

**EFFECTIVENESS OF SOCIAL SKILL TRAINING ON SELF
CONCEPT IN ADOLESCENTS AT SELECTED
ORPHANAGE, SALEM.**

By

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**A DISSERTATION SUBMITTED TO
THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
PSYCHIATRIC (MENTAL HEALTH) NURSING**

APRIL – 2011

CERTIFICATE

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ACKNOWLEDGEMENT

First of all, my heartfelt thanks to the **Lord God Almighty** for his abundant blessings and the grace shown towards me to complete the study successfully.

I take this opportunity to thank **Dr. K. Arthanari, M.S., Managing Trustee**, Sri Gokulam College of Nursing, for giving me a chance to upgrade my education.

Its my privilege to express the deepest sense of gratitude to **Prof. A. Jayasudha, M.Sc (N), Ph.D.**, Principal, Sri Gokulam College of Nursing for her patience, warmth inspiration, showing immense interest and support throughout the study.

I express my deepest sense of gratitude to **Dr. K.Tamizharasi, Ph.D.**, Vice Principal, and Sri Gokulam College of Nursing for her valuable suggestions and guidance throughout the study.

It is my pleasure to indebt my sincere gratefulness and genuine thanks to **Speciality Guide Mrs. Lalitha P., M.Sc. (N)., Professor**, Mental Health Nursing Department, Sri Gokulam College of Nursing, for her invaluable help, support, guidance and encouragement throughout the study.

I express my sincere gratitude to **Dr. C. Baskar, M.D.**, Consultant Psychiatrist, Sri Gokulam Hospital, Salem for their professional guidance and support throughout the study.

Grateful acknowledgement is extended to **Medical and Nursing Experts** who have contributed their valuable suggestions in validating the tool and content.

I express my sincere gratitude to **Mrs. S. Kavitha, M.Sc.(N)**, Assistant Professor, Mental Health Nursing Department, for her support and guidance which has been incorporated to the study.

I am thankful to **Mrs. J. Devikanna, M.Sc (N)**, and **Ms. D. Shobha Selvi, M.Sc (N)**, Lecturers, Mental Health Nursing Department, Sri Gokulam College of Nursing, for their support, guidance and encouragement to carry out the study.

A special vote of thanks to the **All M.Sc(N) Faculty**, who gave suggestions, timely help and support to complete the study.

I render my sincere thanks to **Librarians** of Sri Gokulam College of Nursing and also special thanks to Librarians of the Tamil Nadu Dr. M.G.R. Medical University for helping to collect the literature and extending library facilities throughout the study.

I am greatly indebted to **Dr. C. Nandakumar, Statistician**, for guiding in the statistical analysis and interpretation of the data.

I express my thanks to **Mrs. Manju Chandran, M.A.**, who helped me by editing this study.

I extend my sincere thanks to **Dr.Sakthidharan, Ph.D.**, and **Dr.Adithi,N, Ph.D.**, M.G.College, Trivandrum, for guiding me in social skill training.

I extend my thanks to **Mr. Baskaran**, for translating the content from English to Tamil. Retranslated back to English.

I express my special thanks to **Mr. V. Murugesan**, Shri Krishna Computer, Salem for carefully printing my dissertation.

I render my deep sense of gratitude to **My Department Friends and My Classmates** for their constant help throughout the study.

I express my sincere thanks to **my lovable parents, Mr. G.Vasudevan, Mrs.T.N.Sumangala and my brother Mr.C.V.Prathyush**, for their fruitful prayers, strong support and encouragement throughout my career.

ABSTRACT

A Study to Evaluate the Effectiveness of Social Skill Training on Self Concept in Adolescents at Selected Orphanage, Salem.

The research design adopted was pre-experimental design. The study was conducted at House of Peace Orphanage, Chinnathirupathi, Salem. The sample size was 30 and was selected by convenience sampling technique. Modified Pierce Harison Self concept scale was used to assess the level of self concept. Social skill training was conducted to promote the level of self concept.

The data collected were analysed by using both descriptive and inferential statistics. The study finding revealed that 24(80%) samples belong to the age group of 16-18 years, 16(53.33%) samples were female, and 21 (70%) samples were studying in higher secondary. In pre-test, 14(46.67%) had average level of self concept, 11(36.67%) had below average level of self concept, 5(16.67%) had significantly below average level of self concept. In posttest 8(26.67%) had high average level of self concept, 10(33.33%) had above average level of self concept. 8(26.67%) had significantly above average level of self concept. The mean pre-test score was 34.60±9.76, whereas in post-test score was 76.60±16.54. The estimated 't' value 16.44 at $p < 0.001$ level which is greater than the table value. So the social skill training was effective in improving the level of self concept. Hence H_1 is retained. There was significant association found between the level of self concept and their selected demographic variables like, age, sex, education and hobbies. So, H_2 is retained for the above mentioned variables.

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CHAPTER I

INTRODUCTION

*“What you think of yourself is much more important
than what others think of you”*

- SENECA, Ancient Philosopher

The term adolescent comes from the Latin word “Adolescence”. It includes mental, emotional and social maturity as well as physical maturity. It is customary to regard adolescence as beginning. When children become sexually mature and ending when they reach the age of legal maturity. It should be carefully developed which leads to future.

Self concept is described as what one feels about themselves and adolescence is a period of transition from childhood to adulthood. It is a time of physical, intellectual, psychosocial and economical changes. Self concept is influenced by feeling of security, positive identification, belonging, sense of purpose and a sense of personal competence. It can be satisfied by obtaining social approval, finding self respect, attaining prestige and by achieving success in the depending on the interactions with family, peer group and teacher.

Adolescence is a period of very stressful life transition that can threaten self concept. Self concept refers to the evaluation of self. Self concept refers to the evaluation that an individual makes himself or herself. It reflects one’s sense of individual competence and personal worth in dealing with challenges of life.

Formation of self concept is an important element in the adolescent years. During adolescence self concept is influenced by the development of both abstract reasoning and identity. Self concept is an expression of self approval or disapproval

indicating the extent to which a person believes is competent, successful, significant and worthy. Self concept is the one which makes to feel superior or inferior.

One of the most important aspects of the self concept is our self esteem, the personal evaluation of ourselves and the resulting feeling of worth associated with our self concept. Self concept is affected by a variety of influences in relation to our parents to our own standards or ideal self. For instance individuals with high self concept generally brought up by parent who were very accepting of them expressed by lot of affection and established norms but reasonable rules fosters a positive self image.

Individual with low self esteem usually were brought up by parents who relied on presenting styles that were either overtly strict, overtly permissive or inconsistent. Also self-esteem is significantly influenced by our experiences of success and failure.

Self concept is a term used in psychology to reflect a person's evaluation or appraisal of his or her own worth. Self concept encompasses beliefs, for example "I am complete" and emotions such as triumphs, despair, pride and shame.

The self concept is the accumulation of knowledge about the self such as beliefs regarding personality traits physical characteristics, abilities, versus, goals, and roles. During adolescence, the self concept becomes more abstract, complex and hierarchically organized into cognitive mental representation or self schemes which direct the processing of self relevant information.

Need for the Study

Today's adolescents are the leaders of tomorrow, so their behaviour should be shaped. World wide nearly 445 million are adolescents. In India 225 million are adolescents among them female adolescents comprise almost 47 percent of the total population. Many adolescents do not let their ideas out which is inside them because it may go wrong. Many studies revealed that social skill training helps to improve their self concept. The adolescent face so many problems, especially the orphanage adolescent face many problems in psychological and emotional aspect. It is not easy for them to cope-up with the problem like healthy persons. Social skill training helps the adolescents to become confident, feel free to express themselves.

A study was conducted to determine the effect of social skill training on problem solving and self concept. The purpose of the study was to compare the short and long term efficacy of social skill training. Intervention given for 12 week 1 hour session. Result indicated that social skill training has long term effect on self concept.

(Anthony.P.Mannarino e t.al.)

Most children orphans were neglected by their parents in certain aspect They have anxiety, difficulty in learning ,suicidal tendency, withdrawn behaviour, depression, aggression, poor skills, less moral development and other behavioural problems. **(Whaley and Wong., 2006)**

Orphanages are full in most countries. The number of orphans worldwide is more than 13 million. In 2010 the number of orphans world wide is 44 million. It is estimated there are between 143 million and 210 million orphans world wide . **(Recent UNICEF report)**

The most basic task for one's mental, emotional and social health which was begins in infancy and continues until one dies, is the construction of his or her positive self concept. Teenagers struggle with issues like poor grades, social awkwardness the loss of friends during transition. They are looking for specific things to be said instead of asking question, they hope to have these answers provide for

them. Without direct communication they misinterpret the communication around them.

People with low self concept are less likely to accept positive feedback from themselves than from an outsider source but equally likely to accept negative feedback from self and an outsider. **(Jacobs , boson and Joseph)**

Young people between 10 and 19 years constitute approximately 1.8 billion and represent 27% of the world population. More than half of the world's young people some 850 million between the ages of 10 and 19 live in Asia and the pacific. **(UNFPA, 2005)**

It is a dearth need that orphanage adolescents need to have a good level of self concept to lead a productive life. Many therapies exist and one among them is social skill training. So the investigator felt that social skill training will improve the self concept of orphanage children.

Statement of the Problem

A Study to Evaluate the Effectiveness of Social Skill Training on Self Concept in Adolescents at Selected Orphanage, Salem.

Objectives

1. To assess the level of self concept in the adolescents.
2. To evaluate the effectiveness of social skill training on level of self-concept in adolescents.
3. To associate the level of self-concept in adolescents with their selected demographic variables.

