“We are what we repeatedly do. Excellence, therefore, is not an act but a habit”.
~Aristotle
CHAPTER I
INTRODUCTION

Nursing is one of the allied medical courses in the professional educational system. It not only aims at educating its learners, but also focuses on developing leadership, administrative and research abilities, that would contribute to the success of its practitioners in any field.

Florence Nightingale was the first woman to have great influence over nursing in India. In 1871, the first school of nursing was started in Government General Hospital, Madras and the first Graduate nursing education was started in 1946 in CMC, Vellore and in RAK Delhi.¹

The World Health Organization has developed global standards for professional nursing to raise the quality of nursing education and create paths for professional advancement in line with national, regional and global health needs.²

At present 2670 (Govt 209 and private 2461) schools of nursing and 1578 (Government 93 and private 1485) nursing colleges have been recognized by INC to conduct the course under several universities in India.³ At present in the state of Karnataka, a total of 548 schools and 341 colleges are present and in addition to this in the district / city of Bengaluru anole a majority of 325⁴ colleges and 217 schools of nursing are functioning.⁵

The nursing program requirements currently insist upon the twelve years of secondary schooling for admissions in both GNM and Basic B.Sc. nursing total courses at the age of 18 years is the period of adolescence.

Media periodically project the mental health professionals’ observations on specific problems of college going adolescent students, including professional
students. College students are the cream of student population. Studies have shown that about 50% of students suffer from health problems. 15% of the students suffer from mental disorders which/that reflects in their behaviours in the form of indulging in suicidal attempts, drug and alcohol abuse, aggressive and violent behaviour, ragging and low academic performance or repeated failures in examinations. Academic, financial, environment, interpersonal and personal stressors, challenge the adolescent student nurses beyond their coping ability contends that nurse educators should modify their approaches in dealing with the students.6

Nurse educators are critical players in assuring quality educational experiences that prepare the nursing workforce for a diverse and ever-changing health care environment. They are the leaders who document the outcomes of educational programme and guide students through the learning process. Training must be focused at producing smarter, morally and spiritually stronger and globally competent nurses. They need to be motivated to take sound decisions based on critical thinking, solve their problems effectively and pursue life-long learning.7

Various other studies conducted on student population also recommend that nurse educators need to strengthen the self-esteem, study habits and adjustment of students for excellent academic achievement. These psychological and academic attributions need to be analysed in depth and their influence on students’ behaviour and performance in nursing programme.

1.1. CONCEPTS ON STUDY VARIABLES:

1.1.1. Self-Esteem:

It is logic to analyse the self-concept first, because the self-esteem is one of the important component of the self-concept. They are; the physical self, the personal
self and self-esteem. It is categorized as: global self-esteem (resulting from a general evaluation), specific self-esteem (related to a situation or role such as work) and task specific self-esteem (related to competence in a particular activity). Self-esteem as a need has been placed at the fourth level from the basic in the self-actualization theory to function well in interpersonal situations, desire for achievement and competence, for independence and freedom, for reputation and prestige. In view to the self-actualization theory, nursing students need constant motivation from the teacher so that students’ talents may be made for their successful completion of their programme.

1.1.2. **Study Habits:**

The pattern of behaviour adopted by students in the pursuit of their studies is considered under the caption of their study habits. It include: study environment and planning of work, reading and note taking habits, planning of subjects, habits of concentration, preparation for examination, general habits and attitudes. Good Study habit is one of the behaviours which is needed for students to learn or to equip themselves better. Learning has been interpreted under the behaviourual theory; classical conditioning and operant conditioning for inculcating good or removing bad habits. Hence, it is possible to develop good study habits and remove bad study habits in nursing students can. A Good teacher will always remember the goals of the students that they have joined nursing with a specific purpose and cater to their needs to make them skillful professionals.

