The Relationship Between Peer Support and Self-Esteem among First-Year Undergraduate Nursing Students at Universitas Advent Indonesia

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Abstract

The early period of university is a psychologically vulnerable phase, and self-esteem is an important protective resource for first-year nursing students. Peer support is theorised to shape self-esteem through reflected appraisals of significant others, yet evidence from first-year nursing students on residential campuses is scarce. This study examined the relationship between peer support and self-esteem among first-year undergraduate nursing students at Universitas Advent Indonesia, a residential campus, and contributes an effect-size-based estimate for this population. A quantitative descriptive correlational cross-sectional design was used. Total sampling of all willing first-year students yielded 131 respondents who completed peer support (13 retained items; α = 0.897) and self-esteem (9 retained items; α = 0.738) questionnaires. Data were analysed using descriptive statistics and Spearman's rho with a 95% confidence interval. Peer support was high in 79.4% of respondents, whereas self-esteem was moderate (51.9%) or high (47.3%). The association was positive but very weak (ϱ = 0.157; 95% CI −0.016 to 0.321; p = 0.073). There was insufficient evidence to reject the null hypothesis; the interval is compatible with no association through to a small positive one, and the sample had 80% power only for $\varrho \geq 0.25$. Because most students already perceive high peer support, self-esteem strengthening in nursing education should not rely on peer support alone. Larger multi-site studies that measure confounders such as family, academic, and body-image factors are recommended.

Keywords: *Peer Support, Self-Esteem, Nursing Students, First-Year Students, Spearman's Correlation.*

A. INTRODUCTION

The early period of university studies is a complex transitional phase. Most first-year nursing students are aged 18–25 years and are commonly described as emerging adults, a stage marked by identity exploration and instability (Arnett, 2000; Boero et al., 2025). Within a short time they must adapt to a new learning environment, greater independence, new social relationships, and a curriculum that combines theory and clinical practice (Tahulending et al., 2023). First-semester nursing students in Indonesia have been reported to experience problems related to quality of life, self-esteem, and stress (Eriyani & Rahayuwati, 2025), and early-year nursing students experience considerable academic stress (Fernandes et al., 2023).

National data underline the importance of young people's psychological well-being: the 2023 Indonesian Health Survey showed that the 15–24 age group had the highest prevalence of depression, at approximately 2% (Zhafirah & Hastono, 2026).

Self-esteem is a psychological resource that can buffer this vulnerability. High self-esteem protects against anxiety and depression (Rossi et al., 2020), whereas low self-esteem is associated with anxiety, academic stress, declining academic performance, and the risk of dropping out of university (Acosta-Gonzaga, 2023). Among nursing students, self-esteem is also closely related to professional socialization during education (Yeşilyurt & Kendirkiran, 2025).

Self-esteem is an individual's global evaluation of their own worth (Rosenberg, 1965), shaped by actions, attitudes, and responses from the surrounding environment (Imani & Ariani, 2023). Peer support is the perception of being cared for, accepted, and helped by friends (Paradasa & Hati, 2023), and is generally described in terms of emotional, instrumental, and informational support (Prameswari & Tyas, 2025; Zalika & Rusmawati, 2022). Peer support has been associated with students' self-confidence (Wahyuni & Costadinov, 2020), adaptation to campus life among nursing students (Kusuma et al., 2025), and student mental health, as shown in a systematic review of peer support interventions (Pointon-Haas et al., 2024).

Theoretically, peer support may influence self-esteem through three complementary mechanisms. First, symbolic interactionism holds that the self is formed through the "looking-glass" of other people's reactions (Cooley, 1902; Mead, 1934). Rosenberg (1979) extended this view by proposing that people evaluate themselves through the attitudes of significant others, so that acceptance raises and rejection lowers self-evaluation. For first-year students, who meet classmates and dormitory peers every day, peers are plausibly such significant others. Second, sociometer theory proposes that self-esteem works as a gauge of social acceptance: perceived inclusion raises, and perceived rejection lowers, self-esteem (Leary & Baumeister, 2000), in line with the fundamental need to belong (Baumeister & Leary, 1995). Third, the stress-buffering model suggests that perceived support helps people appraise and cope with stressors (Cohen & Wills, 1985), which for first-year nursing students include academic and clinical demands. Coopersmith (1967) likewise named significance, that is, acceptance, attention, and affection from others, as a source of self-esteem, and Harter (1999) described social acceptance as a domain that contributes to global self-worth.

