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## **CARE FOR SELF-DEVELOPMENT IN RELATION TO THE SELF-REGULATION IN THE STUDENTS OF HELPING PROFESSIONS**

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### **Abstract**

*Self-development of young people is an important task as was emphasized by Erikson (1968/1994). The objective of this study is to explore the nature and components of the care for self-development in college students of helping professions, as well as its predictors. Methods: the care for self-development scale (CSD, Mesárošová, 2014), Learning questionnaire (SRQ-L; Williams, Deci, 1996) were completed by a group of 213 college students (50.7 % were medical students, 49.3 % social work students, 81.7 % were female). Results: factor analysis of CSD produced three factors (the care for development in personal, educational, and general areas), which showed significant positive correlations with the components of the self-regulation in learning (the autonomous and controlled regulation). The only autonomous regulation was proved as a predictor of the care for self-development in both groups of students. Conclusion: our research showed the utility of the self-regulation in predicting the care for self-development in college students. We consider our findings the useful contribution to the educational and counseling process in students of helping professions.*

## **Keywords**

Care for Self-Development, Self-Regulation, Autonomous Regulation, Controlled Regulation, Learning, Helping professions

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## **1. Introduction**

The desire for self-development is present in human nature as the desire to grow and to fulfill potential. As alternative concepts to the self-development in psychology are used similar terms, such as personal growth, personality growth, as well as a self-realization and self-actualization tendency, self-fulfillment, but also the evolution of ego identity. Interest in the issue of self-development is found already in ancient philosophy. For example, Aristotle defined in his *Nicomachean Ethics* the personal development as a category of practical wisdom, where the practice of virtue leads to eudaemonia or full flourishing of the human being. Dewey considered the self-development as a continuous process of skills development (in human cognitive abilities, creative, moral, etc.) to an ever-higher degree (Savage, 2002). Dewey understood the self-development as the end of life and autonomy as the means. Rogers (1961, 1969) referred to the self-development as a motivating force of human development, as the innate tendency of the organism to develop its full potential.

Most education systems consider self-development as an important goal (Goodlad, 1984). Sakhieva, Gilmanshina, Gilmanshin, Kosmodemyanskaya, Akchurina, & Sagitova (2015) emphasized the role of the ability of students to continuous self-development in the higher education. Saphari, Bakar, Thiru, & Hoe (2015) positively appreciated educational approaches building on learning with understanding and full personality development. Bartolata (2015) revealed in her research, that the academic skills such as interpersonal skills, social responsibility are seen by trainees to be most applicable to job performance.

Caring for self-development is an integral part of self-care. According to Charlescraft, Tartaglia, Dodd-McCue, & Barker (2010) self-care refers the elements of life that contribute to the well-being of the individual in a variety of ways spiritually, emotionally, physically and mentally for the purpose of renewal and personal growth.

The concept of self-regulation in an academic context is known as academic self-regulation. Self-regulation capacity represents one's competence to self-manage. It encompasses the processes such as a planning, generating, controlling, self-reflection, and adjusting thoughts,

feelings, and actions in order to achieve personal goals and adapt to one's changing environment Zimmerman (2008). In their Self Determination Theory (SDT, Ryan & Deci, 2000) authors differentiate autonomous (self-determined) versus controlled functioning. In accordance with their understanding, intrinsic motivation can be described as the autonomous activity, while extrinsically motivated activity is more controlled. Ryan & Deci (2000) postulated four different types of behavioral regulation: external regulation, introjected regulation, identified regulation, and integrated regulation. Introjection is seen as a taking in a regulation but not accepting it as one's own; identification means the accepting the value of the activity as personally important, and integration refers to integrating that identification with other aspects of one's self. There are relatively controlled forms of extrinsic motivation, such as external and introjected regulations on the one hand, whereas identified and integrated regulations are understood as relatively autonomous. Amotivation in SDT represents no intention or motivation for a particular behavior. The objective of this study was to explore the nature and components of the care for self-development in college students of helping professions. The study was focused also on the predictors of care for self-development. In addition to these objectives, the aim of study was to reveal the relationship between the care for self-development and self-regulated learning (autonomous regulation/ motivation).

