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Examining audiologist candidates' self-esteem and professional self-esteem

Azize Arzu Koçyiğit^{1*} and Handan Turan Dizdar²

Abstract

Background Self-esteem is an individual's perception of themselves. Professional self-esteem is defined as the individual's perception of worthiness regarding their preferred profession. The research aims to examine the relationship between the self-esteem and professional self-esteem of Audiology department students and raise awareness of this issue.

Material and Method In our study, 532 students in the Audiology undergraduate department were included. Professional Self-Esteem and Self-Esteem questionnaires were delivered to the students online via Google Forms, using snowball sampling, in social media groups of the Audiology undergraduate students. Data were analyzed using Spearman correlation analysis, Mann Whitney U, and Kruskal Wallis Test. *p* < 0.05 was accepted as significance value.

Results According to the results, it has been observed that there is a weak and significant positive correlation between the professional self-esteem of the audiologist candidates and their total self-esteem scores (p < 0.05). Self-esteem and professional self-esteem scores of those who chose the profession willingly were significantly higher than those who did not choose the profession willingly (p < 0.05). As the grade level increased, professional self-esteem decreased significantly (p < 0.05). There was no significant difference between the scores in both scales according to income, university type, and gender (p > 0.05).

Conclusion As a result, it was observed that as the self-esteem of the audiologist candidates increased, their professional self-esteem increased. Also, as the class level increased, their professional self-esteem decreased.

Keywords Audiologist candidates, Audiology, Carrier, Profession choice, Self-sufficiency

Background

"Self" is an individual's evaluation of himself/herself [1]. Self-esteem is the emotional dimension of the self, and it is the individual's ideas and feelings about himself/herself [2]. Self-esteem is confidence in one's worth, deeds, and actions. A lack of self-esteem creates a sense that nothing is worth doing [3]. Self-esteem, which plays an important role in mental health, is essential for self-efficacy and success [4]. If a person evaluates themselves positively,

their self-esteem is high. However, if she/he evaluates himself/herself negatively, his/her self-esteem is low [5]. People with high self-esteem are not afraid to take risks, stay away from aggressive attitudes, do not lose control of their lives, and generally feel good. It has also been observed that people with high self-esteem are more successful in their social relationships [6]. A positive sense of self is the cornerstone of mental health and well-being [7]. People with low self-esteem, on the other hand, have low self-confidence, are unable to establish healthy bonds with people, and are passive, shy, hopeless, and introverted [8–10].

"Professions" are disciplines with determined rules, which are earned with a specific education, based on systematic knowledge and skills, made to produce useful goods, provide services to people, and earn money

² Audiology Department, Ondokuz Mayıs University, Samsun, Türkiye



^{*}Correspondence: Azize Arzu Koçyiğit azizekocyigit@stu.aydin.edu.tr

¹ Audiology Department, İstanbul Aydın University, İstanbul, Türkiye

in return [11]. Choosing a profession is one of the most important decisions in an individual's life. The chosen profession affects all the dynamics of the individual's life.

Individuals evaluate professions in many ways and try to choose the profession that best suits their expectations. In this process, candidates make cognitive evaluations [12]. Many factors, such as biological, sociological, political, and economic factors play a role in choosing a profession [13]. A profession is a phenomenon that allows the individual to interact socially, gain respect from the people around them, develop a sense of being useful together with a sense of productivity, and is an important indicator of personality. Having a profession directly affects the self-esteem of the individual [14].

Professional self-esteem, an individual's perception of worthiness regarding his/her preferred profession, is directly related to individuals' choosing the appropriate profession for themselves and their self-perceptions [15]. The preferred profession should be suitable for the personal characteristics of the person. Otherwise, society and the individual can be harmed [16].

Audiologists work with people who are hard of hearing, which is one of the disabled groups due to the nature of the profession. Therefore, people who work in this profession should be patient, self-sacrificing, and devoted to the profession. When the literature is examined, although there are studies examining professional self-esteem and self-esteem in some professional groups, no study evaluating professional self and self-esteem in the field of audiology has been found [15]. Our study aims to examine the relationship between self-esteem and professional self-esteem of students in the Audiology department. Also, it is aimed to compare the professional self-esteem and self-esteem of students studying at different grades in audiology departments and to raise awareness/draw attention to this issue.