1.1.2. **Adjustment:**

The term adjustment is often used as synonym for accommodation and adaptation. There are many theories on adjustment and adaptation. One of those is social - environmental adjustment theory contended that stresses can originate from;
(a) job and organization, (b) the social sector, and (c) intra-psychic sector. Adjustment is considered as one of the indicators of social health or well-being. The student nurses need to adjust well with a new situation, people and too many assignments and meeting the dead line; too short holiday breaks; working long hours in the ward; incomplete log book; lowered self-esteem as feeling of inferiority; excessive homework; lot of unclear assignments; lack of communication and information. Inevitably Nurse Educators are having full responsibility in strengthening their inner mind and body with proper guidance and support

1.1.3. **Academic Achievement**

Academic achievement is defined as the extent to which a learner is profiting from instruction in a given area of learning in that achievement is reflected by the extent to which skill and knowledge has been imparted to him, usually designed by test scores measured by examinations or continuous assessment on procedural knowledge such as skills or declarative knowledge such as practical and theoretical exam.

Educational researchers were interested in factors that promote achievement in students and how far do the different factors contribute towards academic achievement. The "fundamental causal factors of both success and failure lies in what is communicated" to students during interactions. Added, failure is frequently associated with the educators’ negative attitudes that which leads students to undermine their self-confidence, rather than analyzing the ‘function of inadequacies in teaching’. Planning for student achievement should begin when students enter college.
Brief review on concepts and theories related to self-esteem, study habits, adjustment and academic achievement are found to be intertwined, influential to each other and have implications in the advancement of adolescents’ performance.

1.2. NEED FOR THE STUDY

The strength and weaknesses of the education system affect students segment. The transformation of students from general education to professional education demands unbelievable changes. These changes transpire due to bio-physiological, psychological and interpersonal relationship alterations that generally surface during adolescence.

Student rejoices because of success or mourns because of failures, but in both cases it is equally important to look back and identify the factors that brought about either success or failure. Academic failure has a strong impact on students, their families, the teaching faculties’ and the community, and its prevention is a challenge in the countries with a shortage of nurses.

Teachers monitor both the success and the failure of students. They do so due to their concern for them, especially for those who fail. The impact of failure in college can cause lasting damage to self-esteem, and the consequences can influence on the entire lifetime.

Mental health professionals in India, however, have identified academic pressure as an acute stress factor that leads to mental distress and in extreme to suicide. Failure in examination (1.6%) is the sixth cause for suicide among college students.

Every day there were about 20 students killed themselves in 2010. Students’ suicides have increased 26% from 2006 to 2010, and in the city of Bengaluru alone it was 09% in 2009 to 2010.
In India, Bangalore is the number one city in students’ suicides in general and is also given the title of “suicide capital”. Most of the students are migrants, face loneliness, globalization, lack of communication, time and peer pressure. The examination system, employability links with education, academic pressure from institutions and family are prime causes. Delhi, Bangalore and Chennai account for most student suicides.

Nursing students who belong to the adolescence age group up to second year is a vulnerable period, where they experience self-organization and role confusion. It was identified that specific academic and clinical stressors exist throughout the nursing programme of the study. Some others are lack of practical skills, negative attitudes of ward staff and theory to practice gap, punitive and threatening atmosphere created by clinical staff, being reprimanded in front of staff and patients and the death of a patient. Stress in nursing students is due to a combination of personal and extracurricular factors and the educational programme itself.

Students’ retention and attrition are due to many variables varied extensively, such as age, gender ethnicity, and native language, residing in campus or off the campus, prior educational achievement, and family’s educational background. Underlying cultural values and beliefs, self-efficacy and motivation can seriously influence nursing students’ achievement persistence or retention.

Health care system is on the verge of an overwhelming shortage of nurses resulting in health care crisis. There is a want for 2.4 million nurses just in India alone. In fact, an estimated 50% of nurses will be at retirement age within 15 years and new nurses aren’t entering the field fast enough to stabilize the imminent mass departure.
Nursing students’ retention is a priority concern for nurse educators. Nurse educators are continually challenged to appraise the influence of academic factors on retention and success in addition to external environmental factors, and professional integration factors.\(^7\)

Nurse Educators help students to identify their learning needs, strengths and limitations, select learning opportunities that help in building self-esteem and overcome adjustment problems especially in educational environment. This helps students to achieve academic pursuits during the studentship periods for their lifelong career settlements. Any behaviour that is learnt may come within the scope of achievement. An academic achievement depends on many factors such as intelligence, study habits, socio-economic status and personality factors etc\(^30\).