## **2. Methods**

### **2.1 Participants**

Participants in this study consisted of students enrolled in large university in Košice, region at Slovakia. In total, 213 students (81.7 % were female) participated in the study. Participants of study were students of social work (N = 105; 49.3 %) and general medicine (N = 108; 57.7 % female). Participants were 20 to 32 years old (M = 22.6, SD = 1.62). Students participated in the research voluntarily.

### **2.2 Measures**

*Care for self-development questionnaire.* Care for the self-development questionnaire, which aims to reveal how and to what extent the students caring for their self-development, e.g., what activities are carried out in order to develop their personalities in different areas (physical, medical, psychological, educational, etc.) was constructed for the purposes of this research. In a preliminary research, we investigated what represent the construct of personal development, and

what activities are carried out for their development. Through repertory grids were collected the elements and constructs relevant to the assessment of care for self-development of 15 university students (8 students from the department of social work, 7 students from the department of general medicine). Repertory grid allowed exploring a personal understanding of the issues, namely the perspective of the individual and his view of things, as was stated in Mesárošová, Mesároš, and Mesároš (2008). Interviews were conducted individually with each student. The students were contacted via social networks and they agreed to meetings. One meeting took approximately 20 to 30 minutes and had two phases. In the first phase we familiarize students with the topic of conversation and stated the instruction: "Think about it, in which areas of your life you want to be better, you want to grow personally." Examples of respondent answers: "I want to have a better knowledge.", "I want to develop relationships with others.", "I want to develop my religious faith." or "I want to look better and maintain healthily."

In the second phase of the interview, we used the instruction: "How do you care about it (what activities you undertakes for) to get in these different areas develop. Rate on a scale of 1 to 5, how these activities are important for your self-development, with 1 being absolutely essential; 5 = totally unimportant." Examples of responses were: "I am studying.", "I visit friends and acquaintances.", "I attend church and read religious magazines.", and "I eat healthily and exercise."

Based on this analysis, we have identified the following elements – the areas in which students want to develop – education, social relationships, health, spirituality/religiosity, personal independence, and personal growth. The aim was to find as many different constructs (Mesárošová, Mesároš, Mesároš, 2008). The results of this analysis were 36 constructs, i.e. activities that students execute for the care of the self-development. On the basis of analysis of elements and constructs performed in the first phase, we have created items relevant to the particular field of self-development.

The questionnaire uses a five-point Likert scale as the response format from 1 to 5 (1 = strongly disagree, 5 = strongly agree). The questionnaire was subjected to confirmatory factor analysis to confirm the theoretically assumed structure. The Steiger-Lind RMSEA index was 0.07;  $\chi^2 = 847.36$ ;  $p = 0,000$ ; GFI = 0.899. This analysis confirmed three factors: 1. Personality Development (four items). 2. Educational Development (six items). 3. Development of activities in nonspecific areas (five items). The estimates of Cronbach's alphas, coefficients of internal

consistency were as follows: 0.831, 0.779, and 0.733. Estimation of reliability by Cronbach's coefficient of internal consistency resulting in relatively good result: Coefficient alpha for the entire scale was 0.858. The validity of the questionnaire was verified by means of construct validity, by correlation with a questionnaire of Self-regulation in the self-care, Vavricová and Lovaš (2013), which reached relatively satisfactory value 0.78.

*The Learning Questionnaire.* The Learning Questionnaire (SRQ-L, Williams and Deci, 1996) was used to investigate the self-regulation of learning. This is a 14-item questionnaire detecting autonomous and controlled self-regulation in the learning. The questionnaire includes three groups of statements, wherein at the beginning of each group is a primary statement relating to the statements in the group. It uses the 7-point scale, where value 1 expressed disagreement with the statement and the value 7 is very high identification with the statement. The original version of SRQ-L refers to one specific subject for medical students. For the purposes of our research, we modified the items, so that concerned the participation on seminars in general and are also applicable in the field of social work and medicine. Reliability of the questionnaire was verified using Cronbach's alpha coefficient with value 0.785. The data obtained through questionnaires were evaluated using statistical software SPSS.