Methods

This study is a cross-sectional study. Our research included nine private universities and seven state universities, a total of 532 students studying in the undergraduate audiology department. Scales were sent to students online through Google Forms using snowball sampling in October-December 2021. Before completing the online scales conducted through Google Forms, a question was asked confirming that the student voluntarily agreed to participate in the study. Accepted students were allowed access to the questionnaires.

Data were collected using the Sociodemographic Information Form, Self-Esteem Scale, and Professional Self-Esteem Scale. The sociodemographic information form includes age, gender, marital status, income, university

type, grade level, and whether they chose the profession willingly or not.

The Professional Self-Esteem and the Self-Esteem Scale were developed by Osman Tolga Arıcak, and their validity and reliability studies were conducted. The Self-Estem Scale was developed in 1999 and consists of 32 items (19 negative, 13 positive). A minimum of 32 and a maximum of 160 points can be obtained from the scale. The points given to each item are added, and the total score is obtained [17]. The Professional Self-Esteem Scale was developed in 2001 and consists of 30 items (16 negative, 14 positive). A minimum of 30 and a maximum of 150 points can be obtained from the scale. The points given to each item are added, and the total score is obtained [18]. Both scales are in the form of 5-point Likert, and as the score obtained from the scales increases, it is interpreted as increasing self-esteem and professional selfesteem. Permission was obtained from the author via e-mail to use the scales in our study.

Professional self-esteem and self-esteem scale results were compared according to gender, income status, grade level, and willingness to choose the department.

The obtained data were statistically evaluated using the SPSS 27.0 package program. Descriptive statistics were created to see the distribution characteristics of the data. In addition, normality tests were applied to the data. Since the data did not show normal distribution, non-parametric tests (Mann Whitney U, Kruskal–Wallis) and correlation analyses (Spearman correlation) were performed. Mann Whitney U test was used as a posthoc analysis of the Kruskal Wallis test.

Results

The average age of the participants was $20.09 \pm 2,01$. Of the participants, 101 (20.87%) were men and 431 (79.13%) were women. Table 1 shows the distribution of students' sociodemographic information.

Table 1 Sociodemographic Characteristics of the Participants

/ariables		Mean±SD n (%)	
Age		20.09	2.01
Gender	Female	431	79.13%
	Male	101	20.87%
Marital Status	Married	7	1.31%
	Single	525	98.68%
Income Status	Income More Than Expenses	61	11.46%
	Income Equivalent to Expense	262	49.24%
	Income Less Than Expenses	209	39.28%

SD Standart Deviation, n Number of participants, %: Percentage

A total of 532 audiology students, 184 students in the 1st grade, 151 in the 2nd grade, 129 in the 3rd grade, and 68 students in the 4th grade, were included in our study. Students from the audiology departments of 16 universities, nine from state universities and seven from private universities, participated in the research. Table 2 shows information about the educational background of the participants.

The relationship between professional self-esteem and the self-esteem of audiologist candidates was evaluated using Spearman correlation analysis. According to the analysis shown in Table 3, there was a weakly positive $(r=0.282;\ p<0.05)$ significant relationship between the professional self-esteem of the audiologist candidates and their total self-esteem scores.

When Table 4 is examined, according to the Spearman correlation results between the Professional Self-Esteem scale sub-dimensions and the Self-Esteem sub-dimensions of the participants, a moderately positive (r = 0.345, p < 0.05) significant relationship was obtained between the self-worth and the acceptance of the profession scores. There was a weak negative (r = -0.255, p < 0.05)significant relationship between self-worth and belief scores in the functionality of the profession. A weakly positive and significant relationship was found between the scores of self-confidence and the value of the profession (r = 0.193, p < 0.05) and belief in the functionality of the profession (r = 0.144, p < 0.05). There was a weak, negative, and significant relationship between the depression effect and the scores for acceptance of the profession (r = -0.279, p < 0.05) and the value of the profession (r=-0.121, p<0.05). There was a weak negative correlation between self-efficacy and acceptance of the profession (r = -0.164; p < 0.05), a weakly positive and significant relationship was found between the scores of the value of the profession (r = 0.137; p < 0.05) and the belief in the functionality of the profession (r = 0.234; p < 0.05). There