Operational Definitions

i. Effectiveness:

It refers to the significant difference in the level of self concept as determined by the difference in pre-test and post-test scores.

ii. Social Skill Training :

It is a form of behavioral therapy to help adolescents to increase level of self concept who have difficulties relating to other people in the form of role playing, feedback, reinforcement of positive interactions.

iii. Self concept:

Self concept is a multidimensional construct that refers to an individual's perception of self in relation to any number of characteristics.

iv. Adolescents:

Adolescents refer to young people who are aged between 14-18 years.

Assumptions

1. Social skills training may have an effect on the level of self concept in adolescent.
2. There may be an individual difference in level of self concept in adolescents.

Hypotheses

H₁: There will be significant difference in the level of self concept in adolescents before and after implementation of social skill training at $p < 0.05$ level.

H₂: There will be significant association between the level of self concept in adolescents with their selected demographic variables at $p < 0.05$ level.

Delimitations

1. The study was limited to 30 samples.
2. The data collection period was limited to 4 weeks.

Projected Outcome

- ? This study will help the health professionals to plan for further research.

Conceptual Framework

The conceptual work of the present study was developed by the investigator based on Bertalanffy's General System Theory. According to this theory general system theory is a science of wholeness and its purpose is to unite scientific thinking across disciplines which provide framework for analyzing the whole of any given system.

Adolescent orphans were the target population for this study. Bertalanffy's General System Theory consists of components like input, throughput, output and feedback.

Input:

Input is the information, energy or matter that enter a system. For a system to work, input should contribute to achieve the purpose of the system. In this study, it refers to preparation of self administered questionnaire, social skill training session and conducting pre-test

Through put:

Through put is the process that occurs at same point between the input and output which enables the input to be transferred as output in such a way that it can be readily used by the system. Here, throughput refers to implementation of social skill training and assessment of self concept level by post test.

Output:

In the present study the output refers to effectiveness of social skill training to improve level of self concept. The information thus acquired could be a feedback to the system.

Feedback:

Feedback refers to the information of environment responses to the systems output. So the information thus acquired could be feedback to the system which could help in maintenance and improvement of the system.

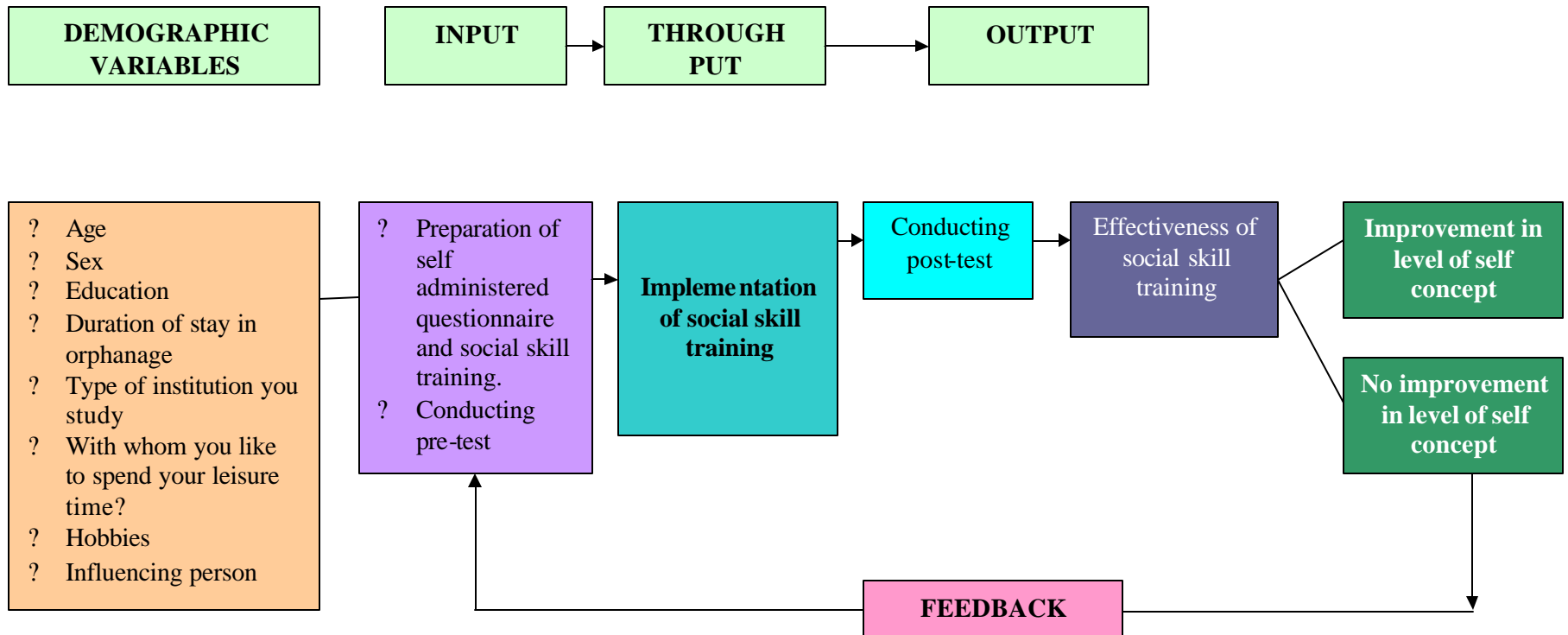


Figure - 1.1: CONCEPTUAL FRAMEWORK BASED ON BERTANLANFFY'S GENERAL SYSTEM (1968)

Summary

This chapter dealt with introduction, need for study, statement of the problem, objectives, operational definition, assumptions, hypotheses, delimitations, projected outcome, and conceptual framework.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an ongoing process and covers the entire planning stage. A good research does not exist in vacuum. An intensive review of literature was done by the investigator to lay a broad foundation for the study.

The literature was reviewed and presented under the following heading.

- i. Literature related to social skills
- ii. Literature related to social skill training programme on Self concept among adolescent orphans.

i. Literature related to Social Skills.

Social skill training can strengthen your relationship, help in developing social competencies, communication skill, these will help you handle difficulty in interpersonal relationship and improving self concept.

Knott. F., Dulop Aco., (2006) conducted a prevalence study on how do children and their parents assess their difficulties with social interaction and understanding. 19 children have been under study .He used 2 structured questionnaire to assess the social interaction. 19 children reported difficulties with social skill including social management and also reported difficulties with social competence.

Avery, et.al., in Journal of Clinical Psychology (2006) conducted an experimental study on cognitive behavioural approach to social skill training with shy persons. He developed ,implemented and evaluated a social skill training programme for shy persons .Twelve samples (6 males and 6 females) were given 9 hours of social skill training while 12 other samples (6 males and 6 females) served as a control group. Results indicated that samples in the experimental group as compared to the

control group showed significant decreased in level of social anxiety, decreased negative self statements and increased perception ability to participate actively in social situation.

Elliot. SN., (2005) conducted an experimental study on social skill training intervention for children who exhibit social skill deficit. Short term and often long term negative consequences are reviewed and social skill deficit are examined ,social learning training was given for one month. Results indicated that social learning provides strong support for the preschool and elementary school children.

Richard. K., et.al., (2002) in his article on use of social skill training to improve social abilities of the adolescents, mentioned that social skill training has been extensively studied and shown to be efficacious for improving the self concept of the student. These interventions are safe and may improve the desired abilities.

ii. Literature related to Social Skill Training on Self Concept among Adolescent Orphans

Formation of self concept is an important element in the adolescent years. During adolescents self concept is influenced by both abstract reasoning and identity. Self concept is an expression of self approval or disapproval indicating the extent to which a person believes is competent, successful, significant and worthy. Self concept is the one which makes to feel superior or inferior.

Gilbert. J. Botwin.,(2006) did a study on school based personal competence and indicated that social skills training is effective in developing personal competence and hypothesized that those who undergone training will develop competence and positive concept. For all the experimental group, training programme carried out ,for a duration of 50-70 minutes lasting 12 weeks. During this period control group did not receive any treatment. The Anova analysis result have shown

that social skill training programme is effective on developing positive concept and competence among school children's.

Waller, D., (2006) conducted a study to compare the short and long term efficacy of behavioural social skill training and interpersonal problem solving with a control condition(non directive treatment)with a clinical population of 61 socially mal adjusted out patient boys. Treatment consisted of 12 weeks 1 hour sessions, with follow up conducted at 12 months. A comprehensive assessment strategy was employed which included direct behavioural observations, parent, teacher, peer, self report and academic performance measures. The results of social skills comparative outcome study indicated that the behavioural and inter personal treatment resulted in changes on parent, teacher, self report ratings at post treatment. At the 1 year follow up, the behavioural social skill training manifested client gains on self concept.

Patricia, A. Pottor., (2006) conducted a comparative study of social skill training on self concept among adolescent. The frame work for this study was adolescent orphans who are receiving SST (n=40) and adolescent who are not receiving SST (n = 40). Results indicated that adolescents who were receiving social skill training programme had improved their level of self concept.

Christopher, Smith, J., Nagle, D., (2006) conducted a study on social skill training programmes effect on orphan adolescents. The study had been carried out with 40 adolescents chosen among those self concept level was low. In this study Piers Harrison self concept scale was used to assess the self concept level of adolescents. The result of the study indicates that there are great difference between the experiment and control groups concept level and the increase in the self concept level of the experiment group has risen from the social skill training programme as well. After the result of the follow up test, the post test carried out one month later. It

is noted that the increase in the self concept level of experiment group has been long term.