These accounts also imply limits. Global self-esteem is a relatively stable, trait-like attribute that changes slowly (Orth & Robins, 2014), so its association with any single source of support, measured once, may be modest. Peer support is also only one input alongside family, academic, and body-image experiences. The present study therefore asks whether, in this population, perceived peer support is positively associated with global self-esteem, without assuming a strong or causal effect.

Empirical findings on peer support and self-esteem are generally positive but small to moderate, and most come from secondary school students. A cross-sectional study of 292 senior high school students found a significant but weak relationship ($p = 0.033$; $\tau = 0.124$) (Wulandari & Wijayanti, 2023). A significant relationship was also reported among 65 senior high school adolescents ($p = 0.015$) (Febriana et al., 2024) and among 97 twelfth-grade female students ($p < 0.001$) (Simanjuntak & Indrawati,

2021). Low peer support was also found among students with low self-esteem at an Islamic junior high school (p = 0.045) (Luneto et al., 2026). In higher education, an unpublished undergraduate thesis on first-semester migrant nursing students in Yogyakarta also reported an association (Rusyana, 2020). Beyond this, we found little published evidence on first-year nursing students at a residential university.

Universitas Advent Indonesia (UNAI) provides dormitory accommodation, allowing students to interact intensively every day, which makes peer support potentially relevant to the self-esteem of new students. This study differs from earlier work in three ways. First, it targets first-year nursing students, who face academic, clinical, and social transitions at once, rather than secondary school students. Second, it is set on a residential campus where peer contact is frequent. Third, it reports the association with an effect size, a confidence interval, and a sensitivity analysis instead of a significance verdict alone, so that even a non-significant result is interpretable and can be pooled in later syntheses. Theoretically, the study examines whether reflected-appraisal and sociometer reasoning holds for global self-esteem early in university; practically, it informs how nursing programmes allocate support to first-year students. The study therefore aimed to describe peer support and self-esteem and to analyse the relationship between them among first-year undergraduate nursing students at UNAI.

B. METHOD

This study employed a quantitative approach with a descriptive correlational, cross-sectional design. Both variables were measured at a single point in time using questionnaires, with peer support as the independent variable and self-esteem as the dependent variable. The null hypothesis stated that there is no association between peer support and self-esteem; the alternative hypothesis stated that there is. Because the design is cross-sectional, the findings describe association only and do not establish causality or its direction.

The study population consisted of first-year undergraduate nursing students at the Faculty of Nursing, Universitas Advent Indonesia, who were willing to participate as respondents (131 students). The sample was selected using total sampling, so all 131 students were included. The inclusion criteria were active first-year undergraduate nursing students, willingness to participate, and completion of all items in both questionnaires. The exclusion criteria were students who withdrew before data collection was completed or submitted incomplete questionnaires. All 131 students were included in the analysis. Because the sample comprised all willing students, no a priori sample-size calculation was performed; the precision and power attainable with N = 131 are reported in the Results. Data were collected on the Parongpong campus, West Bandung Regency, in October 2026.

Peer support was measured with a 14-item questionnaire developed by Wulandari and Wijayanti (2023) for adolescents. Its items follow the three-component model of social support described by Cutrona and colleagues (Prameswari & Tyas, 2025): emotional (5 items), instrumental (5 items), and informational support (4 items).

Responses are scored 3 (often), 2 (sometimes), and 1 (never). In the source study the items were valid (r = 0.483–0.775) and reliable (Cronbach's α = 0.881). Self-esteem was measured with a 10-item questionnaire adopted from Aditiasani (2024). The items cover two dimensions, self-acceptance (three favourable and three unfavourable items) and self-respect (two favourable and two unfavourable items), and are rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree); unfavourable statements are reverse-scored. In the present study, 13 peer support items and 9 self-esteem items were analysed after validity testing (see below), giving total scores of 13–39 and 9–45, respectively. These totals were categorized as low, moderate, or high by dividing each score range into three approximately equal intervals (Table 1). The categories are descriptive only; the correlation analysis used the continuous total scores.

Table 1. Research Variable Score Categories

Variable	Low	Moderate	High
Peer Support	13–21	22–30	31–39
Self-Esteem	9–21	22–33	34–45

Note. The category ranges were calculated based on the minimum–maximum scores after invalid items were excluded (13 items for peer support; 9 items for self-esteem).