Table 2 Educational Background of the Participants

Variables		n (%)	
Grades	1st Class	184	34.58%
	2nd Class	151	28.38%
	3rd Class	129	24.24%
	4th Class	68	12.78%
University Type	State	7	43.75%
	Private	9	56.25%
University Type (Participants)	State	347	65.20%
	Private	185	34.80%
State of Willingly Selecting the	Yes	453	85.15%
Department of Participants	No	79	14.85%

N Number of participants, %: Percentage

Table 3 Correlation between Professional Self-Esteem and Total Self-Esteem Scores

	Professional Se	lf-Esteem
	r	р
Self-esteem	0.282	< 0.001*

r: Correlation coefficient, *: p < 0.001

was a weakly positive relationship between success and acceptance of the profession (r=0.228, p<0.05) scores and a weakly negative significant relationship between belief in the functionality of the profession (r=-0.085; p<0.05) scores.

Table 5 compares participants' self-esteem and professional self-esteem scores according to gender, income, and grade levels. When the Self-Esteem scores of the participants were compared according to gender, income, and grade levels, no significant difference was found (p=0.511; p=0.781; p=0.200, respectively). No significant difference was found in Professional Self-Esteem scores when compared according to gender and income (p=0.751; p=0.617, respectively). There was a significant difference between Professional Self-esteem scores according to grade levels. The post hoc Mann-Whitney U test was used to determine grade-level differences (Table 6). It was observed that there was a difference between the 1st and 3rd grades, between the 1st and 4th grades, and between the 2nd and 3rd grades (p < 0.05). According to the results obtained, the professional selfesteem scores of the 1st grade students are higher than the 3rd and 4th grade students, and the professional selfesteem scores of the 2nd grade students are higher than the 3rd-grade students.

Table 4 Distribution of Mean Scores for Professional Self-Esteem and Self-Esteem Sub-Dimensions

		Acceptance of the Profession	Value of the Profession	Belief in the Functionality of the Profession
Self-worth	r	0.345	-0.013	-0.255
	р	< 0.001 **	0.768	< 0.001**
Self-confidence	r	0.068	0.193	0.144
	р	0.116	< 0.001**	0.001*
Depressive	r	-0.279	-0.121	0.058
Affect	р	< 0.001**	0.005*	0.184
Self-sufficiency	r	0.164	0.137	0.234
	р	< 0.001**	0.002	< 0.001 **
Success	r	0.228	0.032	-0.085
	p	< 0.001**	0.459	0.049*

r: Correlation coefficient. *: p < 0.05, **: p < 0.001

 Table 5
 Comparison of Self-Esteem and Professional Self-Esteem Scores by gender, income status, and grade levels

Variables	Gender			Income status				Grade Levels	100			
	Female Male	Male	d	Income Less Than Expenses	Income Equivalent to Expense	Income More Than Expenses	d	1st Class	1st Class 2nd Class 3rd Class 4th Class	3rd Class	4th Class	d
Self-esteem (Mean±SD) 85.22±5.27 84.89±5.50 0.51	85.22 ± 5.27	84.89±5.50	0.511ª	84.49±5.62	85.49±5.10	85.95±4.99	0.781 ^b	84.72±4.77	85.76±5.09	85.18±5.82	0.781 ^b 84.72±4.77 85.76±5.09 85.18±5.82 84.92±6.14 0.200 ^b	0.200 ^b
Professional Self-esteem 82.71 ± 7.23 82.30 ± 8.67 0.751^{a} (Mean ± SD)	82.71 ± 7.23	82.30±8.67	0.751 ^a	81.95 ± 9.23	83.18±6.10	82.55±6.66	0.170 ^b		84.35±5.01 83.29±7.28	80.25 ± 9.50	80.25±9.50 80.99±8.34	<0.001* b

SD Standart Deviation, a: Mann Whitney U Test, b: Kruskal Wallis Test, *: p < 0.001