Glueckauf, (2005) conducted a study on social skill training for adolescent orphans and activity pattern outcome including 34 adolescents participants in 11 week social skill training programme. Samples were randomly assigned to either of the social skill training. Each was asked to complete three self report measures, a role play test, and social and recreational activity diary. Overall result support the use of social skill training in enhancing perceived social efficacy and interpersonal skill of orphan adults.

Elabourn, and Vaughn., (2001) found that social skill interventions using techniques such as self enhancement (social problem solving) combined with skill development approaches led to the greatest gains in the self concepts of students with learning disabilities. This finding is encouraging and considering that students gains in self concept occurred from teacher led interventions that typically lasted less than 12 weeks with sessions occurring two or three times per week social skill is effective.

Kavala, KA., Moster, MP., (2001) conducted a study among children with learning disabilities, hypothesized that many children with learning disabilities have social skill deficits and social skill deficits can be broken down into 3 general types. Teachers reported that more than 6 out of 10 students were better adjusted and less dependent after social skill training.

Schwartz., (2000) stated social skill training has been approached in different cognitive and behavioural intervention models such as direct instruction, coaching, modelling, rehearsal, prompting and reinforcement. Though these models have distinctively unique dimensions they all share the same core goal of developing more normalized social behaviours in children and adolescent with learning disabilities.

The interventions for the various social skills and competences target behaviours such as learning how to listen, ask questions, and ask for assistance, anger control, disappointment management, demonstrating appropriate emotions and expression of feelings. Findings indicated that social skill training is more effective in developing specialized skills.

Alan, S. Bellack., (2000) stated that a social skill training program consist of behaviour rehearsal, instruction, feedback, and reinforcement was used to teach social behaviours (eg: number of words spoken, eye contact, smile)in an organically impaired and intellectually deficient young adults. Six months following initial treatment booster sessions were used to bolster the effect of initial training. The effects of treatment were evaluated in a multiple baseline design across behaviours.

Kendall, P.C., (2000) conducted a study in which he compared two social skills training programmes for shy isolated adolescents. The investigator employed a test retest quasi experimental design with a no contact contrast group. One programme used a traditional discussion activities approach, the other used psycho dramatic role plays. There were significant changes in social behaviours following both interventions. These self concept changes were significantly correlated with behavioural changes.

Helen. Hark. Reader., (2000) conducted an evaluative study to assess the effectiveness of social skill training programme among adolescents on self concept, interpersonal communication satisfaction .Using a longitudinal research design, 69 participants whose scores on the self concept scale and who were willing to participate were included and assigned to an experiment group (33subjects) or comparison group (36participants). Participants in the experimental group received eight 2-h sessions of social skill training once a week .Data were collected before and

after training and again one month after the end of the training using the Rotter's Internal versus External control of Reinforcement scale, sex role inventory, self concept scale and interpersonal communication satisfaction inventory. The generalised estimated equation method was used for statistical analysis. The self concept and interpersonal communication of the experimental group were significantly improved in adolescents after social skill training.

Summary

This chapter dealt with review of literature related to social skill training and social skill training programme on Self concept among adolescent orphans.

CHAPTER III

METHODOLOGY

This chapter deals with the research design, description of setting, variables, population and sample ,sample size, sampling technique, criteria for sample selection, description of the tool, validity and reliability, data collection procedure, pilot study and data analysis.

Research Approach

Quantitative evaluative research approach was adopted for this study.

Research Design

The research design chosen for the study was pre experimental design (one group pre test post test design)

O₁ X O₂

O₁: Pre-test.

X: Intervention –Social Skill Training (SST)

O₂: Post-test

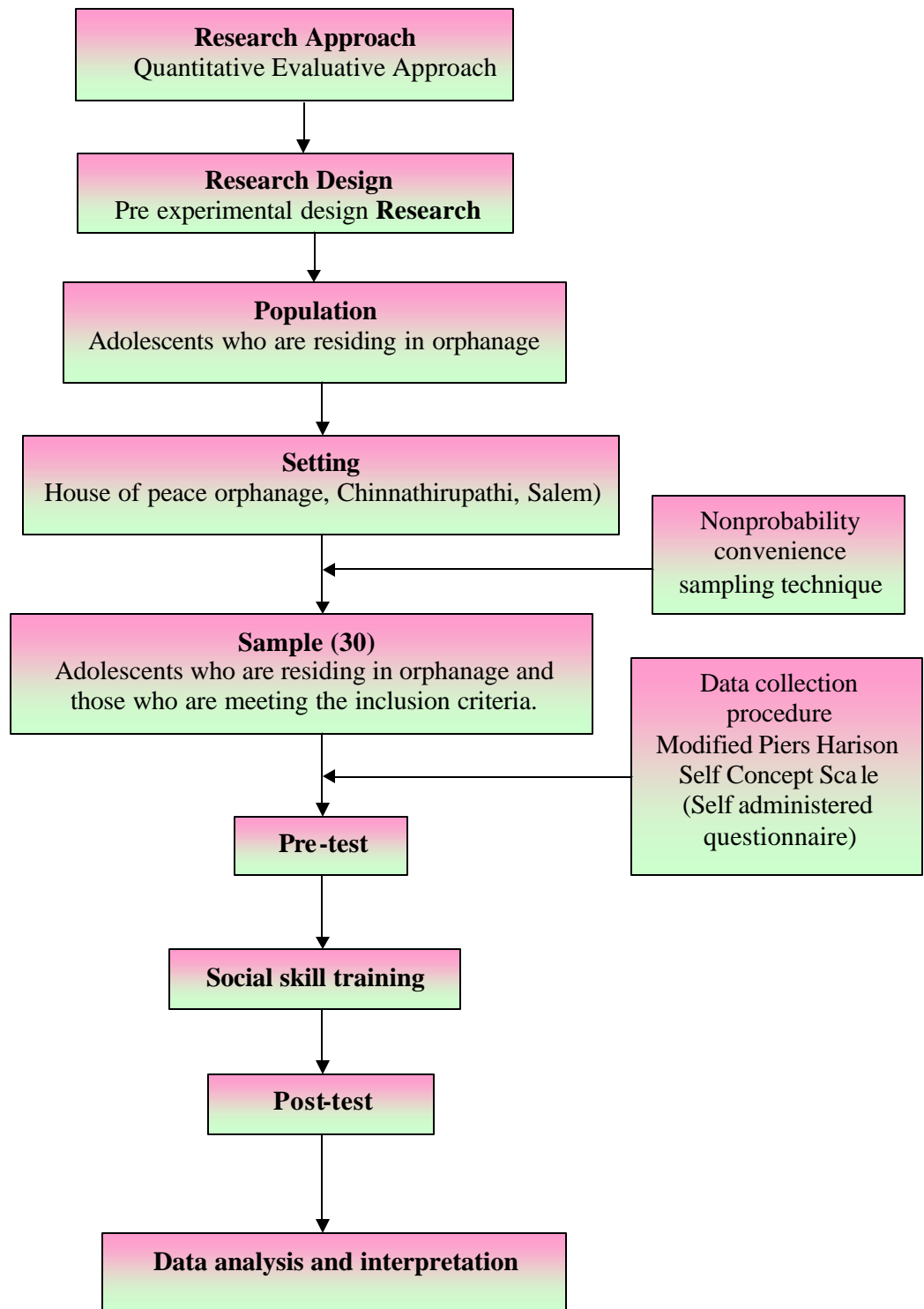


Figure – 3.1: Schematic Representation of Research Methodology

Population

The study population comprised of the adolescents in selected orphanage.

Description of the Setting

The study was conducted at House of peace orphanage, Chinnathirupathi, Salem. It is run by a private welfare trust. It is situated at 10 km away from Sri Gokulam College of Nursing, Salem.

Sampling

? **Sample**

Adolescent who were present in the selected orphanage during the study period and those meeting the eligibility criteria.

? **Sample size**

The sample size is 30 adolescents.

? **Sampling technique**

The technique adopted for this study was convenience sampling technique

? **Criteria for sample selection**

Inclusion criteria

1. Adolescents aged between 14-18 yrs.
2. Those who were willing to participate in the study.
3. Those who were present during the period of data collection.

Exclusion criteria

1. Adolescents who were physically ill at the time of data collection.
2. Adolescents who were not mentally sound.

Variables

Independent variable: Social skill training

Dependent variable: Level of self concept

Description of the Tools

The tool was prepared by the investigator after extensive study of the related literature and with the guidance of the experts. The tool consists of 2 sections,

Section-A: Demographic variables.

The demographic profile consists of 8 items such as age, sex, education, type of institution, duration of stay, spending of leisure time, hobbies, influencing personality.

Section-B: Self administered questionnaire to assess the level of self concept of samples.

Modified Piers Harison Self Concept Scale was used to assess the level of self concept. It consists of 57 items under 5 headings. Each item had 3 options ranging from the score of 0-2,

Always -2

Sometimes - 1

Never - 0

Item No 2,5,8,11,15,16,19,20,21,23,26,29,30,31,39,41,42,44,46,,47,48,53,54, 56 was given, reverse scoring.

Table-3.1: Scoring procedure

LEVEL OF SELF CONCEPT	SCORE
Significantly below average	0 – 18
Below average	19 – 37
Average	38 – 56
High average	57 – 75
Above average	76 -94
Significantly above average	95 - 114

Validity and Reliability

Validity of the tool was obtained from 4 experts, one consultant psychiatrist. The tools were found adequate and minor suggestions given by the experts were incorporated.