A considerable amount of research exists both in West and in India that examines the relationship between self-esteem and educational ability in a school and college going adolescent population, but there is no evidence of scientific researches in nursing on four variables in a single study.

Hence the researcher had keen interest to investigate the influence of self-esteem, study habits, adjustment, and academic achievement variables among nursing students. This study will focus on these selected Psychological and academic attributions to be analysed in depth and their influence on students’ behaviour and performance in nursing programme by the researcher.

1.3. STATEMENT OF THE PROBLEM

Nurse Educator Study on Self Esteem, Study Habits, Adjustment, and Academic achievement, among Nursing Students in Selected Nursing Institutes in Bangalore.
1.4. OBJECTIVES OF THE STUDY

1.4.1. To assess the level of Self-esteem, study habits, adjustment and academic achievements of the nursing students.

1.4.2. To compare the mean score of self-esteem, study habits, adjustment and academic achievement between the B.Sc. and the GNM nursing students.

1.4.3. To examine the correlation among self-esteem, study habits, adjustment and academic achievements of the nursing students.

1.4.4. To find out the association between self-esteem study habits, adjustment and academic achievement among all subjects, between the GNM and the B.Sc. and Male and Female nursing students.

1.4.5. To Compare the frequencies and mean values between the selected socio-demographic characteristics and self-esteem, study habits, adjustment, and academic achievement of the nursing students.

1.5. OPERATIONAL DEFINITIONS

1.5.1. **Self-esteem**: In this study self-esteem is defined as the ability of study respondents, related to self-worth, self-concept and self-confidence as assessed by self-esteem scale.

1.5.2. **Study habits**: It refers to the activities and practices adopted by the nursing students for their academic activities including examinations as measured by study habit questionnaire.

1.5.3. **Adjustment**: Adjustment would mean the subjects ability to relate with his/her social environment as measured by adjustment scale.
1.5.4. **Academic achievements:** For the purpose of the present study aggregate marks scored by the subjects in their I-year examination conducted by the respective Board / University, were retrieved from their office record.

1.5.5. **Nursing students:** Students those who are studying II- year B.Sc Nursing and General Nursing and Midwifery in a recognized Nursing Institutes in Bangalore and who were of 18 to 21 years of age.

1.6. **ASSUMPTIONS**

1.6.1. Higher level of Self-esteem may lead to Healthy Adjustments.

1.6.2. Healthy Adjustments may lead to Good Study Habits.

1.6.3. Good Study Habits may lead to higher level of Academic Achievements.

1.6.4. Higher level of Academic Achievements may lead to higher level of Self-esteem.

1.7. **RESEARCH HYPOTHESES**

**H01:** There will not be high self-esteem, good study habits, excellent adjustment and excellent academic achievement levels among nursing students.

**H02:** there will not be a statistically significant comparison in the mean score of self-esteem, study habits, adjustment and academic achievement between the B.Sc. and the GNM nursing students.

**H03:** There will not be a statistically significant correlation among self-esteem, study habits, adjustment and academic achievements of nursing students.
**H04:** There will not be a statistically significant association of self-esteem with study habits, adjustment and academic achievement among all subjects, between the GNM and the B.Sc. and male and female nursing students.

**H05:** There will not be a statistically significant difference in the frequencies and mean values between the selected socio-demographic characteristics and self-esteem, study habits, adjustment, and academic achievement of nursing students.

### 1.8. DELIMITATIONS OF THE STUDY

The study is delimited to:

- Only selected private Nursing Institutions in North Bangalore District.
- Only 2nd year GNM and BSc Nursing Students.

### 1.9. CONCEPTUAL FRAMEWORK OF THE STUDY

Conceptual framework for the present study is based on Betty Neumann’s System Model.\(^{17}\) It was developed to “provide unity or a focal point, for student learning”, at school of nursing, University of California at Los Angeles. Neuman recognized the need for educators and practitioners to have a framework to view nursing comprehensively within various contexts. While she developed the model strictly as a teaching aid, the model is now used globally as a nursing conceptual model.\(^{19}\)

The concepts of the model: The goal of the model is to provide a holistic overview of the physiological, psychological, socio-cultural, and developmental aspects of human beings. The Neuman system model provides a comprehensive, flexible, holistic, and systems-based perspective for person, environment, health and nursing. This focuses attention on the response of the client system to actual or
potential environmental stressors; and the use of primary, secondary, and tertiary nursing prevention interventions for retention, attainment, and maintenance of optimal client system wellness.  

