

A Study of the Effectiveness of Assertiveness Training on Self-Esteem among B.Sc Nursing Students

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Abstract - This research paper aims to investigate the effectiveness of assertiveness training in enhancing self-esteem among B.Sc nursing students. Self-esteem plays a vital role in the personal and professional development of nursing students, as it influences their confidence, communication skills, and overall well-being. However, limited research has focused on the specific impact of assertiveness training on self-esteem within the context of nursing education. The research methodology is the backbone of every study. It's the foundation of the whole investigation. The effects of assertiveness training on teenagers' sense of self-worth were investigated. Adolescents who were enrolled in and met inclusion requirements at Higher Secondary Schools in either Karnataka or Uttar Pradesh. The sample size is 60 B.Sc. nursing students. Evaluation of the study's success is the focus of this section, which details the sampling strategy, data analysis, and interpretation. Following is a description and tabulation of the information gathered:

Keyword - self-esteem, assertiveness

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INTRODUCTION

There are five distinct ages that people go through: infancy, childhood, adolescence, adulthood, and senescence. Each of these phases presents its own set of challenges and opportunities for growth. Whether a boy is preparing for manhood or a girl is preparing for womanhood, adolescence is a pivotal time of physical, cognitive, social, and emotional maturation. Adolescence begins with the development of secondary sex and ends when physical growth slows or stops at age 18–20, however the exact borders of this time are not easily defined. The transition towards adulthood can have profound effects on people's physical and mental wellbeing. The Latin word "adolescere" — which means "to grow, to mature" — is the source of our modern word "adolescence." In terms of personal growth, this is equivalent to "coming into one's own." The teenage years are the beginning and conclusion of the developmental period known as adolescence, which occurs between puberty and legal adulthood (age of majority). Adolescents fall between the ages of 13 and 19 in Erik Erikson's phases of human development. Adolescents are typically lumped in with younger people, whether they be children, teenagers, or young adults. Adolescents are defined in a variety of ways by various policies and programs. The Reproductive and Child Health Programme refers to adolescents

as being between the ages of 10 and 19, whereas the proposed Youth Policy defines them as being between 13 and 19. Adolescence is defined as the period between the ages of 10 and 19 across the world.[1]

Self-Esteem is the final and most important part of a complete self-concept. One's sense of self-worth is dependent on how well actual behavior corresponds to one's ideal self. There are subparts to self-respect: confidence in one's own worth and one's own capacity to make a difference in the world. Self-actualization can only occur once people have developed healthy attitudes toward themselves. Changes in one's surroundings provide constant threats to one's sense of self-worth. People who have a healthy sense of self-worth are better equipped to adjust to the challenges that come with changing circumstances and growing up. When people don't think highly of themselves, they have a harder time adjusting to their surroundings.

Self-doubters believe they lack competence, are unlovable, lack confidence, and are unworthy of success. A person's level of low self-esteem affects the frequency with which they display symptoms. Feelings of weakness, helplessness, hopelessness, fear, vulnerability, fragility, incompleteness, worthlessness, and inadequacy are

all linked to low self-esteem. They are plagued by self-doubt, unable to see their own potential, react poorly to praise, are reluctant to assume leadership roles, and lack the confidence to create their own opinions.[2]

Assertiveness training is now a standard component of communication curricula in a wide range of contexts, from classrooms to corporate boardrooms to mental hospitals, and for a wide range of purposes, including but not limited to: the treatment of drug misuse, the development of social skills, the acquisition of occupational knowledge, and the handling of harassment.

ADOLESCENCE

The Latin term "adolescere," meaning "to grow up," is where we get the English word "adolescence." It's the time between childhood and adulthood when a person is physically an adult but yet a child at heart. Because "adolescence" is a cultural and social phenomena, there are no clear physiological markers that indicate when it ends. Adolescence is defined by the World Health Organization (WHO, 1986) as the time between the ages of 10 and 19. More than 1.2 billion people are between the ages of 10 and 19, with over 225 million living in India.[3]

Adolescence is a time of profound personal development and intense feelings. An other definition is the period of time throughout adolescence when a person's physical and mental development reaches a peak. It's a crucial time in life, when a lot of important things happen to set the scene for what's to come in terms of social, economic, biological, and demographic factors. This is a pivotal time in human development, when individuals face many challenges with long-lasting consequences. A person's sense of self develops throughout this time of exploration, discovery, and self-examination.