Reliability was established by using Split–Half method and the score obtained was $r^1=0.9$, which show n the tool is reliable

Pilot Study

Pilot study was conducted to determine the feasibility of the study, to refine and modify the instrument and to establish the sample size .Pilot study was conducted at Nesakkarangal Orphanage, Salem., from 07-6-2010 to 13 -6-2010 with a sample size of 4.Pre test was conducted on 07-6-2010. Social skill training was given to the samples for five days (08-6-2010 to 12- 6 -2010). Then the post test was conducted on 13-6-2010. During the pilot study the researcher didn't find any problem and found feasible to conduct the main study.

Method of Data Collection

? Ethical consideration:

The formal permission was obtained from the concerned authority to conduct the study and informed oral consent was taken from adolescents orphans who were willing to participate in this study.

? Data collection Procedure:

Data collection was done from 05.07.2010 to 31.07.10. The researchers personally visited the selected orphanage and introduced herself. The researcher collected the details of the inmates from the authority. The samples were selected by non-probability convenience sampling technique. Pre-test was conducted on 05.07.10. The interventions was started from the next day and it includes activity like role play, ice breaking activities, square block, building block and peer review on self

demonstration. Based on the activities the samples were divided into 5 groups. The activities were given on alternative days. Before each session warm up exercises given for 5-10 mts. The duration of each session was 30-45 mts. Post-test was conducted on 31.07.10.

Plan for Data Analysis

Data will be analyzed by using descriptive and inferential statistics,

- ? Demographic information will be analyzed by using frequency and percentage.
- ? Effectiveness of social skill training will be analyzed by using paired 't' test.
- ? Association between the level of self concept and the selected demographic variables will be analyzed by chi-square test.

Summary

This chapter consists of research approach, research design, population, description of the setting, sampling, variables, description of the tools, validity and reliability, pilot study, method of data collection, and plan for data analysis.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Data analysis is the method of organizing data in such a way that research question answered, and interpretation is the process of making sense of the result and of examining the simplification of the findings within a broader contest.

Objectives

1. To assess the level of self concept in adolescents at selected orphanage.
2. To evaluate the effectiveness of social skill training on the level of self concept in adolescents in selected orphanage.
3. To associate the level of self concept in adolescents with their selected demographic variables.

Presentation of Data

The data is organized and presented in four sections.

Section-A: Distribution of samples according to their demographic variables.

Section-B: a. Distribution of samples according to the level of self concept in pre-test.

b. Distribution of samples according to the level of self concept in post-test.

Section-C: a. comparison of pre test and post test level of self concept in adolescent orphans

b. Comparison of mean, standard deviation and mean difference on level of self concept in adolescents.

Section-D: Testing hypothesis

a. Effectiveness of social skill training on level of self concept in adolescents.

b. Association between the level of self concept with their selected demographic variables.

Section-A

Distribution of Samples According to their Demographic Variables.

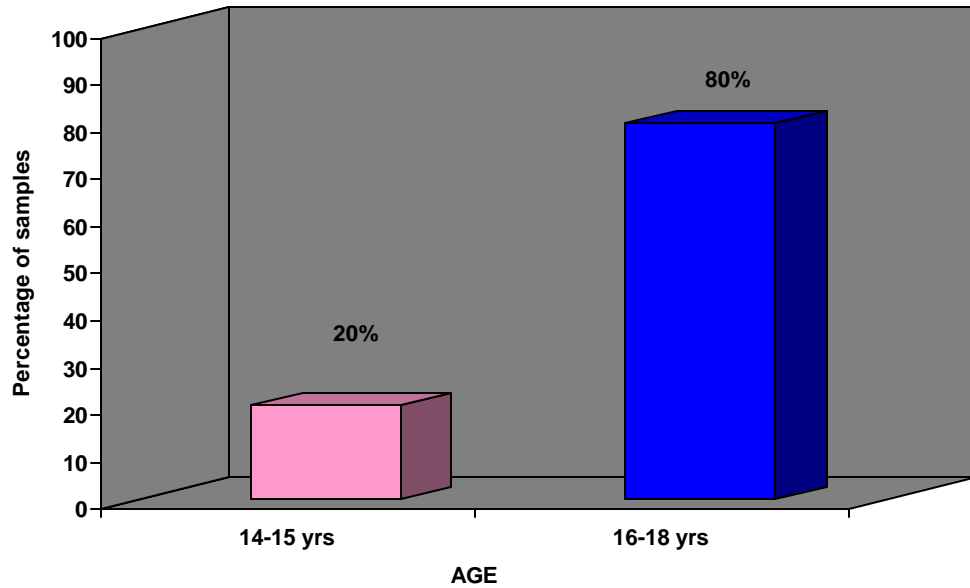


Fig-4.1: Distribution of samples according to their age in years

The above figure reveals that 6(20%) samples were between the age group of 14-15 years, and 24(80%) were between the age group of 16-18 years.

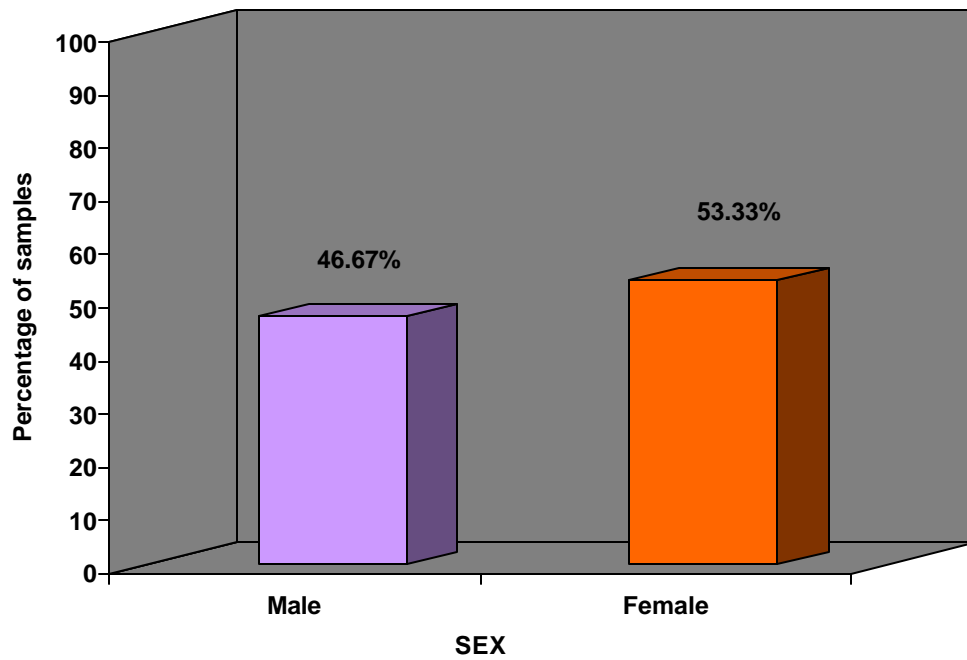


Fig-4.2: Distribution of samples according to their sex

The above figure shows that 16 (53.33%) samples were females and 14(46.67%) were males.

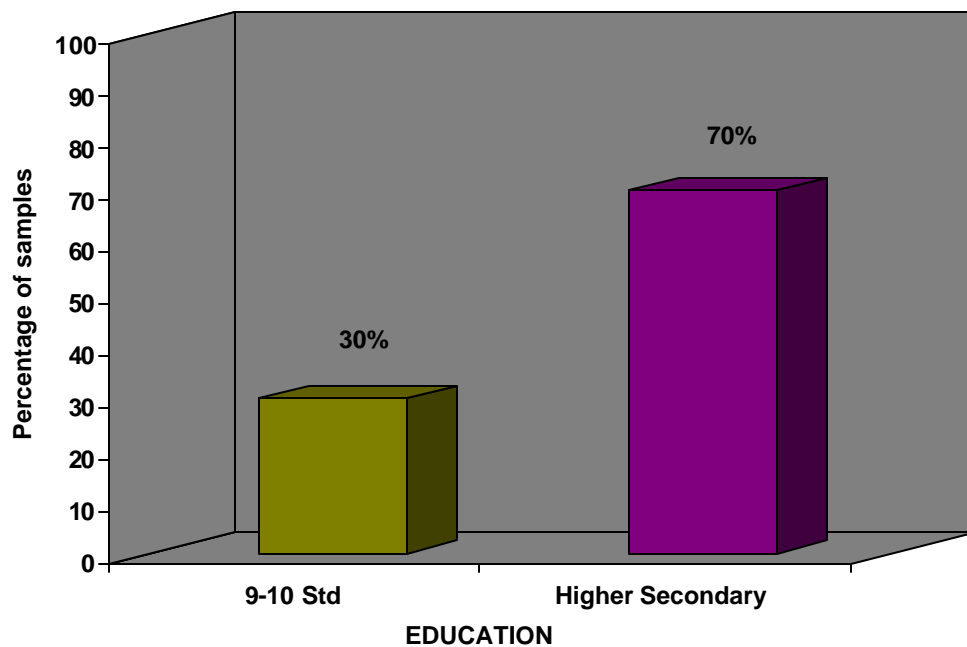


Fig -4.3: Distribution of samples according to their education

The above figure shows that 21(70%) samples were doing higher secondary education and 9(30%) of them were in 9-10th standard