Because the respondents differed from those in the original instrument studies, both questionnaires were retested on 131 respondents using the corrected item-total correlation (valid if r ≥ 0.30; Nunnally & Bernstein, 1994) in a stepwise manner: the invalid item with the lowest value was removed first, and the remaining items were then retested. In the peer support questionnaire, item 2 was invalid (r = 0.154) and was removed; the remaining 13 items were valid (r = 0.503–0.724). In the self-esteem questionnaire, item 8 was invalid (r = 0.195) and was removed; the remaining nine items were valid (r = 0.341–0.575). Cronbach's alpha increased from 0.883 (14 items) to 0.897 (13 items) for peer support, and from 0.730 (10 items) to 0.738 (9 items) for self-esteem, indicating acceptable reliability for both instruments ($\alpha \geq 0.70$). Removal of these items is defensible on content grounds. Peer support item 2 (friends do not interrupt when I talk at length) describes conversational courtesy rather than help or acceptance, and self-esteem item 8 is a conditional statement (a wish to be more respected) that respondents may have interpreted inconsistently. Content coverage was preserved: each peer support dimension retained at least four items, and the self-esteem scale retained five self-acceptance and four self-respect items, with favourable and unfavourable statements in both. Nonetheless, item removal was based on the present sample and may partly capitalize on chance, and construct validity was not tested with factor analysis; this is acknowledged as a limitation.

After obtaining permission from the Dean of the Faculty of Nursing and ethical approval, the researcher distributed a Google Form link via WhatsApp. The introductory page contained information about the study's objectives, benefits, procedures, and confidentiality, followed by electronic consent and screening based on the respondent eligibility criteria. Respondents who met the criteria completed

both questionnaires independently. Data completeness and consistency were checked before analysis.

Data processing included checking completeness (editing), assigning scores (scoring), coding, data entry, and data cleaning using Microsoft Excel and SPSS. Univariate analysis presented frequencies and percentages for categorical data and the mean (SD) or median (interquartile range) for scores, depending on their distributions. Normality was tested using the Kolmogorov–Smirnov test with Lilliefors correction and the Shapiro–Wilk test (normal if $p > 0.05$). Because peer support scores were not normally distributed, the relationship between the two total scores was tested using Spearman's rho at a two-sided significance level of 0.05. Because SPSS does not report an interval for rho by default, the 95% confidence interval was computed with the Fisher z transformation and the Bonett–Wright (2000) standard error, $\sqrt{[(1 + \varrho^2/2)/(n - 3)]}$. Statistical power was examined through a sensitivity analysis (the smallest ϱ detectable with 80% power at N = 131, and the sample size needed to detect the observed ϱ) using the same approximation, rather than through observed power. A non-significant result is interpreted as insufficient evidence to reject the null hypothesis, not as evidence of no association (Altman & Bland, 1995; Wasserstein & Lazar, 2016). Only the bivariate association was analysed; potential confounders were not measured.

C. RESULTS AND DISCUSSION

1. Respondent Characteristics

A total of 131 first-year students who were willing to participate were included, and the respondents came from four sections, with the largest number from Section B (Table 2).

Table 2. Distribution of Respondents by Section (N = 131)

Section	n	%
A	28	21.4
B	38	29.0
C	33	25.2
D	32	24.4
Total	131	100.0

2. Peer Support and Self-Esteem

Most respondents had high levels of peer support (79.4%), while only one respondent (0.8%) was categorized as having low peer support. Self-esteem was predominantly in the moderate (51.9%) and high (47.3%) categories, with one respondent (0.8%) categorized as having low self-esteem (Table 3).

Table 3. Frequency Distribution of Peer Support and Self-Esteem Categories (N = 131)

Variable	Category	n	%
Peer Support	Low	1	0.8
	Moderate	26	19.8
	High	104	79.4
Self-Esteem	Low	1	0.8
	Moderate	68	51.9
	High	62	47.3

Peer support scores ranged from 18–39, with a median of 36 (Q1–Q3 = 31–38; IQR = 7) and a negatively skewed distribution (skewness = −1.07), indicating that scores were concentrated toward the higher end. Self-esteem scores ranged from 20–45, with a mean of 33.11 (SD = 4.73) and an approximately symmetrical distribution (skewness = 0.29) (Table 4).