### **3. Results**

#### **3.1 Group differences in autonomous regulation and controlled regulation by gender and study field**

We have revealed by MANOVA that students are not differed by gender ( $F = 2.812$ ;  $p = 0.095$ ) and study field ( $F = 0.172$ ;  $p = 0.678$ ) in the level of autonomous regulation, the mean raw score on autonomous regulation for male students was 5.304, compared to a mean of 5.619 for female students. The similar results were found in controlled regulation, students did not differ by gender ( $F = 0.335$ ;  $p = 0.563$ ), however, they differed in controlled regulation and self-regulation index due to study field ( $F = 6.667$ ;  $p = 0.010$ ;  $F = 8.13$ ;  $p = 0.09$ , respectively). Students of both social work and medicine study field achieved comparable score on autonomous regulation ( $M = 5.503$ ,  $SD = 0.915$ ;  $M = 5.619$ ,  $SD = 0.886$ , respectively); on the other hand, they differed in controlled regulation due to study field (social work students:  $M = 4.108$ ,  $SD = 0.929$ ; medical students:  $M = 3.484$ ,  $SD = 0.997$ , respectively) with higher level of controlled regulation in favor of social work university students.

### 3.2. Group differences in care for self-development by gender and study field

We have revealed by MANOVA that students are not differed by gender and study field in three examined areas of care for self-development with one exception in care for educational self-development in favor of medicine students  $F = 6.244$ ;  $p = 0.013$ ). Medical students reported more activities in the care for educational self-development than social work students ( $M = 3.371$ ,  $SD = 0.828$ ;  $M = 3.711$ ,  $SD = 0.641$ , respectively).

**Table 1:** Means, standard deviations, and correlations among study variables

	Mean	SD	AR	CR	I	CPD	CAD
AR	5.56	0.90	1.00				
CR	3.79	1.01	0.37*	1.00			
I	1.76	1.07	0.48*	-0.62*	1.00		
CPD	4.20	0.50	0.48*	0.15*	0.26*	1.00	
CAD	3.83	0.61	0.27*	0.08	0.14*	0.50*	1.00
CED	3.54	0.75	0.47*	0.05	0.34*	0.43*	0.47*

\* $p < .05$

AR - Autonomous Regulation, CR - Controlled Regulation, CPD- Personality Self-Development Care, CAD - Activity Self Development Care, CED - Education Self-Development Care, I – Index of Self-Regulated Learning

### 3.3 Relations among self-regulated learning and care for self-development

Pearson product-moment correlations among all continuous variables included in the analyses are presented in Table 1. The .05 level was adopted as a significance level. The autonomous regulation was positively correlated with all three examined areas of care for self-development (care for personality, activity, and educational self-development, the coefficient of correlation ranged from 0.27 to 0.48) and controlled regulation was positively correlated only with care for educational self-development. All three factors of care for self-development are intercorrelated significantly positively.

The results show a strong relationship between autonomous regulation and areas of care

for self-development. The higher autonomous regulation an individual has, the higher is his/her level of care for self-development. The strength of this relationship is the most notably apparent between the autonomous regulation and care for personality self-development, as well as the care for educational self-development. Regarding the association between autonomous regulation and care for self-development factors, table 1 shows the trend that there is a medium positive relation among autonomous regulation and care for self-development.

The closest correlation appeared between care for personality development and care for development in nonspecific areas. The relationship of controlled regulation and index of self-regulation is significant and negative that means the higher is a tendency for controlled regulation, the less autonomous regulation is used in self-regulated learning.