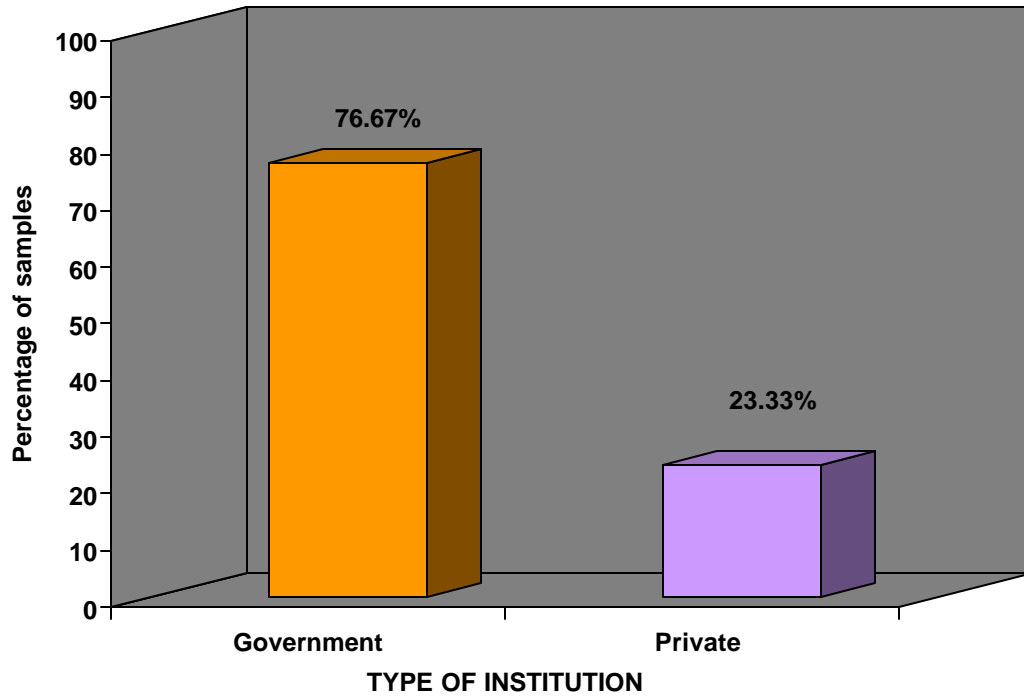


Fig-4.4: Distribution of samples according to their type of institution

The above figure shows that 23(76.67%) samples were studying in government institution 7(23.33%) of them were in private institution.

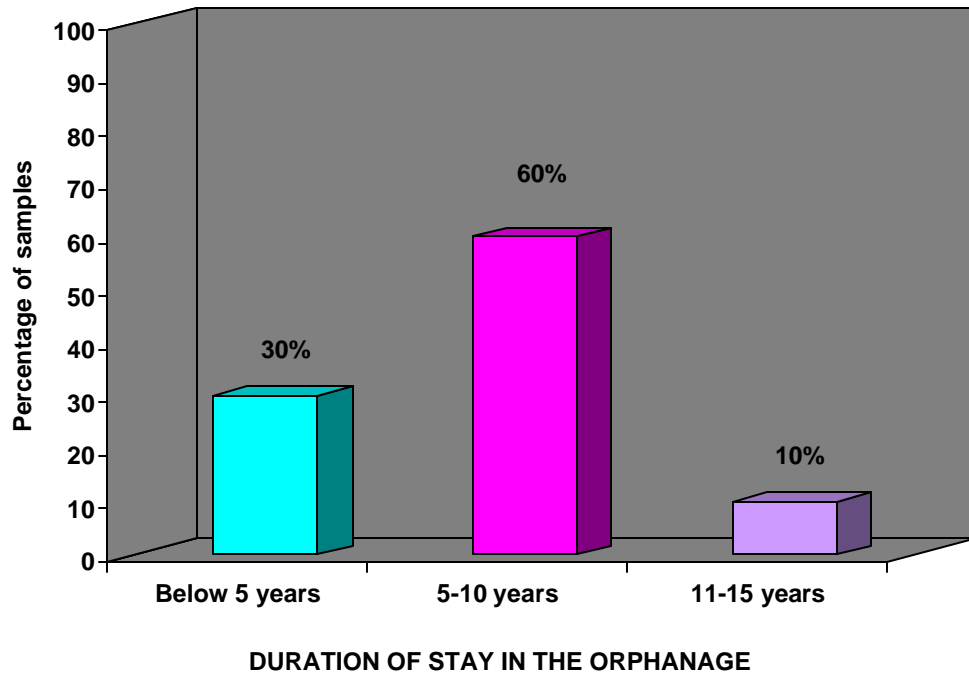


Fig-4.5: Distribution of samples according to their duration of stay in the orphanage

The above figure shows that 9(30%) samples were in below 5 years, 18(60%) were between 5-10 years, and 3(10%) were in 11-15 years.

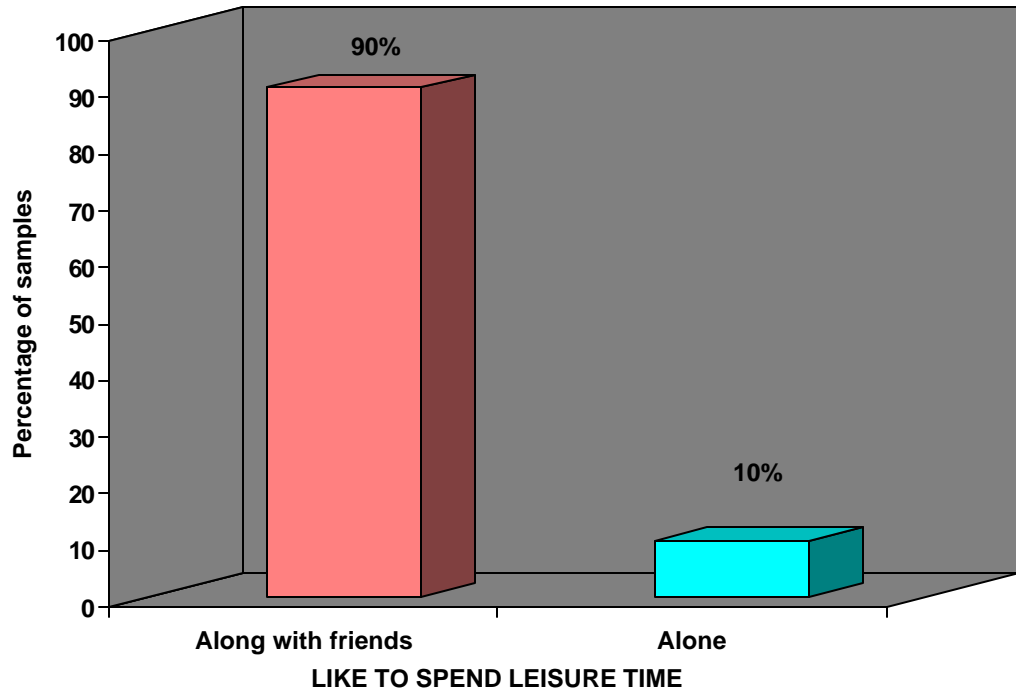


Fig -4.6: Distribution of samples according to their likeness to spend leisure time

The above figure shows that 27(90%), samples like to spend leisure time with their friends and 3(10%) like to spend leisure time alone.

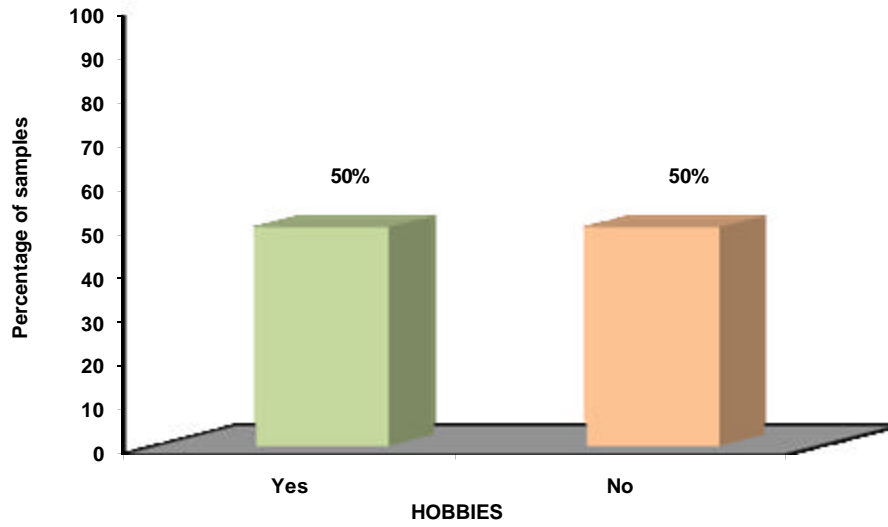


Fig-4.7: Distribution of samples according to their hobbies

The above figure shows that 15(50%), samples had hobbies.

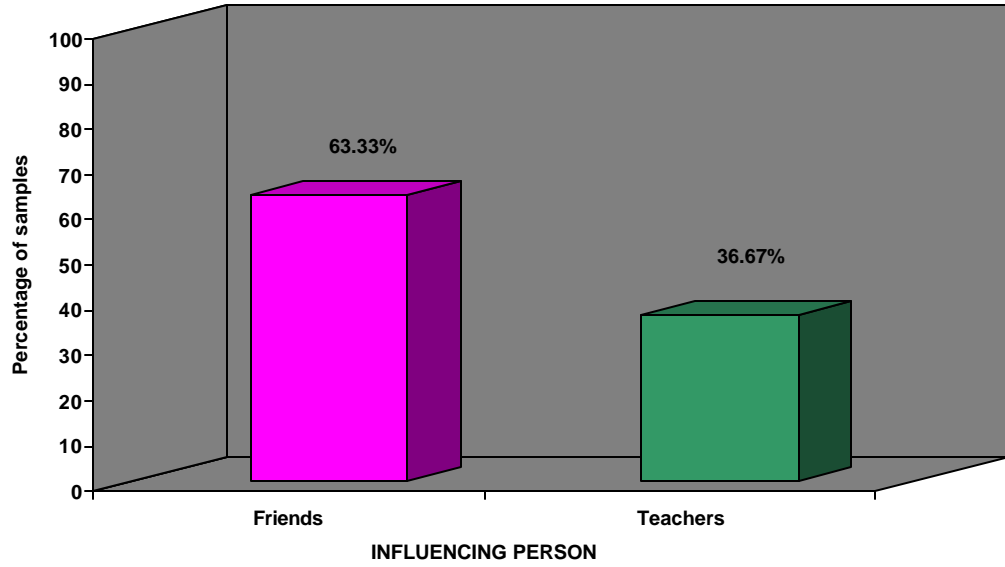


Fig-4.8: Distribution of samples according to their influencing person

The above figure depicts that, 19(63.33%) samples were influenced by their friends and 11(36.33%) by their teachers.