Table 6 Comparison of Professional Self-Esteem Scores by Grade Level

Variable	Grade	Grade	Mean Difference	p
Professional Self-esteem	1st Class	2nd Class	1.06	0.567
		3rd Class	4.10*	< 0.001* ³ *
		4th Class	3.36*	0.014*
	2nd Class	1st Class	-1.06	0.567
		3rd Class	3.04*	0.020*
		4th Class	2.30	0.273
	3rd Class	1st Class	-4.10*	< 0.001* ³ *
		2nd Class	-3.04*	0.020*
		4th Class	-0.74	0.994
	4th Class	1st Class	-3.36*	0.014*
		2nd Class	-2.30	0.273
		3rd Class	0.74	0.994

^{*:} p < 0,05, **: p < 0.001

No significant difference was found in self-esteem scores according to university type (state = 84.81 ± 5.36 , private = 85.79 ± 5.18 ; p = 0.066). Similarly, no significant difference was found in Professional Self-esteem scores according to university type (state = 82.45 ± 7.91 , private = 82.95 ± 6.83 ; p = 0.852) (Fig. 1).

There was a significant difference in self-esteem scores depending on whether the department was chosen willingly (yes= 85.44 ± 5.18 , no= 83.46 ± 5.81 ; p=0.013). A significant difference was also obtained in Professional Self-Esteem scores depending on whether the profession was chosen willingly (public= 83.70 ± 5.64 , private= 76.48 ± 12.60 ; p<0.001). Self-Esteem and Professional Self-Esteem scores were significantly higher in participants who willingly chose the profession (Fig. 2).

Discussion

Professional self-esteem is defined as an individual's attitude about personal professional competence, performance, and value regarding positive-negative dimensions [19]. On the other hand, Self-esteem is a general evaluation of an individual's worthiness, which is expressed in a positive or negative orientation towards himself [20]. In our study, it was determined that there was a weak and positive relationship between the professional self-esteem and self-esteem of audiologist candidates. Thompson et al. showed that self-esteem and psychological problems are essential in career decisions [21]. Kim conducted with nurse candidates and reported that self-efficacy plays an important role in professional self-esteem [22]. These findings support our results. Along with the increase in self-esteem, the positive effect

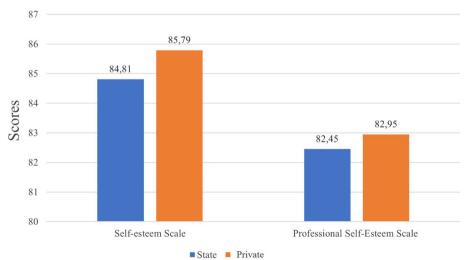


Fig. 1 Comparison of Professional Self-esteem scale and Self-esteem scale scores according to the type of university type

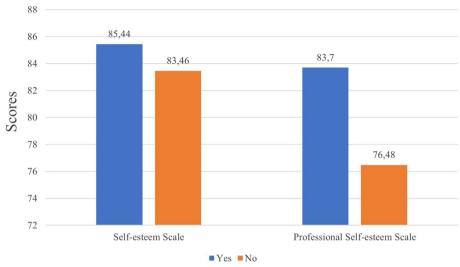


Fig. 2 Comparison of Professional Self-esteem scale and Self-esteem scale scores according to the status of choosing the department willingly

of professional self-esteem suggests that a positive self-perspective of the person reflects positively on his professional life. Although there is no other study similar to ours in terms of method, other studies using the same scales as ours have obtained results different from ours. Varol et al. conducted in the literature on nurses and nursing students, the Aricak Professional Self-Esteem scale, which we also used in our research, was used, and a significant negative correlation was obtained with the results of the Rosenberg Self-Esteem Inventory [23]. Efilti and Çıkılı conducted with students from the Department of Special Education, the Professional Self-Esteem and Self-Esteem Scales developed by Arıcak were used, but no significant correlation was found between these two measurements [15].

Our study found a significant positive correlation between the acceptance of the profession sub-dimension score and the self-worth, self-sufficiency, and success sub-dimension scores and a negative correlation between the depression effect sub-dimension. These findings show that students with high self-worth, self-sufficiency, and sense of achievement, and low depressive feelings prefer their profession willingly, consider themselves worthy of the audiology field, and think that the audiology profession is compatible with their personalities and abilities. A significant positive correlation was found between the value of the profession sub-dimension score and the selfconfidence and self-sufficiency sub-dimension scores, and a negative correlation was found between the depression effect sub-dimension score. This situation makes us think that the self-confidence and self-sufficiency of the audiologist candidates who consider their profession important, respect their profession, think that their profession is reputable and are proud of their profession, have high self-confidence and low depressive feelings.