### **3.4 Predictors of care for self-development in students of helping professions**

*Care for personality development.* To determine the extent to which autonomous and controlled regulations predicted care for personality development, background variables (age, year of study, study field, and gender) and self-regulation variables (autonomous and controlled regulation) were entered into a simultaneous multiple regression equation (Table 2). These variables, especially autonomous regulation accounted for one-fifth of the variance in care for personality self-development ( $F = 9.505$ ,  $p = .000000$ ;  $R^{2adj} = 0.219$ ). The magnitude of the beta weights associated with autonomous regulation ( $\beta = 0.472$ ) suggests that this competency is a stronger predictor of care for personality self-development than background variables and controlled regulation (beta weights ranged from  $-0.03$  to  $0.10$ ).

*Care for educational self-development.* To determine the extent to which background variables and variables of self-regulation (autonomous and controlled regulations) predicted care for educational self-development, age, the year of study, gender, and study field were entered into a simultaneous multiple regression equation (Table 2). Autonomous regulation and study field accounted for almost twenty-six percent of the variance in care for educational self-development ( $F = 11.579$ ,  $p = .0000000$ ;  $R^{2adj} = 0.258$ ). As shown in Table 2, specifically, autonomous regulation ( $\beta = 0.506$ ) and study field ( $\beta = 0.230$ ) were related to increased care for educational self-development. The magnitude of the beta weights associated with autonomous regulation and study field suggests that these two variables are stronger predictors of the care for

educational self-development than controlled regulation and other factors, such as age, year of the study or gender.

*Care for activity self-development.* The level of care for exercising nonspecific activities focusing on self-development was predicted also by autonomous regulation ( $F = 3.767$ ,  $p = 0.003$ ;  $R^{2adj} = 0.061$ ), similarly to the rest two self-development areas depicted above.

Gender, age, year of study failed to significantly predict any of the care for self-development strategies. The only exception was the study field as a predictor of the care for educational self-developmental activities.

**Table 2:** *Regression analysis of care for self-development*

Care for self-development	$\beta$	t (p)
<b><i>Care for personality self-development</i></b> ( $F = 9.505$ , $p = .000000$ ; $R^{2adj} = 0.219$ )		
Autonomous regulation	.472	6.895 (.000000)***
<b><i>Care for educational self-development</i></b> ( $F = 11.579$ , $p = .000$ ; $R^{2adj} = .258$ )		
Autonomous regulation	.506	7.574 (.000000)***
Study field	.229	2.494 (.013)*
<b><i>Care for activity self-development</i></b> ( $F = 3.767$ , $p = .003$ ; $R^{2adj} = .061$ )		
Autonomous regulation	.297	4.002 (0.000087)***

\* $p < .05$  \*\*\* $p < .001$

#### 4. Discussion

This study was intended to identify the relationship among care for self-development, self-regulated learning referred as autonomous and controlled regulation in students of helping professions, namely social work and medicine. We have not confirmed significant differences among students in terms of age, year of study, study field and gender in autonomous regulation and controlled regulation with one exception of higher level of controlled regulation in social work students. Students of helping professions were not differed by gender and study field in three examined areas of care for self-development with one exception in care for educational self-development in favor of medicine students.

Correlation analysis proved significant associations among the level of autonomous regulation and controlled regulation; this finding is similar to that of Mesárošová (2014), Bauer,



Park, Montoya, & Wayment, (2015). As we have found, students who reported a greater focus on autonomous regulation tended to report exploitation of the self-developmental strategies more often than students who reported a lower level of the autonomous regulation. These results could be interpreted very cautiously because of small size sample and ought to be the subject of further research including the more representative sample.

## **5. Conclusion**

In our study, we have found that autonomous regulation represents the strong predictor of care for personality self-development and it also accounts for the variance in care for educational self-development. The level of the autonomous regulation was positively associated with the level of care for self-development. Presented research showed the utility of the self-regulation in predicting the care for self-development in college students. We consider our findings the useful contribution to the educational and counseling process in students of helping professions.

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