Section – B

Distribution of Samples According to the Level of Self Concept in Pre-Test.

Table-4.1:

Frequency and percentage distribution of samples according to the level of self concept in pre-test

n=30

S. No	Level of self-concept	Pre-test	
		Frequency (f)	Percentage (%)
1.	Significantly below average	5	16.67
2.	Below average	11	36.67
3.	Average	14	46.67
4.	High average	-	-
5.	Above average	-	-
6.	Significantly above average	-	-

The above table reveals that, in pre-test 14(46.67%) samples had average level of self concept, 11(36.67%) had below average level of self concept and 5(16.67%) had significantly below average level of self concept.

Distribution of Samples According to the Level of Self Concept in Post-Test.

Table-4.2:

Frequency and percentage distribution of samples according to the level of self concept in post-test

n=30

S. No	Level of self-concept	Post-test	
		Frequency (f)	Percentage (%)
1.	Significantly below average	-	-
2.	Below average	-	-
3.	Average	4	13.33
4.	High average	8	26.67
5.	Above average	10	33.33
6.	Significantly above average	8	26.67

The above table reveals that, in post-test 4(13.33%) samples had average level of self concept, 8(26.67%) samples had high average level of self concept, 10(33.33%) samples had above average level of self concept and 8(26.67%) had significantly above average level of self concept.

Section – C

Comparison of Pre and Post test Level of self Concept in Adolescent Orphans

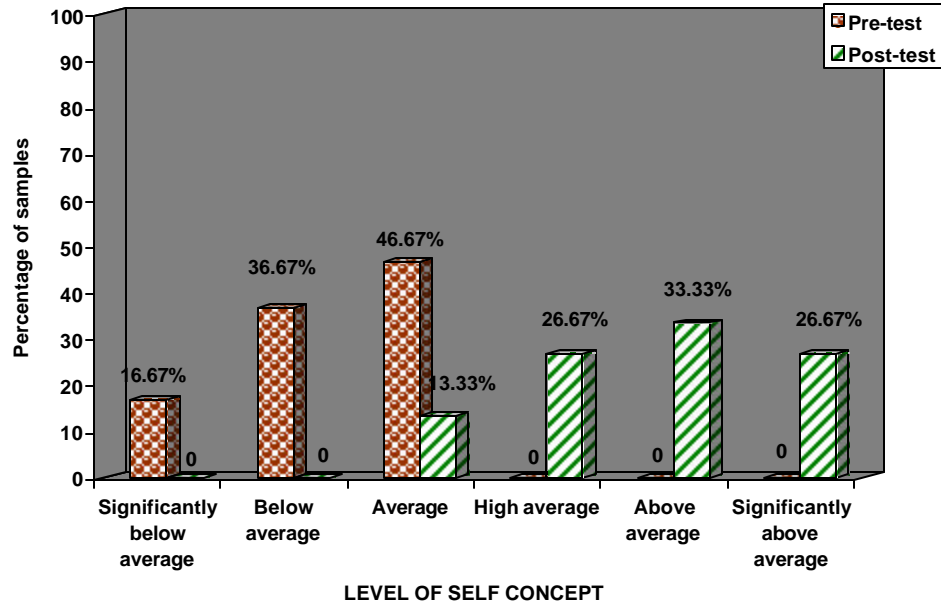


Fig. 4.9: Percentage distribution of samples according to the level of self concept in adolescent orphans.

The above figure depicts that in pre test 5(16.67%) samples had significantly below average level of self concept, 11(36.67%) samples had below average level of self concept and 14(46.67%) samples had average level of self concept.

In post test 4 (13.33%) percentage samples had average level of self concept, 8(26.67%) samples had high average level of self concept, 10(33.33%) had above average level of self concept and 8(26.67%) samples had significantly above average level of self concept.

Table-4.3:

Comparison of mean, standard deviation and mean difference of samples before and after the social skill training

n=30

S. No	Variables	Maximum possible score	Pre -test		Post-test		Mean difference
			Mean	SD	Mean	SD	
1.	Self concept	114	34.60	9.76	76.60	16.54	42

It is revealed from the above table that the pre-test mean score was 34.60? 9.76, whereas the post-test mean score was 76.60 ? 16.54, and the mean difference was 42. The mean difference shows that social skill training improved the level of self concept.

Section – D

Testing Hypotheses

Table -4.4:

Effectiveness of social skill training on level of self concept in adolescent orphans

n=30

S. No	Variables	Maximum possible score	Pre -test		Post-test		Paired 't' value	Table value
			Mean	SD	Mean	SD		
1.	Self concept	114	34.60	9.76	76.60	16.54	16.44**	3.66

**** highly significant at $p < 0.001$ level;**

It is revealed from the above table that the pre-test mean score was 34.60? 9.76, whereas the post-test mean score was 76.60 ? 16.54 and paired't' test value was 16.44 at $p < 0.001$ level It was significantly higher than the table value. So it is proved that social skill training improved the level of self concept.

Table-4.5:

Association between the level of self concept and their selected demographic variables

n=30

S. No	Demographic variables		Significantly below average	Below average	Average	df	Chi-square	Table Value
1	Age in years	a. 14-15 b. 16-18	4 1	2 9	0 14	2	14.773*	5.99
2.	Sex	a. Male b. Female	1 4	3 8	10 4	2	6.540*	5.99
3.	Education	a. 9-10 th Std b. Higher secondary	2 3	6 5	1 13	2	6.877*	5.99
4.	Type of institution	a. Government b. Private	5 0	8 3	10 4	2	1.832	5.99
5.	Duration of stay in the orphanage	a. Below 5 years b. 5-10 years c. 11-15 years	2 3 0	3 8 0	4 7 3	4	4.162	9.49
6.	Like to spend leisure time	a. Along with friends b. Alone	4 1	10 1	13 1	2	0.693	5.99
7.	Hobbies	a. Yes b. No	1 4	3 8	11 3	2	8.644*	5.99
8.	Influence more	a. Friends b. Teachers	3 2	5 6	11 3	2	2.938	5.99

*** Significant at P< 0.05 level**

The above table shows that there is significant association between the level of self concept and their selected demographic variables like age, sex, education and hobbies. Hence hypothesis H₂ is retained.

Summary

The chapter dealt with data analysis and interpretation in the form of statistical value based on objectives. Paired 't' test was used to evaluate the effectiveness of social skill training and chi-square test was used to find out the association between the level of self concept with their selected demographic variables.

CHAPTER-V

DISCUSSION

The present study was conducted to evaluate the effectiveness of social skill training on self concept among the adolescents. Pre experimental design (one group pre test post test design) was adopted. The samples were selected by using convenience sampling technique. The sample comprised of 30 adolescent orphans and the data was collected from them with a help of a self administered questionnaire.

Demographic profile of the samples

Demographic profile of the samples shows that 24(80%) samples belong to the age group of 16-18 years, 16(53.33%) samples are female, 21(70%) are studying in higher secondary, 23(76.67%) samples are studying in Government institution and 18(60%) samples are in orphanage for last 5-10 years. Majority of the samples 27(90%) like to spend their leisure time with friends, 15(50%) had hobbies and 19(63.33%) are influenced by their friends.

The present study was supported by, **Simmons Rosenberg, (1973)**. He conducted a descriptive study on self concept among adolescents. He concluded that fluctuation of self image are most likely to occur between the ages 14-17 yrs, compared with other adolescents (above 17yrs) and with pre adolescents (8-11yrs). Early adolescents have lower self concept and more self conscious and have constable self image than other youngsters.

The first objective of the study was to assess the level of self concept

In pre-test 14(46.67%) samples had average self concept, 11(36.67%) samples had below average level of self concept, 5(16.66%) samples had significantly below average self concept.

The second objective of the study was to evaluate the effectiveness of social skill training

In pre test, the mean self concept score was 34.60 ± 9.76 , where as in post test, the mean self concept score was 76.60 ± 16.54 . The calculated 't' value $t = 16.44$ at $p < 0.001$ level shows that social skill training was effective in improving the level of self concept. Hence hypothesis H_1 is retained.

The third objective of the study was to associate the level of self concept with their selected demographic variables

There is significant association between the level of self concept with selected demographic variables like age, sex, education and hobbies among adolescents. Hence hypothesis H_2 is retained.

Summary

This chapter dealt with the discussion of the study with the objectives.

CHAPTER -VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

In this chapter the summary, implications, limitations and recommendations for further study are presented.

Summary

The main focus of the study is to evaluate the effectiveness of social skill training on self concept in adolescents at selected orphanage, Salem. Pre experimental one group pretest posttest design was used for the study. The conceptual framework for the study was based on Bertalanffy's General system theory. The instrument used in this study consisted of two sections. Section one was demographic variable, section two was Modified Piers Harison self concept scale (Self administered questionnaire) to assess the level of self concept. The samples consisted of 30 adolescent residents of House of Peace Orphanage, Chinnathirupathi, Salem, TamilNadu

The collected data were analysed by using descriptive and inferential statistics. To test the hypothesis paired 't' test and chi-square test were used. The level of significance $p < 0.001$ was used to test the hypothesis.