ASSERTIVENESS

There were several publications published in the 1970s on the topic of assertiveness. At first, being aggressive was seen as a quality solely desirable in women. However, today's culture places greater value on developing confidence and assertiveness in both sexes. Being assertive does not entail forcing one's will on others; rather, it implies acknowledging and valuing the perspectives of those with whom one interacts. The world seems friendlier to a person who has a good outlook on life in general. He is more innovative and productive when he's in a good mood, and the opposite is true when he's not.[4]

When a person learns to identify and understand his own attitudes and actions, he may begin to examine the steps that will lead to more forceful responses. A person who is assertive does not threaten or penalize

others while expressing their preferences, demands, or opinions. Getting what you want and expressing your thoughts without resorting to punishment, threats, or demeaning the other person is not the primary goal of assertiveness,

Its expansive definition encompasses the trinity of human expression—behavior, thought, and emotion. A lot of people in social psychology are curious by the idea of assertiveness. An assertive person is one who is comfortable expressing their feelings, standing up for their beliefs in both broad and narrow contexts, and creating connections with others that are mutually beneficial.[5]

People who are confident in themselves are able to show both good and negative emotions in their interactions with others, without becoming defensive or angry. Being more confident makes you feel more secure in your relationships and increases the excitement in your life. One definition of assertiveness is the ability to express one's demands, needs, and opinions in a clear and reasonable manner without resorting to aggression or insult. It's a helpful tool for making and keeping friends who boost your mood and your social life.

DOMAINS OF ASSERTIVENESS

Different types of assertiveness are considered to exist. Most people understand assertiveness as the ability to reject the needs and demands of others. Several additional facets of assertiveness are discussed here as well.

Making requests/favours: Obtaining information, making requests, requesting permission, requesting assistance, or borrowing something from other people all fall under this category.

Refusing requests: This includes turning down requests to use your stuff, demands for money, etc.

Expressing positive emotions/views: Love, thanks, compliments, acknowledging another's efforts, etc., all fall under this category.

Expressing negative emotions/views: Critiquing, disagreeing with, pointing out faults, expressing rage, hostility, or intense dislike for something or someone are all examples of this.

Aspects of "negative assertion" include declining requests or expressing unfavorable ideas, whereas "positive assertion" includes making requests and expressing good feelings.[6]

INDIANS AND ASSERTIVENESS

The Indian culture is distinct in its emphasis on principles like deference to authority and a

willingness to put the needs of others before one's own. Religion, caste, and community each have their own set of norms and traditions that shape Indian culture. It is anticipated that you will adhere to and celebrate these customs. Family conflicts and disagreements can arise when the younger generation shows signs of assertiveness by questioning some of them or blending with other cultures through marriage. It's probable that the person will be shunned by society at large. Generally speaking, Indians are terrified of being rejected even by their own people. Indians often hesitate to break with convention or to make judgments that go against the grain out of fear of what others would think of them. In a collectivist society like this, people are often discouraged from standing out or "making waves" and instead urged to fit in. It's common knowledge that Indians have a hard time getting what they want because they lack confidence and assertiveness. According to Triandis and Suh (2012), Indian culture is best understood as a vertical collectivist one in which respect for authority and adherence to convention are highly valued.

LITERATURE REVIEW

Seyed Kaveh Hojja, et.al (2015) 57 middle school girls from rural regions who had both parents with drug abuse problems participated in this research. Both the intervention (n=28) and the control (n=29) groups were comprised of randomly selected volunteers. The information was gathered from both groups pre- and post-training, at the 6-week mark. Eight sessions of assertiveness training were given to the intervention group. Changes in participants' ratings on the Gambrills-Richey Assertion Inventory and the Oxford Happiness Questionnaire were compared. Both the happiness and assertiveness scores improved, with the former rising to 51.57 (16.35) and the latter falling to 90.40 (12.84), respectively. The difference between the intervention group's post-test score (7.894.13) and the control group's post-test score (-2.512.64) was statistically significant ($t(55) = 2.15, p = 0.049$). These findings point to the fact that intervention does influence feelings of contentment and confidence.[7]