Table 4. Descriptive Statistics of Total Scores (N = 131)

Variable	Mean (SD)	Median (Q1–Q3)	IQR	Min–Max	Skewness / Kurtosis
Peer Support	34.21 (4.77)	36 (31–38)	7	18–39	−1.07 / 0.56
Self-Esteem	33.11 (4.73)	33 (30–36)	6	20–45	0.29 / 0.24

3. Normality Test

Peer support scores deviated significantly from a normal distribution (Kolmogorov–Smirnov $p < 0.001$; Shapiro–Wilk $p < 0.001$), whereas self-esteem scores were normally distributed (Kolmogorov–Smirnov $p = 0.200$; Shapiro–Wilk $p = 0.086$) (Table 5). Therefore, peer support was presented as the median (IQR), self-esteem as the mean (SD), and a rank-based correlation test was selected.

Table 5. Results of the Normality Test (N = 131)

Variable	K–S	df	p	S–W	df	p	Conclusion
Peer Support	0.158	131	< 0.001	0.875	131	< 0.001	Not Normally Distributed
Self-Esteem	0.070	131	0.200	0.982	131	0.086	Normally Distributed

Note. K–S = Kolmogorov–Smirnov with Lilliefors correction; S–W = Shapiro–Wilk

4. The Relationship Between Peer Support and Self-Esteem

Among respondents with high levels of peer support, 54 (51.9%) had high self-esteem, while among respondents with moderate peer support, 19 (73.1%) had moderate self-esteem. Spearman's rho showed a positive correlation of $\rho = 0.157$ (95% CI −0.016 to 0.321) with $p = 0.073$ (Table 6). Because the p-value was greater than 0.05, there was insufficient evidence to reject the null hypothesis of no association; this does not show that no relationship exists. The point estimate is very weak, but the confidence interval is compatible with values from essentially zero up to a small positive correlation of about 0.32. With N = 131, the study had 80% power only to

detect ϱ ≥ 0.25, and approximately 320 respondents would be needed to detect ϱ = 0.157 with the same power.

Table 6. Spearman's Rho Correlation Between Peer Support and Self-Esteem (N = 131)

Variable	ϱ [95% CI]	p (2-tailed)	Decision
Peer Support – Self-Esteem	0.157 [−0.016, 0.321]	0.073	H0 not rejected

Note. 95% CI computed with the Fisher z transformation and Bonett–Wright standard error from the reported ϱ and N.

5. Peer Support

Nearly four out of five respondents had high levels of peer support, and the negatively skewed distribution (median of 36 out of a maximum of 39) indicates that most first-year students perceived their peers as willing to help. This may partly reflect the residential campus, where living and studying together make it easier to build close relationships, consistent with reports that a positive peer environment helps nursing students adapt to campus life (Kusuma et al., 2025). It may also reflect early-semester enthusiasm and social desirability in self-reports. Because place of residence and the sources of variation in peer support were not measured, these explanations are interpretations rather than tested findings.

6. Self-Esteem

Respondents' self-esteem was in the moderate to high categories, with only one student in the low category. This differs from a study of first-semester nursing students in Indonesia, in which most students had low to moderate self-esteem (Eriyani & Rahayuwati, 2025). The difference may be related to the instruments, study locations, and data collection periods, so direct comparison should be made with caution. Approximately half of the students were in the moderate category, indicating room to strengthen self-esteem given its protective role against anxiety and depression (Rossi et al., 2020).

7. The Relationship Between Peer Support and Self-Esteem

The hypothesis that peer support is associated with self-esteem was not supported at the 0.05 level (ϱ = 0.157; 95% CI −0.016 to 0.321; p = 0.073). The result is not in conflict with the theory outlined in the Introduction, because the interval still includes small positive associations, but it does differ from earlier studies that reported significant relationships (Febriana et al., 2024; Simanjuntak & Indrawati, 2021; Wulandari & Wijayanti, 2023). Several considerations, which are interpretations rather than tested explanations, may account for this.

First, the estimated strength is similar to that of earlier work. The significant study of 292 students reported a similarly small coefficient (τ = 0.124) (Wulandari & Wijayanti, 2023); Kendall's τ is usually smaller in magnitude than Spearman's ϱ for the same data, so the two are not directly comparable, but both are small. A sample of 131 can only detect ϱ of about 0.25 or more with 80% power, so the non-significant

result most plausibly reflects limited power and imprecision rather than a demonstrated absence of association. Studies of about 300 or more respondents are needed for effects of this size.