Major Findings of the Study

- ? The study finding revealed that 24 samples (80%) were in the age group of 16-18 years. 16(53.3%) were females. 21(70%) are studying in higher secondary, 23(76.67%) samples are studying in government institution and 18(60%) samples are in orphanage for last 5-10 years.
- ? Majority of the samples 27(90%) like to spend their leisure time with friends, 15 (50%) had hobbies and 19(63.33%) are influenced by their friends.

- ? In pre-test 5(16.67%) samples were significantly below average 11 (36.67%) samples were below average level of self concept. 14(46.67%) samples were average. In post test 4(13.33%) samples were average, 8(26.67%) samples were high average and 10 (33.33%) samples were above average level of self concept
- ? The pre test mean score on level of self concept in adolescent orphans was 34.60 ± 9.76 where as in post test mean score was 76.60 ± 16.54 , the calculated 't' value was 16.44 which is significant at $p < 0.001$ level shows that social skill training was effective in improving the level of self concept in adolescent orphans.
- ? There is significant association between the level of self concept and their selected demographic variables like age,sex, education and hobbies.

Conclusion

A study was conducted to evaluate the effectiveness of social skill training on self concept among adolescent orphans. Most of the samples had below average and average level of self concept. After the implementation of social skill training (SST) the level of self concept got improved among adolescent orphans

Implications

Nursing practice:

- ? Social skill training can be adapted to all adolescent orphans.
- ? Social skill training can be introduces as an interventional programme by the nurses for improving the self concept of the hospitalized children.

Nursing education:

- ? Educational training on social skill training can be given for nursing students

- ? Staff development programme need to be arranged regarding social skill training for faculty members.
- ? It is important to have educational programme on social skill training in all nursing school. This will help to improve the self concept level.
- ? In-service education can be conducted to teachers on self concept of school children and effectiveness of intervention programme.

Nursing administration:

Nursing administrator should organize in service education programme regarding social skill training.

Nursing research:

- ? Nursing research to be done to find out the various innovative methods to improve self concept.
- ? Research can be conducted on various population of children at various setting
- ? Nursing research can be done to compare the level of self concept by using experimental and control group.

Recommendations for further Research

- ? Similar studies can be conducted with only male or female to find out the effectiveness of social skill training programme
- ? A similar study could be conducted for adolescent orphans.
- ? Similar study can be replicated using a large sample for a large duration for generalization.
- ? In service education to teacher on self concept of school children.
- ? A study can be conducted to assess the self concept and effectiveness of interventional programme for adolescent girls.

- ? A study can be conducted to assess the effectiveness of self concept package among hospitalized children.
- ? A study can be conducted to educate teachers on promotion of self concept among school children.

Summary

This chapter dealt with summary, conclusion, implications for nursing practice and recommendations.

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ANNEXURE - A

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.

Phone : 0427 - 6544550 Fax : 0427 - 2270200, 2447077

Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date :
03-07-2010

To

The Managing Director,
House of Peace Orphanage ,
Chinnatirupathi, Salem.

Respected Madam,

Sub: Permission to conduct a research study request reg.

I, **Ms. Resmi S Dev**, a final year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, is conducting a research study in partial fulfillment of Tamil Nadu Dr. M.G.R. Medical University, Chennai as a part of the requirement for the award of M.Sc., (Nursing) Degree.

Topic: A Study to Evaluate the Effectiveness of Social Skill Training on Self Concept in Adolescents at Selected Orphanage, Salem.

I request you to kindly permit her to conduct the study in your esteemed organization from 5.07.10 to 31.07.10. She will adhere to the orphanage policies and regulations.

Thanking you.

Yours Sincerely,

(Prof. A. Jayasudha)

PRINCIPAL
Sri Gokulam College of Nursing,
3/836, Periyakalam, Neikkarapatti
SALEM - 636 010

ANNEXURE - B
TOOL FOR DATA COLLECTION
SECTION -A
DEMOGRAPHIC DATA

Instruction:

The section consists of personal information and you are requested to give the response appropriate to you.

Sample No

Date:

1. Age in years

- a)12-13 ()
- b)14-15 ()
- c)16-18 ()

2. Sex

- a)Male ()
- b) Female ()

3. Education

- a) 6- 8th standard ()
- b) 9- 10th standard ()
- c) Higher secondary ()

4. Duration of stay in orphanage

- a) Below 5yrs ()
- b) 5-10years ()
- c) 10-15years ()
- d) Above 15 years ()

5. Type of institution you study
- a) Government institution ()
 - b) Private institution ()
6. With whom you like to spend your leisure time?
- a) Along with friends ()
 - b) Alone ()
7. Do you have any hobbies?
- a) Yes ()
 - b) No ()
8. Who influence you more?
- a) Friends ()
 - b) Teachers ()

SECTION-B
STRUCTURED QUESTIONNAIRE

Instruction:

Dear participants, kindly answer the following questions correctly.

Your answer will be kept confidential.

Sl. No.	Items	Always (2)	Sometimes (1)	Never (0)
I.	PHYSICAL APPEARANCE AND ATTRIBUTES			
1	I am smart.			
2	look so dull.			
3	I think I maintain good eye contact.			
4	I think I maintain good hygiene.			
5	I think I have smiling face			
6	I Think I am well groomed			
II.	POPULARITY			
7	I am popular within my peer group			
8	My classmates make fun of me			
9	My classmates in school think I have good ideas			
10	I am different from other people			
11	People pick on me			
12	I have so many friends			
13	I think I am a leader			
14	I feel guilty			
15	I am unable to make my own decision			
III	ANXIETY			
16	I get worried when I have tests in school			
17	I am comfortable			
18	I am anxious when I do any work			
19	I move to tears easily for simple things			
20	I am worried about my future			
21	I feel irritated			

1V	HAPPINESS AND SATISFACTION			
22	I am happy			
23	I worried regarding simple things			
24	I am satisfied in my work			
25	I am content with what ever I have			
26	I am sad and I cannot snap out of it			
27	I get much satisfaction out of things as I used to			
28	I do not enjoy things the way I used to			
29	I feel depressed when I think I am an orphan			
30	I think nobody care of me			
31	I think I am alone			
V	INTELLECTUAL AND SCHOOL STATUS			
32	I am smart in my studies			
33	I am well behaved in school			
34	I am good in my school work			
35	I feel happy about my peer group			
36	I think teachers regard me			
37	I think my peer group regard me			
38	I can give a good report in front of the class			
39	In school I am a dreamer			
40	I am volunteer in group			
41	I am dumb about most things			
42	I forget what I learn			
43	I respect my teachers			
44	I hate school			
45	I mingle easily within group			
VI	BEHAVIOUR			
46	I do many bad things			
47	I pick up quarrels easily			
48	I behave badly in orphanage			
49	I think I have good character			
50	I respect elders			

51	I give up easily			
52	I think I am well adjusted in every situation			
53	I get into trouble			
54	I have bad thought always			
55	I think I maintain good interpersonal relationship			
56	It is my fault when something goes wrong			
57	My teachers expect too much of me			

SCORING KEY

LEVEL OF SELF CONCEPT	SCORE
Significantly below average	0 – 18
Below average	19 – 37
Average	38 – 56
High average	57 – 75
Above average	76 -94
Significantly above average	95 - 114

gFj p - m

j d p e g h ; g w w p a m b g g i l t p t u q f s ;

g p d g w w N t z b a i t :

, e j g F j p j d p e g h ; g w w p a t p g u q f i s f ; n f h z L s s J . f N o
n f h L f ; f g g l ; L s s t p d h f f i s g b j ; J n g h U j j k h d t p g u q f i s n j h p t p f f
N t z ; L f p N w d ;

1. t a J (t U I q f s p y)

m. 14 - 15

M. 16 - 18

2. g h y p d k ;

m. M z ;

M. n g z ;

3. f y ; t p j ; j F j p

m. 8 - 10 k ; t F g G

M. N k y e p i y f f y t p

4. m d h i j , y y j j p y ; t r p f F k ; f h y k ;

m. 5 t U I q f S f F F i w t h f

M. 5 - 10 t U I q f s ;

, . 11 - 15 t U I q f s ;

< . 15 t U I q f S f F N k y ;

5. g b f F k ; e p W t d j j p d ; t i f

m. m u R e p W t d k ;

M. j d p a h h ; e p W t d k ;

6. c q f s ; X a ; T N e u j i j a h U I d ; n r y t p l t p U k G f p w h ; f s ?

m. e z g h f S l d ;

M. j d p a h f

, . n r y y g ; g p u h z p f S l d ;

7. c q f S f F V N j D k ; n g h O J N g h f ; F m k r q f s ; c s s d t h ?

m. M k ;

M. , y i y

8. c q f i s k p f T k ; f t h e j t h ; a h h ?

m. e z g h f s ;