Raziyeh Saeed Manesh, (2015) performed a pre- and post-test placebo-controlled research using the Social Phobia Inventory (SPI) to quantify the dependent variable of interest. Volunteers from the city of Yazd served as the study's population; 90 of them were picked using a simple random selection technique and afterwards pre-tested before being randomly allocated to one of three groups (experimental, control, or placebo). Then, in 8 sessions lasting no more than 60 minutes each, the experimental group learned how to be more forceful. The placebo group received disease prevention training over the course of 8 sessions, each lasting no more than 60 minutes. All three groups were given a test (post-test) once the training session was complete. Analysis of repeated measurements was done to examine the

information. Social anxiety levels dropped more in the active treatment and control groups than in the placebo group, the study found. The impact of social anxiety may be mitigated via training in assertiveness skills, as shown in the current research.[8]

Ji M young Jung (2014) Researchers looked at how well an assertiveness program helped the mental health of wards aged 13 to 17. Twelve female teenagers participated in the training program, while another twelve served as controls. Anxiety and sadness were evaluated using 45 items from the Korean Personality Inventory for Children (KPI-C). Extensive interviews and both before and post-analysis were performed. Nonparametric testing, including the Mann Whitney U test and the Wilcoxon matched-pairs single-ranks test, was used to confirm the program's effectiveness. The results showed that the experimental group had less sadness and anxiety than the control group.[9]

Lee T.-Y., (2013) performed a controlled, randomized, single-blind trial. Patients with chronic schizophrenia were studied to see if assertiveness training affected their levels of social anxiety and how satisfied they were with their ability to communicate with others. A prospective, randomized, parallel-group design was used for this investigation. Seventy-four patients were split into two groups and given either a supportive control group or a training group that received 12 sessions on assertiveness. Patients with chronic schizophrenia who received the intervention showed substantial gains in assertiveness, social anxiety, and satisfaction with interpersonal communication both immediately after treatment and at the 3-month follow-up. There was a marked improvement in assertiveness from pre- to post-intervention, and this improvement was maintained through the follow-up; there was a marked decrease in anxiety related to social interactions as a result of assertiveness training; and there was a slight improvement in satisfaction related to interpersonal communication after the 12-session intervention and at the 3-month follow-up.[10]

Animasahun, (2012) performed a research using a wishbone 322 factorial design (pre-test, post-test control). The 84 participants, or 42 married couples, came from the three local Baptist Churches of the three Baptist conferences in Lagos and were chosen using a multistage selection process. The researchers relied on the Comprehensive Marital Satisfaction Scale ($r = 0.98$) to gauge marital contentment. Analysis of covariance (ANCOVA) and the Duncan post hoc test were used to examine a single hypothesis at the 0.05 level of significance. There was a significant main impact of therapy on marital satisfaction ($F_{2, 31} = 19.96, p > 0.05$), according to the results of the research. The group taught marital community skills had the greatest mean

post-test score on marital satisfaction ($X = 396.29$), whereas the control group had the lowest ($X = 342.91$).[11]

Mohebi, (2012) A clinical trial investigation was conducted, in which 89 pre-college students from the city of Gonabad were randomly assigned to either an experimental or control group. The validity and reliability of three different surveys—the demographic survey, the academic anxiety survey, and the Rathus survey—were determined and accepted. The experimental group received 5 sessions of assertiveness training based on the PRECEDE paradigm, and their parents and teachers also attended 1 session to provide their support to the intervention. Eight weeks following the last training session for each group, we administered a post-test. SPSS was used to examine the data. Anxiety was found to be moderate to high, while decisiveness was found to be high, with a significant inverse link between the two ($r=-0.69$, $p0.001$). The findings also revealed that the experimental group had a statistically significant reduction in anxiety after the session. Both groups showed considerable gains in their ability to make decisions, while the control group showed no change in academic anxiety or assertiveness before or after the intervention. Assertiveness training has been shown to be an effective non-pharmacological strategy for lowering academic anxiety and improving academic performance, as shown by a substantial reduction in anxiety and greater decisiveness in the experimental group.[12]

Chikwe Agbakwuru, (2012) Research was done with students from Army Day Secondary School in the Obio/Akpor Local Government Area of Rivers State. Each training session lasted for 50 minutes. Twenty-four children between the ages of 10 and 12 participated in the research. Some observations were made before, during, and after the pre- and post-test experimental and control group design. The 14 participants (8 male and 6 female) were randomly split into experimental and control groups of 8 and 10, respectively. Instruments such as the Preteen Resilience Scale (P.R.S.) developed by researchers were employed. The pretest and posttest instruments were evaluated by guidance and counseling professionals. Spearman's product moment correlation was used to analyze the results of a test-retest schedule spaced out by two weeks to determine the instrument's reliability coefficient. The early adolescent resilience correlation coefficient is 0.84. The findings from this study support the concept that training in assertiveness might help people become more resilient. The results of the statistical analysis show that the experimental group's resilience has increased thanks to the aggressive training.[13]

