and 6 points. In comparison with numerical measurements, self-esteem is evaluated as high (0-1 point), medium (2-4 points), and low (5-6 points). A high score is associated with a lower, and a low scores with higher levels of self-esteem.

Beck depression inventory

It was developed by Beck in 1961 to measure the risk of depression, the level of depressive symptoms, and the change in its severity in adults.^[17] It is a self-report scale. This four-point Likert-type scale consists of 21 items, each of which is graded between 0 and 3 points. Its validity and reliability study in Turkey was conducted by Hisli (1989), and the cut-off point of the scale was accepted as 17.^[18]

Beck anxiety inventory

It is a self-report scale developed by Beck *et al.* (1988) and used to determine anxiety symptoms felt by individuals.^[19] This four-point Likert-type scale consists of 21 items, each of which is graded between 0 and 3 points. A validity and reliability study in Turkey was conducted by Ulusoy *et al.* (1998).^[20]

Statistical analysis

SPSS 22.0 package program was used in the statistical analysis of the obtained data. Visual graphics as well as appropriate statistical tests (Kolmogorov- Smirnov or Shapiro-Wilks tests) were chosen to evaluate the normality of the data. In the comparison of more than two independent groups, the Kruskal–Wallis test was used when the assumption of normality of distributions was not met. Chi-square or Fisher's exact test was used for the statistical analysis of categorical data. In the evaluation of the relationship between the scale scores, the Spearman or Pearson test was applied, taking into account the distributions of the variables. $P < 0.05$ was accepted as the level of statistical significance in all analyses.

RESULTS

A total of 400 volunteer participants including 201 (50.2%) female, and 199 (49.8%) male students were enrolled in the study. The age ranges of indicated percentages of volunteer students were between 18-21 (44.8%), 22-25 (50.2%), and 25-30 (5%) years. The students were in their first (25%), second (8%), third (17.8%), fourth (21.7%), fifth (14.2%), and sixth (12.8%) semesters. A scarce number (8.5%) of the participants reported that they received treatment for the diagnosis of active psychiatric disorder.

Evaluation of social achievement goal orientation subscales and other scales by gender variable

There was no statistically significant difference between the groups in terms of the social performance-avoidance goal subscale ($P = 0.82$). The difference between both

Table 1: Examination of the Scale Score Values of the Participants by Gender Variable

	SDGS	SPAGS ¹	SPAGS ²	BDI	BAI
Female (n=201)					
Median	23	5	4	10	10
(min-max)	(7-25)	4-20)	(2-10)	(0-49)	(0-41)
Male (n=199)					
Median	22	6	5	9	8
(min-max)	(5-25)	(4-18)	(2-10)	(0-43)	(0-44)
<i>P</i>	0.003	0.03	0.82	0.03	0.001

SDGS: Social Development Goal Scale, SPAGS¹: Social Performance-Approach Goal Scale, SPAGS²: Social Performance-Avoidance Goal Scale, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory

Table 2: Examination of Participants' RSE D-1 Scale Scores based on Gender Variable

	Rosenberg Self-Esteem Scale D-1			<i>P</i>
	0-1 points high self-esteem	2-4 points moderate self-esteem	5-6 points low self-esteem	
Female <i>n</i> (%)	88 (43.8%)	85 (42.3%)	28 (13.9%)	0.003
Male <i>n</i> (%)	120 (60.3%)	63 (31.7%)	16 (8%)	

Table 3: Results of the correlation analyzes performed between Social Achievement Goal Subscales, Beck Depression Inventory and Beck Anxiety Inventory

Total number of participants (n=400)	BDI	SDGS	SPAGS ¹	SPAGS ²	BAI
BDI					
rs	1	-0.218	0.108	0.233	0.638
<i>P</i>		<0.001*	0.031	<0.001*	<0.001*
SDG Scale					
rs		1	0.046	0.096	-0.188
<i>P</i>			0.358	0.055	<0.001*
SPA Scale					
rs			1	0.350	0.192
<i>P</i>				<0.001*	<0.001*
SPAG Scale					
rs				1	0.245
<i>P</i>					<0.001*
BAI					
rs					1
<i>P</i>					

* = $p < 0.001$, SDG: Social Development Goals Scale, SPAG¹ Social Performance-Approach Goal Scale, SPAG² Social Performance-Avoidance Goal Scale, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory

sexes in other scales was found to be statistically significant [Table 1].

Rosenberg Self-Esteem (RSE) scale scores were evaluated in 3 categories [Table 2]. A statistically significant difference was observed between both genders in terms of RSE scale scores ($P = 0.003$).