M. M r p a h f s ;

, . g p u g y k h d e g h f s p y ; x U t h ;

gFj p - M
tbt i kffgg l Nfs;tpfs;

gpd gwwNtz bai t:

mdghd gqNfwghsh;fNs> fNo nfhLffgg lLss Nfs;tpfS fF
rhpahd gj pypf;fTk; eb;fs;j Uk;gj py;fs;gj j mukhf ghJ fhf;fggLk;

t. vz ;	nghUs; vgnghOJ k;	rpy Neuq;fs;py;	xUNghJ k; , yi y
I.	cl yNj hwwk; kwWk; gz G gwwpa mst lL		
1.	ehd;RWRWgghf csNsd;		
2.	ehd;kej khf csNsd;		
3.	ehd; edwhf ftdgj ; NgRf;Nwd; vdW epi dff;Nwd;		
4.	ehd;eyy Rfhj huj ; j fi l ggpb;f;Nwd; vdW epi dff;Nwd;		
5.	ehd;rphj j Kfj ;J l d; , Uf;f;Nwd; vdW epi dff;Nwd;		
6.	ehd;ed,whf ci l i a cLj j pAssj hf epi dff;Nwd;		
II	Gfo;		
7.	ehd;vd;Di l a ez gh;fs; \$ l j j py;Gfo;ngwwt d;		
8.	vd;Di l a tFggpy; css th;fs;vdj d Ntbfj f nra;thh;fs;		
9.	ehd;eyy mg;gguhak; ci l atd;vd;W vd;Di l a gss;py;css th;fs; fUJ f;pdwdh;		

10.	ehd;kwwth;fi s tpl tj j pahrkhd t d;		
11.	kffs;vdi dj; Nj henj Lj j dh;		
12.	vd fF epi wa ez ghfs; cz L		
13.	ehd;vdi d j i ytd;vdW fUJ f pNwd;		
14.	vdDi l a nrhej KbTfi s vd dhy; vLffKbAk;		
15.	ehd;Fwwk;nraj j hf cz h;fpNwd;		
III.	f t i y		
16.	gss ppy;Nj h;Tfs; , UfFk; NghJ ehd;f t i y mi l f pNwd;		
17.	ehd;nrsfh pakhf , Uf;fpNwd;		
18.	ehd;vej Nti y nraAk; NghJ k;f t i yggL f pNwd;		
19.	ehd;rpd d t p \ aj j p w;fhff; \$ l Rygkhf mONT d;		
20.	ehd;vdDi l a tUqfhyj i j g;gwwp f t i y gL f pNwd;		
21.	ehd;vsj py;Nfhgk; mi l t j hf cz h;fpNwd;		
IV.	reNj h \ k;kwWk;j pUgj p		
22.	ehd;reNj h \ khf , Uf;fpNwd;		
23.	ehd;rpd d t p \ aj j p w;fhff; \$ l f t i yggL f pNwd;		

24.	ehd;vd;Di I a Nti yapy; j pUggj p mi I fpNwd;		
25.	vd;dpl k;cssi j epi dj;J ehd;j pUggj p mi I fpNwd;		
26.	ehd;fti yahf , Uf;Fk; NghJ vd;dhy;cl dbahf mj py;Ue;J nts;Na tuKbat;yi y		
27.	vd;Di I a tof;fkhd nray;fi sf;fhl bYk; kwwi tfs;py;ehd;kpfTk; j pUggj p mi I fpNwd;		
28.	ehd;Nti yfi s nra;AkNghJ reNj h\ k; mi I tj;yi y		
29.	ehd;mdhi j vd;W epi df;FkNghJ Nrhht;hf;pdNwd;		
30.	vd;idftdj;Jf;nfhss ahUk; , yi y vd cz hf;pdNwd;		
31.	ehd;j d;pahf , Uggj hf cz hf;pdNwd;		
V	mwpT kw;Wk;gss;ij j Fj p		
32.	ehd;gbgg;py;Gj j prhyp		
33.	ehd;gss;py;eyyt;ij khf el e;J nfhs;fpNwd;		
34.	vd;Di I a gss;Nti yf;sp;py; ehd;j pwi kAsstd;		
35.	ehd;vd;Di I a rf ez gh;fi s epi dj;J reNj h\ ki I fpNwd;		

50.	ehd; nghp̄ath; fi s kj p̄f; f̄p̄Nwd;		
51.	ehd; Rygkhf t̄pl L nfhLgNgd;		
52.	mi dj; J #œpi yf̄sp̄Yk; vdi d nghUej nraNtd; vdWepi d f̄f̄p̄Nwd;		
53.	ehd; nj hej uTf̄sp̄y; khI b̄f; nfhsNtd;		
54.	vd f̄F vgnghOJk; nfi j vz z k; cz j hf̄p̄WJ.		
55.	ehd; kwwth; f̄S l d; eyy cwT i t̄j; J sNsd; vdW fUJ f̄p̄Nwd;		
56.	Vj htJ j tW el gḡpd; mJ vd; Di l a Fwwk;		
57.	vd; Di l a Mr̄p̄ah; f̄s; vdi d k̄p̄Tk; vj p̄ghh; f̄f̄p̄whh; f̄s;		

PROCEDURE

SOCIAL SKILL TRAINING

Definition

It is a form of behavioral therapy to help adolescents to increase level of self concept who have difficulties relating to other people in the form of role playing, feedback, reinforcement of positive interactions.

Technique

Role play

- ? Divide the members into five groups
- ? Instruct them to select a lot from the box which contains the topic for role play
- ? Give 5 minutes for preparation and instruct them to act according to the given topic
- ? When one group finish acting instruct others to encourage them by clapping
- ? Give positive criticism

Ice breaking activity

- ? Ask the group members to stand in queue
- ? Instruct the group members to select a name based on the given options
- ? Ask them to introduced by themselves in front of the group
- ? Ask the group members to select a pair within their own group
- ? Instruct them to discuss their positive qualities with their pair
- ? Instruct the pair to share their identical qualities with their group members
- ? Ask one representative of the group will come and share their positive qualities in front of the group.
- ? Instruct to encourage them by saying good or clapping

Peerreview on self demonstration

- ? Researcher give a paper to all
- ? Ask the participants to note down the all their positive qualities they possess
- ? Instruct the group members to read the positive qualities they have listed
- ? Identify how many of them having the same positive qualities
- ? Instruct the group members to appreciate others by saying good or clapping

Square blocking

- ? Give pieces of paper to all
- ? Ask the groups to identify the missing part of the paper
- ? Instruct other groups to encourage the group which finishes first.

Building block

- ? Give some blocks to the group
- ? Instruct the group members to build a model
- ? Instruct other groups to encourage the group which finishes first.

ANNEXURE - C

**LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR
CONTENT VALIDITY OF THE RESEARCH TOOLS**

From

Ms. Resmi S. Dev,
Final Year M.Sc., (N)
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To,

Respected Sir/ Madam,

**Sub: Requesting opinion and suggestions of experts for establishing
content validity of the tools.**

I, **Ms. Resmi S Dev**, a Final Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, Salem. I have selected the topic mentioned below for the research project to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai for the partial fulfillment of Master's Degree in Nursing.

**Topic: A Study to Evaluate the Effectiveness of Social Skill Training on
Self Concept in Adolescents at Selected Orphanage, Salem.**

I wish to request you kindly validate the tool and give your expert opinion for necessary modification. I will be grateful to you for this.

Thanking you.

Yours sincerely,

Place : Salem

Date :

(Resmi S. Dev)

ANNEXURE - D

CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Ms. RESMI S. DEV**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to Dr.M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled “**A Study to Evaluate the Effectiveness of Social Skill Training on Self Concept in Adolescents at Selected Orphanage, Salem**”.

Signature with Date

ANNEXURE - E

LIST OF EXPERTS FOR VALIDITY

1. **Dr.C. Baskar, M.D,**
Psychiatrist
Sri Gokulam Hospital,
Salem.
2. **Mr.Naga Nandhini, Msc(N)**
Associate Professor,
H.O.D. Department of Mental Health Nursing,
Vinayaka Mission Annapoorana College of Nursing,
Salem.
3. **Mrs. S. Vanitha, M.Sc(N),**
Associate Professor,
SRIPMS,
Coimbatore.
4. **Mr. Selvaraj, M.Sc(N),,**
Assistant Professor,
HOD, Department of Psychiatric Nursing,
Shanmuga College of Nursing, Salem
5. **Mr. Aravind Babu, M.Sc(N),,**
Principal,
Danvanthiri College of Nursing,
Erode.

ANNEXURE – F

CERTIFICATE OF TRAINING



FOCUS

FORUM FOR CREATIVE AND UNIQUE SERVICES
REG. NO. 330/IV/99

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FOCUS is a Non governmental Organization performing psychosocial activities, aimed at attitude change and behaviour modification essential for attaining physical and mental health. It is coordinated by professionals in psychology as well as applied and social sciences. We address and undertake any relevant behavioural issues at the individual, interpersonal, or social level which demands and deserves a Psychological approach.

M R A 20,
T.C.4/2150,"BHADRA,
MARAPPALAM,
THIRUVANANTHAPURAM- 695004
PH: 9447033691

TO WHOMSOEVER IT IS CONCERNED

As per the request for my guidance and assistance from Ms.Resmi.S.Dev,Final Year M.Sc. student, Sree Gokulam College of Nursing, I've given the essential training for her for rendering social skills training for adolescents.

Adithi N

Thiruvananthapuram,

Dr.Adithi,N.

5th May 2010

Chief Executive Trustee,

FOCUS.

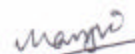


ANNEXURE – G
CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled “**A study to evaluate the effectiveness of social skill training on self concept in adolescents at selected orphanage, Salem**” by **Ms.RESMIS.DEV**, has been checked for accuracy and correctness of English language usage and that the language used in presenting the paper is lucid, unambiguous, free of grammatical-spelling errors and apt for the purpose.

Mrs.Manju Chandran



SIGNATURE

Manju Chandran
TGT English
KVS. BGR

ANNEXURE - H

PHOTOS