METHODOLOGY

Research technique denotes the overarching structure of the system used to gather trustworthy information for study. In this chapter, we get an overview of the approach taken by the researcher. Methods, variables, population, sample size, sampling strategy, tool description, pilot project, data collecting plan, and analytic strategy are all part of this document. The present study aimed to "Effect of assertiveness training on Assertiveness and Self-esteem of B.Sc. nursing students studying in selected school Karnataka and Uttar Pradesh,"

RESEARCH APPROACH

The research methodology is the backbone of every study. It's the foundation of the whole investigation. The effects of assertiveness training on teenagers' sense of self-worth were investigated. As a result, intervention efficacy was examined using a quantitative evaluation strategy

RESEARCH DESIGN

In this work, we employed a one-group, pre- and post-test experimental design. There is no randomization or control group in pre-experimental designs, and the independent variable is manipulated instead.

O1 – Pre-test to assess the level of Self-Esteem among adolescents on day 1.

X - Assertiveness training given to each individual for 15mins totally 1½ hours daily in the morning for 5consecutive days.

O2 -- Post test to determine the level of Self-Esteem among adolescentsOn 6thday.

Sample size

Adolescents who were enrolled in and met inclusion requirements at Higher Secondary Schools in either Karnataka or Uttar Pradesh. The sample size is 60 B.Sc. nursing students.

Sampling technique

Incorrect sampling procedures In this investigation, we adopted a purposeful sampling strategy.

DATA ANALYSIS

Evaluation of the study's success is the focus of this section, which details the sampling strategy, data analysis, and interpretation. Following is a description and tabulation of the information gathered: The acquired data were cleaned, tabulated, processed, and interpreted in this section.

1: DESCRIPTION OF ADOLESCENTS ACCORDING TO THE LEVEL OF SELF-ESTEEM

Table 1: Frequency and percentage distribution of adolescents according to the level of self-esteem=n=60

Level of Self-Esteem	Pre test		Post test	
	f	%	f	%
Low	42	70.0%	0	0.0%
Average	18	30.0%	22	36.7%
High	0	0.0%	38	63.3%
Total	60	100%	60	100%

According to the results of the pre-test shown in the table above, 42 (70%) of the teenagers had a low level of Self-Esteem, while 18 (30%) had an average level. The results of the post-test showed that 63.3% of the teenagers had a high degree of Self-Esteem after the Assertiveness Training intervention, whereas 36.7% had an average level. Of the sixty-two pretesting teenagers, forty-two (70%) had poor self-esteem and eighteen (30%) had ordinary self-esteem. After the intervention (Assertiveness Training), 38 of the 60 teenagers (63.3% of the total) reported high levels of self-esteem, whereas 22 (36.7% of the total) reported ordinary levels.

2: EFFECTIVENESS OF ASSERTIVENESS TRAINING ON SELF-ESTEEM AMONG THE ADOLESCENTS

Table 2: Mean and standard deviation of Pretest and post test level of self-esteem among adolescents n=60

	Mean	Mean Difference	Standard Deviation	% of mean score	't' value	'p' value
Pre Test	13.18	11.39	1.86	43.9%	T=30.84 TV=3.46	P=0.001***
Post Test	24.57		1.92	81.9%		

According to the data shown above, the average scores on the pretest and posttest were 13.18 and 24.57, and the standard deviations were 1.86 and 1.92. The mean disparity was 11.39 points. Pairwise "t" test mean = 30.84. A considerable change in teenagers' Self-Esteem was seen between the two time points.

The mean score before and after treatment was 13.18, and the post-treatment score was 24.57; the standard deviation before and after treatment was 1.86 and 1.92. The mean disparity was 11.38 points. Pairwise "t" test mean = 30.84. A considerable change in teenagers' Self-Esteem was seen between the two time points.