Table 4: Results of the correlation analyzes performed between Social Achievement Goal Subscales, Beck Depression Inventory and Beck Anxiety Inventory in Female Participants

Female participants (n=201)	BDI	SDGS	SPAGS ¹	SPAGS ²	BAI
BDI					
rs	1	-0.195	0.066	0.292	0.604
P		0.006	0.349	<0.001	<0.001
SDG Scale					
rs		1	0.028	0.114	-0.225
P			0.692	0.109	0.001
SPAG ¹ Scale					
rs			1	0.325	0.182
P				<0.001	0.01
SPAG ² Scale					
rs				1	0.264
P					<0.001
BAI					
rs					1
P					

SDG Social Development Goals Scale, SPAGS¹: Social Performance-Approach Goal Scale, SPAGS²: Social Performance-Avoidance Goal Scale, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory

Table 5: Correlation analyzes performed between Social Achievement Goal Subscales, Beck Depression Inventory and Beck Anxiety Inventory in Male Participants

Male participants (n=199)	BDI	SDGS	SPAGS ¹	SPAGS ²	BAI
BDI					
rs	1	-0,283	0,155	0,187	0,652
P		<0,001	0,029	0,008	<0,001
SDGS					
rs		1	0,097	0,082	-0,221
P			0,172	0,250	0,002
SPAGS ¹					
rs			1	0,382	0,234
P				<0,001	0,001
SPAGS ²					
rs				1	0,231
P					0,001
BAI					
rs					1
P					

SDGS: Social Development Goals Scale, SPAG¹:S Social Performance-Approach Goals Scale, SPAGS²: Social Performance-Avoidance Goal Scale, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory

Evaluation of social achievement goal orientation subscales according to the presence of a psychiatric disease

Social achievement goal orientation subscales were evaluated between groups with and without psychiatric

illness. Accordingly, there was a statistically significant relationship between the groups in terms of social development goals ($P = 0.017$), and while in terms of other subscales including social performance-approach goals ($P = 0.30$) and social performance-avoidance goals ($P = 0.07$). Any statistically significant relationship was not found between both group.

Evaluation of the relationship between scale scores

The results of the correlation analysis between subscales of the social development goals, social performance-approach goals, social performance-avoidance goals, and also, the Beck Depression Inventory and Beck Anxiety Inventory scores are given below [Table 3].

A negative and statistically significant correlation was observed between social development goals subscale scores and Beck Depression Inventory ($rs = -0.218$, $P < 0.001$), and Beck Anxiety Inventory scores ($rs = -0.188$, $P < 0.001$).

A positive and statistically significant correlation was observed between the social performance-approach goals subscale and Beck Depression Inventory ($rs = 0.108$, $P = 0.03$), and Beck Anxiety Inventory scores ($rs = 0.192$, $P < 0.001$). A positive and statistically significant correlation was observed between the social performance-avoidance goal subscale and Beck Depression Inventory ($rs = 0.233$, $P < 0.001$), and Beck Anxiety Inventory ($rs = 0.245$, $P < 0.001$) scores. A positive and statistically significant correlation was observed between the social performance-approach goal subscale and social performance-avoidance goal subscale scores ($rs = 0.350$, $P < 0.001$). When the male and female participants were considered separately in order to determine the relationship between the scale scores, no statistically significant correlation was observed between the social performance-approach goal subscale and Beck Depression Inventory scores in women, unlike the total participant group ($P = 0.35$). In male participants, a different result was not obtained from the total group [Tables 4 and 5].

In our study, a statistically significant relationship was observed between self-esteem and social development goals ($P = 0.002$), Social performance-avoidance goals ($P = 0.001$), Beck Anxiety ($P < 0.001$), and Depression Inventories ($P < 0.001$). However, no statistically significant correlation was observed with social-performance approach goals ($P = 0.129$).

DISCUSSION

In the study, the relationships among social development goals, and social performance-approach goals, social

performance-avoidance goals, which are subgroups of Social Achievement Goals, and self-esteem, depression, and anxiety levels were investigated in Faculty of Medicine students.

A statistically significant relationship was found between the gender variable and the social development goals subgroup. In our study, the social development goal scale scores of females were found to be significantly higher than male and the social performance-approach goal scale scores of males were found to be significantly higher than females. There was no statistically significant difference between the groups in terms of the social performance-avoidance goal subscale. Although in 2018 Bahar *et al.* concluded in their study that male students have higher social development, social performance approach, and social performance-avoidance goal scores, Shim and Wang in 2013 and Choi and Park in 2018, reported that women have higher social development goal scores.^[6,21,22]

Higher social development goal scores in women may be associated with the fact that women attach more importance to social and communication skills in their relationships. In addition, there are studies showing that women are more prone to prosocial behavior, which includes helping, comforting, sharing, and cooperating compared to men.^[23,24] A social development goal is likely to be associated with higher levels of general social competence and specifically higher levels of prosocial behavior and lower levels of aggressive, socially anxious behavior.^[3] Social development goals are goals that help an individual develop social competencies and connect with his/her environment. There are studies reporting that women exhibit behaviors that can be considered more favorable in terms of maintaining the relationships they have established previously.^[25-27] Considering these factors, relatively higher social development scores obtained by female participants can be better understood.