Second, variation in peer support was narrow and concentrated near the ceiling of the scale. When almost all respondents report high support, there is little range over which self-esteem could differ, which attenuates correlations. Moreover, the instrument records how often friends help, not how valuable or adequate students find that help; frequent support is not necessarily support that is experienced as accepting or esteem-enhancing.

Third, the constructs and timing may not match. The self-esteem scale measures global, trait-like self-esteem, which changes slowly (Orth & Robins, 2014), whereas the sociometer account concerns momentary responses to acceptance or rejection (Leary & Baumeister, 2000) and the stress-buffering account predicts that support matters most when stress is high (Cohen & Wills, 1985). Data were collected early in the first year, when peer relationships were still forming and a global evaluation of the self had had little time to change. Peer support may also show stronger links with domain-specific self-esteem, such as social acceptance (Harter, 1999), than with a global score.

Fourth, self-esteem has many other determinants that were not measured or adjusted for. Self-esteem is associated with parenting style and family experiences (Ulviyani et al., 2023), body mass index and body image among nursing students (Sahira et al., 2024), burnout and academic stress (Mun & Kim, 2022), and academic self-esteem and self-efficacy (Li & Yan, 2026). During the first weeks of university, family and academic experiences may outweigh peer influence. Social support and self-esteem have also been examined together as predictors of psychological well-being (Reo et al., 2024), suggesting a network of related variables that a bivariate test cannot capture. Unmeasured confounders can bias a bivariate correlation in either direction, toward or away from zero, so the observed coefficient should not be read as the net effect of peer support. Bivariate analysis was used because this study was designed to describe and screen a single association in a small, single-cohort population; with N = 131, a multivariable model including several covariates would also have been under-powered.

Fifth, dormitory life may cut both ways: it eases access to support but also limits privacy and increases social comparison. Dormitory versus non-dormitory residence was not recorded, so its influence could not be examined and should be compared in future studies.

Sixth, the populations and instruments differed from earlier studies. Most previous studies involved secondary school students and used different instruments, such as scales with 35 and 33 items (Simanjuntak & Indrawati, 2021). The peer support questionnaire was developed for adolescents, and some items refer to school learning materials, which may not fully capture peer support in a university dormitory setting. These differences in population and measurement may be related to the differences in findings.

8. Limitations and Implications

This study has several limitations. The cross-sectional design does not allow causal or directional inference. Data came from one faculty at a single residential university, so the findings may not generalize to other institutions, to non-residential campuses, or to later years of study; because residence was not recorded, the contribution of dormitory life could not be assessed. The measurements were self-reported and may be affected by social desirability. One item was removed from each instrument after retesting, construct validity (for example, factor structure) was not tested, and the correlation was not re-estimated with the full-length scores. Peer support scores were concentrated at the high end, which limits the range available for detecting an association. The sample was adequate for ϱ of 0.25 or more only, so smaller associations cannot be excluded. Finally, only a bivariate analysis was performed, and confounders such as parenting style, academic achievement, body image, and academic stress were not measured.

Despite these limitations, the findings are useful for nursing education. A non-significant result does not mean that peer support is unimportant: the confidence interval includes small positive associations, and peer support has other documented benefits, such as campus adaptation (Kusuma et al., 2025). However, because most first-year students already perceive high peer support while about half have only moderate self-esteem, strengthening self-esteem is unlikely to be achieved by relying on peer support alone. Nursing programmes could complement existing student activities and dormitory life with academic guidance, mentoring, and counselling targeted at students with moderate or low self-esteem, and could screen first-year students for self-esteem early in the programme. Theoretically, the results suggest that, at the start of university, global self-esteem is not simply a function of perceived peer support, and that models including family, academic, and body-image factors are needed.

D. CONCLUSION

Most first-year undergraduate nursing students at Universitas Advent Indonesia had high levels of peer support (79.4%), while their self-esteem was predominantly moderate (51.9%) or high (47.3%). The relationship between peer support and self-esteem was positive but very weak and not statistically significant (ϱ = 0.157; 95% CI −0.016 to 0.321; p = 0.073); there was insufficient evidence to reject the null hypothesis, and the study had adequate power only for correlations of 0.25 or more. For nursing education and student support programmes, the findings imply that peer support, although widely available, should be complemented by academic guidance and counselling to strengthen the self-esteem of first-year students. Future research should involve more institutions and respondents with more varied levels of peer support, record dormitory residence, measure parenting style, academic achievement, body image, and academic stress, and use longitudinal or multivariable designs to clarify direction and the influence of other variables.