There was a positive correlation between the belief in the functionality of the profession sub-dimension score and the self-confidence and self-sufficiency sub-dimension scores and a negative correlation between the selfworth and success sub-dimension scores. This finding was interpreted as self-confident students who think they are physically, mentally, and emotionally competent will be productive in their profession. However, interestingly and distinctively, it has been observed that the belief scores of the students who think that they have the features liked by people, that they are valuable, and that they do productive work decrease in the functionality of the profession. Participants may have thought that although they valued themselves, they would fail in their careers because they could not get what they wanted from their jobs and could not get what they expected from their professions.

Our study showed no significant difference between genders in self-esteem and professional self-esteem score scores. In a study conducted with students studying in six different health departments, no significant gender difference was found in students' self-esteem [24]. Furthermore, there was no significant gender difference in a study of nurses' professional self-worth [25]. No differences were found between genders in the study conducted with Special Education students using the same scales as ours [15]. The findings of these studies are similar to the findings of our research.

According to the findings of our study, no significant difference was found in the self-esteem of the audiologist candidates according to the grade level. However, it was found that as the grade level increased, their professional self-esteem decreased. In the study, which included 155 audiology department students, it was reported that the participants experienced anxiety and hopelessness about the profession and their professional future [26]. This finding is consistent with the finding in our study that professional self-esteem decreases as grade level increases. It is thought that the reason for this is the anxiety of finding a job and future due to the increasing number of graduates over time. Cengiz (2023) et al. found no significant difference in Arıcak Professional Self-Esteem Scale scores according to grade levels in a study involving audiology students. It is recommended that studies with larger samples be conducted to understand whether grade level affects professional self-esteem [27].

Our study observed that the self-esteem and professional self-esteem scores of people who willingly chose the audiology profession were higher than those who did not. Stone and Pellowski conducted with 474 audiology and speech-language therapy students reported that the motivation to help people, having a communication disorder in one of their family members, and having acquaintances working in these fields play an important role in students' choosing these professions [28]. Choosing a profession is one of the most important decisions individuals make, and they should analyze why they decided on such a profession.

Conclusion

As a result, it was observed that as the self-esteem of the audiologist candidates increased, their professional self-esteem also increased. There was no difference in professional self-esteem and self-esteem according to gender, income status, or type of university. As expected, those who willingly chose the profession had higher professional self-esteem and self-esteem. It was determined that as the grade level increased, professional self-esteem decreased.

Audiologists are in direct contact with people because they are health professionals. It is not always easy to communicate, especially with hard-of-hearing individuals. For this reason, it is important and essential for people who will become audiologists to have high self-esteem and professional self-esteem. It is recommended to carry out detailed studies to improve professional self-esteem, which decreases as the grade level increases, to provide more vocational counseling to audiologist candidates, to add career planning courses to the curriculum every year, and to organize activities for experienced audiologists and audiologist candidates.

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Authors' contributions

Conceptualization: AAK. Data curation: HTD, AAK. Formal analysis: AAK. Funding acquisition. Investigation: HTD, AAK. Methodology: HTD, AAK. Project administration: HTD, AAK. Resources: HTD, AAK. Software. Supervision: HTD. Validation. Visualization: HTD, AAK. Writing-original draft: HTD, AAK. Writing-review & editing: HTD, AAK. Approval of final manuscript: HTD, AAK.

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Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

This study was created in accordance with the principles of the Helsinki Declaration of Human Rights. It was examined in the ethics committee meeting held on 24.09.2021 in the Non-Interventional Clinical Research Ethics Committee of Biruni University and it was decided to be ethically appropriate (Decision No: 2021/59–10). Questionnaires were sent to the students online via Google Forms, using snowball sampling. Before completing the online questionnaires conducted through Google Forms, a question was asked confirming that the student voluntarily agreed to participate in the study. Accepted students were allowed access to the questionnaires.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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