In our study, a statistically significant relationship was found between the gender variable and the social performance-approach goal subgroup. Social performance-approach goal scale scores of men were found to be significantly higher than women. Similarly; Rahmani in 2011 and Makara in 2013 revealed that men have higher social performance-approach scores.^[28,29] In another study by Yu and McLellan in 2019, it was found that men focus more frequently on gaining popularity or not being seen as socially unwanted.^[30] The goal of the social performance approach is to receive positive feedback from the environment, and to appear as someone who is socially prestigious, popular, and important. It has been found in previous studies that

men focus more on gaining and maintaining status in the circle of friends and in social relations.^[25,26]

Although there are studies in which men's social performance-avoidance goal scores are higher; Choi and Park stated that there was no significant difference between the genders.^[22] Similarly, in our study, no statistically significant relationship was found between the gender variable and the social performance-avoidance goals subgroup.

When the relationship between self-esteem and gender is evaluated; the influence of gender roles on socialization may lead men and women to develop their ability to benefit from different sources of self-esteem. Men and women can learn to adopt different criteria for self-assessment, and opportunities so as to experience self-development in various ways which can be experienced unequally between both genders.^[31]

Although studies have found that men have higher self-esteem than women, there are also studies showing that women have higher self-esteem than men.^[32-34] In our study, a statistically significant difference in terms of self-esteem was observed between male and female participants, and higher levels of self-esteem were revealed among male students.

A statistically significant relationship was found between the presence of psychiatric illness and social development goals in the participants. This condition can be explained by the fact that participants with psychiatric illness attach less importance to social and communication skills during their relationships, or that they are relatively inadequate in this regard. Considering that people with the psychiatric illness may be inadequate in their social relations and may try to avoid them with the belief that they may fail, it is reasonable to think that they will have higher social performance-avoidance goal scale scores. Since the study was conducted among medical school students, it can be thought that there was no significant deterioration in the functionality and social cohesion of the students with a psychiatric disorder due to the fact that they could still continue their medical education. Although these individuals try hard to refrain from establishing a social relationships, the fact that they have milder forms of psychiatric illness may explain the limited increase in avoidance goal scale scores or the absence of a statistically significant difference.

It is also important to investigate the interaction between social achievement goals. Individuals with performance-avoidance goals have concerns that their skills and abilities will be negatively evaluated, and they try to avoid environments and behaviors in which they can otherwise perform adequately. For

this reason, the social development goal and social performance-approach goal scores of individuals with performance-avoidance goals can be underestimated, and it should be taken into account that they may be more prone to psychiatric disorders such as social phobia, depression, and anxiety.

In our study, participants with high social development goal scale scores, similar to previous studies, had higher self-esteem, and lower anxiety, and depression scores.

The focus of social development goals is learning new things, growth, and development. A focus on developing competence appears to protect against depression by reducing the effects of interpersonal stress.^[6] It can be said that social performance-approach goals are related to both adaptive and maladaptive behaviors, and positively related to situations that enable individuals to be on intimate terms with peers, such as initiating or participating in social interactions. It is also useful and necessary to pay attention to the opinions of others and to try to get along with them harmoniously.^[35]

On the other hand, trying to look cool or to attract the attention of the environment can lead to negative behaviors. Therefore, different results can be obtained in different studies.

In the study conducted by Shim and Ryan in 2012 on university students; students who approved social performance-approach goals scored lower on anxious behaviors in assessments made by their counselors. Previous studies using student self-reports have shown that social performance-approach goals are positively associated with worry about social behavior and relationships, and fear of being negatively evaluated by others.^[14,35] However, students who focus on gaining social status are worried but do not allow others to see their concerns.

If the need to maintain a positive image prevents seeking help or sharing problems with others, the quality of life of the individual can be negatively affected. This situation reveals the need for research techniques that use both the self-reports of the individual and the observations of others about the person in terms of making relevant evaluations for social performance-approach goals.^[24]

In our study, a negative correlation was detected between social performance-avoidance goals that reduce the individual's participation in social interactions and social cohesion by focusing on negative possibilities. A negative relationship between self-esteem and a positive relationship between depression and anxiety were detected. This result we obtained is consistent with our pre-study expectation and previous studies due to

maladaptive behaviors caused by performance-avoidance goals.

Our study has some limitations. The fact that the sample of the study is only medical faculty students may not yield sufficient results regarding the evaluation of other social layers. In addition, the self-report form of the scales may reduce the chance of objective evaluation. Therefore, in future studies, in addition to the self-report forms, analysis of the evaluations of the individual's peers and/or an observer who is competent in this field should be planned.

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Conflicts of interest

There are no conflicts of interest.

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