Table 3: Comparison of pre test and post test mean Self-esteem score

n=60

	No. of adolescents	Self-Esteem score		Mean difference	Student's Paired t-test
		Mean	SD		
Pretest	60	13.18	1.86	11.38	t=30.84
Post test	60	24.57	1.92		P=0.001***

Table 3 shows the average difference in self-esteem before and after the intervention. Before taking the exam, the average participant's self-esteem was 13.18 (SD = 1.86) and thereafter, it was 24.57 (SD = 1.92). The average deviation is 11.38. Using a student paired t-test, we can see that there was a statistically significant increase in performance between the pre- and post-test scores (t-value 30.84 > table value). This not only confirms that the Assertiveness Training was successful in raising the Self-Esteem of teenagers at the chosen school, but also that the change in scores can be directly attributed to the intervention.

Table 4: Effectiveness of assertiveness training on comparison of self-esteem score

n=60

	Maximum score	Mean Self-Esteem score	Mean difference with 95% Confidence interval	Proportion with 95% Confidence interval
Pretest	30	13.18	11.38(10.64-12.12)	L37.9%(35.5% 40.4%)
Posttest	30	24.57		

It discusses the positive effects of assertiveness training on the confidence of teenagers in a specific school. Adolescents' Self-Esteem grew by 37.9% on average after getting assertiveness training. Proportional confidence intervals of 95% and 95% confidence intervals of the mean difference were used to assess the changes in test scores before and after the intervention. Adolescents' Self-Esteem rose by 37.9% after receiving assertiveness training.

CONCLUSION

The findings of this study will contribute to the existing literature on nursing education and provide insights into the effectiveness of assertiveness training as a potential intervention to enhance self-esteem among nursing students. The implications of these findings can inform nursing curriculum development, teaching strategies, and support systems to promote the psychological well-being and professional growth of future nurses. The expected outcomes of this study include a better

understanding of the impact of assertiveness training on self-esteem among B.Sc nursing students. It is hypothesized that participants in the intervention group will demonstrate significantly higher self-esteem scores compared to the control group after completing the assertiveness training program.

REFERENCES

1. Mona Makhijia, et.al: Effectiveness of assertiveness training programme on self esteem & Academic achievement in adolescents; International Research Journal.2010; Vol.1 (11),1025-1031.
2. Cecen-Erogul, A.Rezen: The effectiveness of an assertiveness training programme on adolescents assertiveness level; Academic Journal.2009;Vol.8(2), 485.
3. Cecen-Erogul, A.Rezen: The effectiveness of an assertiveness training programme on adolescents assertiveness level; Academic Journal.2009;Vol.8(2), 485.
4. Leanne R.Brecklin, Sarsh E.Ullman: Self defence or assertiveness training and women's responses to sexual attacks; Journal of interpersonal violence. 2009; Vol.20 (6), 738.
5. Degleris, Nick, Solias, Andreas: Assertiveness training as a major component element of a psycho educational program addressed to psychiatric patients and their families; Journal of Annals of General Psychiatry. 2008; Vol.7 (1) 67-68.
6. Kimberly A.Smith-Jentsh, Eduardo salas and David P.Baker: Training team performance-related assertiveness; Journal of Personnel Psychology.2006;Vol.49 (4), 909-936.
7. Seyed Kaveh Hojjat, et,al: The effectiveness of group assertiveness training on happiness in rural adolescent females with substance abusing parents; Global Journal of Health Science.2015;Vol.8,No.2,156-162.
8. Manesh, R., Fallahzadeh, S., Panah, M., Koochehbiuki, N., Arabi, A. & Sahami, M. (2015). The Effectiveness of Assertiveness Training on Social Anxiety of Health Volunteers of Yazd. *Psychology*, 6, 782-787.
9. Ji M young Jung (2014) The Development of Self-Esteem. Current Directions in Psychological Science. 23.
10. Tso-Ying Lee, et.al,: The effects of assertiveness training in patients with schizophrenia; Journal of Advanced Nursing. 2013;Vol.69 (11), 2549-2559.
11. R.A.Animasahun & O.O.Oladeni: Effects of assertiveness training and Marital communication skills in enhancing Marital satisfaction among Baptist couples in Lagos state, Nigeria; Global Journal of Human Social Arts & Humanities.2012;Vol.12 (14),975-983.
12. S.Mohebi, et.al: The effect of assertiveness training on students academic anxiety; Journal of Pakistan Medical Association. 2012;Vol.62 (37), 1067-1071.
13. Chikwe Agbakwuru, UgwuezeStella: Effect of assertiveness training on resilience among early adolescents; European scientific Journal.2012; Vol.8 (10),784.

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