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REFERENCES

1. Acosta-Gonzaga, E. (2023). The effects of self-esteem and academic engagement on university students' performance. *Behavioral Sciences, 13*(4), 348. https://doi.org/10.3390/bs13040348
2. Pamungkas, I. A. (2024). *Hubungan Dukungan Sosial Teman Sebaya dan Harga Diri dengan Resiliensi Akademik pada Mahasiswa Tingkat Akhir Fakultas Farmasi Universitas Hang Tuah*. Universitas Hang Tuah.
3. Altman, D. G., & Bland, J. M. (1995). Absence of evidence is not evidence of absence. *BMJ, 311*(7003), 485. https://doi.org/10.1136/bmj.311.7003.485
4. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469–480.
5. Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3), 497–529.
6. Boero, P., Trizano-Hermosilla, I., & Vinet, E. V. (2025). Psychometric models of emerging adulthood: An evaluation in a Chilean university sample. *Frontiers in Psychology, 16*, 1483934. https://doi.org/10.3389/fpsyg.2025.1483934
7. Bonett, D. G., & Wright, T. A. (2000). Sample size requirements for estimating Pearson, Kendall and Spearman correlations. *Psychometrika, 65*(1), 23–28.
8. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357.
9. Cooley, C. H. (1902). *Human nature and the social order*. Charles Scribner's Sons.
10. Coopersmith, S. (1967). *The antecedents of self-esteem*. W. H. Freeman.
11. Eriyani, T., & Rahayuwati, L. (2025). Quality of life, self-esteem, and stress among first-semester student nurses in Indonesia: A cross-sectional study. *SAGE Open Nursing, 11*, 23779608251317805. https://doi.org/10.1177/23779608251317805
12. Febriana, R., Alini, Kusumawati, N., & Novrika, B. (2024). Hubungan dukungan teman sebaya dengan harga diri pada remaja di SMAN 1 Bangkinang. *Jurnal Ners, 8*(2), 2157–2161.
13. Fernandes, F., Ananda, Y., & Rahmili, F. T. (2023). Efikasi diri dan stres akademik pada mahasiswa tahun awal di Fakultas Keperawatan Universitas Andalas. *JIK Jurnal Ilmu Kesehatan, 7*(2), 226–233. https://doi.org/10.33757/jik.v7i2.603
14. Harter, S. (1999). *The construction of the self: A developmental perspective*. Guilford Press.
15. Imani, S. F., & Ariani, L. (2023). Pengaruh harga diri terhadap perilaku konsumtif pada mahasiswa di Banjarmasin. *Jurnal Psikologi Wijaya Putra (Psikowipa), 4*(2), 84–91.
16. Kusuma, E. D., Riyanto, S., & Nurmaguphita, D. (2025). Dukungan sosial teman

sebaya dengan tingkat adaptasi lingkungan kampus pada mahasiswa keperawatan TA. 2024. *Galen: Jurnal Riset Ilmu Farmasi dan Kesehatan, 1*(2), 819–838. https://doi.org/10.71417/galen.v1i2.88

17. Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. *Advances in Experimental Social Psychology, 32*, 1–62.
18. Li, J., & Yan, X. (2026). The association between academic self-esteem and college students' positive psychological qualities: The mediating role of general self-efficacy. *Frontiers in Psychology, 17*, 1788167. https://doi.org/10.3389/fpsyg.2026.1788167
19. Luneto, S. I., Baco, N. H., & Thalani, A. N. M. (2026). Hubungan bullying dengan harga diri remaja. *Kajian Ilmiah Multidisipliner, 10*(4), 127–138.
20. Mead, G. H. (1934). *Mind, self, and society*. University of Chicago Press.
21. Mun, M., & Kim, M. (2022). Effect of academic burnout on self-esteem in nursing students: Mediating role of resilience. *Medico Legal Update, 22*(2), 93–103. https://doi.org/10.37506/mlu.v22i2.3236
22. Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory*. McGraw-Hill.
23. Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science, 23*(5), 381–387.
24. Paradasa, Z. K., & Hati, G. (2023). Hubungan persepsi dukungan sosial teman sebaya dan supervisor dengan tingkat burnout mahasiswa saat melaksanakan praktikum: Studi pada mahasiswa Ilmu Kesejahteraan Sosial Universitas Indonesia. *Jurnal Ilmu Kesejahteraan Sosial, 24*(1), 12.
25. Pointon-Haas, J., Waqar, L., Upsher, R., Foster, J., Byrom, N., & Oates, J. (2024). A systematic review of peer support interventions for student mental health and well-being in higher education. *BJPsych Open, 10*(1), e12.
26. Prameswari, B. V. A. D., & Tyas, P. H. P. (2025). Hubungan antara dukungan sosial teman sebaya dan status pencapaian identitas diri pada remaja Panti Asuhan Santo Yusup Sindanglaya. *Jurnal Bimbingan Konseling dan Psikologi, 5*(2), 185–198.
27. Reo, G., Soetjiningsih, C. H., & Wijono, S. (2024). Social support and self-esteem as predictors of psychological well-being of Generation Z students. *Bulletin of Counseling and Psychotherapy, 6*(2).
28. Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.
29. Rosenberg, M. (1979). *Conceiving the self*. Basic Books.
30. Rossi, A., Panzeri, A., Pietrabissa, G., Manzoni, G. M., Castelnuovo, G., & Mannarini, S. (2020). The anxiety-buffer hypothesis in the time of COVID-19: When self-esteem protects from the impact of loneliness and fear on anxiety and depression. *Frontiers in Psychology, 11*, 2177. https://doi.org/10.3389/fpsyg.2020.02177
31. Rusyana, N. A. (2020). *Hubungan dukungan teman sebaya dengan harga diri mahasiswa rantau program studi ilmu keperawatan semester 1 di Universitas ʿAisyiyah Yogyakarta* (Undergraduate thesis Universitas ʿAisyiyah Yogyakarta).
32. Sahira, A., Aisyiah, A., & Suralaga, C. (2024). Analisis faktor yang berhubungan

dengan harga diri pada mahasiswa keperawatan Universitas Nasional. *Malahayati Nursing Journal, 6*(12), 5204–5218. https://doi.org/10.33024/mnj.v6i12.14461

33. Simanjuntak, L. E., & Indrawati, E. S. (2021). Hubungan antara dukungan sosial teman sebaya dengan harga diri pada siswi kelas XII SMA Kristen Terang Bangsa Semarang. *Jurnal Empati, 10*(2), 99–107.
34. Tahulending, P., Panggabean, D., Panglipur, R. J., Zeva, S. T. O., & Sudarja, K. (2023). Adaptasi mahasiswa keperawatan angkatan 2020 di salah satu universitas swasta Indonesia bagian barat. *Jurnal Keperawatan Malang, 8*(1), 283–289. https://doi.org/10.36916/jkm.v8i1.202
35. Ulviyani, R., Idayati, & Subekti, R. T. (2023). Hubungan pola asuh orang tua dengan konsep diri; harga diri remaja di SMP 17 1 Pagelaran tahun 2022. *Scientific Journal of Nursing and Health, 1*(1), 55–63.
36. Wahyuni, C., & Costadinov, E. Y. (2020). Hubungan antara dukungan teman sebaya dengan kepercayaan diri berbicara di depan umum pada mahasiswa. *Jurnal Psikologi Malahayati, 2*(1), 50–59.
37. Wasserstein, R. L., & Lazar, N. A. (2016). The ASA statement on p-values: Context, process, and purpose. *The American Statistician, 70*(2), 129–133.
38. Wulandari, A., & Wijayanti, F. (2023). Dukungan teman sebaya dengan harga diri pada remaja. *Health Sciences and Pharmacy Journal, 7*(1). https://doi.org/10.32504/hspj.v7i1.801
39. Yeşilyurt, S., & Kendirkiran, G. (2025). Nursing students' self-esteem levels and attitudes toward the nursing profession. *International Nursing Review, 72*(1), e12986.
40. Zalika, R. D. Z., & Rusmawati, D. (2022). Hubungan antara dukungan sosial teman sebaya dengan penyesuaian diri siswa pondok pesantren kelas X MA Ribatul Muta'allimin Pekalongan. *Jurnal Empati, 11*(2), 72–79. https://doi.org/10.14710/empati.2022.34426
41. Zhafirah, A. Z., & Hastono, S. P. (2026). Analisis disparitas geospasial dan determinan sosio-demografis masalah kesehatan jiwa di Indonesia: Analisis data Survei Kesehatan Indonesia (SKI) 2023. *BIKFOKES, 6*(2). https://doi.org/10.7454/bikfokes.v6i2.1135