The flexible line of defense is the outer barrier or cushion to the normal line of defense, the line of resistance, and the core structure. If the lines of resistance are effective, the system can reconstitute and if the lines of resistance are not effective, the resulting energy loss can result in death. The person is in a state of constant change and as an open system in reciprocal interaction with the environment. The environment is seen to be the totality of the internal and external forces. These forces include the intrapersonal, interpersonal and extra personal stressors which can affect the person's normal line of defense and so can affect the stability of the system.

The person has a certain degree of reaction to any given stressor at any given time. The nature of the reaction depends in part on the strength of the lines of resistance and defense. By means of primary, secondary and tertiary interventions, the person (or the nurse) attempts to restore or maintain the stability of the system.

In the present study, nursing student is considered as an open system that interact with the environment. The internal and external environmental stress factors may have a positive or negative influence on the nursing students. Stressors are a part of their environment. They may be present within or outside the nursing students and they are intrapersonal, interpersonal and extra personal in nature. The educational environment of the nursing student is most considered and concerned one in this research concept.

The intra personal stressors of nursing students include age, gender, physical and psychological problems. As course of study advances from 1st year to 2nd year with age and the achievement goal in their academics, demand more energy for
concentration, commitment, and holding responsibility in action. College and school timetable for theory and practical classes which expects fast and punctual physical present for attendance. As well as the submission of assignments, taking internal assessment tests, clinical and community postings, need to be physically present. All these lead them to feel fatigue, burnout, monotones boredom, and fall sick frequently. Apart from these, the students’ psychological variables; individual low level of self-esteem, using poor adjustment and unhealthy coping strategies in teaching, learning, residing and experiencing knowledge attitude and skill venues such as class room, hostel, clinical and in community postings, lead to failures in academic achievement and experiencing stress, strain in maintaining parents, teachers, peers, and self-expectations and competences, frequent absenteeism, loss of interest in studies and drop out from course.  

The interpersonal stressors of nursing students consist of social problems mainly related to family, friends and teaching faculties. In which the family structure of the nursing student includes the history of parental divorce, single parenting parent’s expectations and their recognitions. In friendship the interpersonal problems; misunderstanding and bulling with classmates and avoiding social gathering with friends and maintaining group study, unable to find out identical friendship group and maintain friendship. Along with teaching faculties; fear and anxiety in interacting with teachers and college/school personals are cause for stress and maladjustment. This may lead poor conduct in the educational campus. Inadequate availability of facilities and constraints, poor self-motivation and self-confident, the quality of self-satisfaction in maintain interpersonal relation in classroom, hostel, hospital and community and in the learning environment causes fear and anxiety among students.
nurses. Above all these students’ nurses encounter psychological trauma and loosing emotional control in taking care of sick, bedridden, debilitated and dying patients. The extra personal stressors include students’ place of residence, quality of study skills, education, occupational status and income of parents, self-analysis about level of actual academic achievement is poor, constant teachers’ evaluation about individual students’ overall academic pursuits, and unavailability of resources to equip self to be an excellent student. Poor study environment: hostel food and atmosphere, following poor reading methods, poor in preparing for exam and lack of knowledge and talents to utilize the given study resources, failure in class test and exam. Poor in class attendance, incompatible peer group, financial constraints, parents’ ill health, perceived self-health status as poor and inadequate leisure time and entertainments.

The aim of researcher is to keep the nursing students stable in the educational environment. Present study is focusing at primary, secondary and tertiary preventive interventions. The socio-demographic data on personal, familial, social and academic data as well as, the main study variables on self-esteem, study habits, adjustment and academic achievement of the nursing students in the learning environment were utilized for preparing a “Information guide to teachers on nursing students’ self-esteem, study habits, adjustment & academic achievements” may pave way to help teachers to help students.

In primary prevention, the information booklet is aimed at health promotion and maintenance of nursing students’ intra, inter and extra personal energy and immunize the flexibility in order to maintain student decorum in their teaching and learning environment through the nurse educators’ teaching, leading, evaluating,
understanding, guiding, and supporting nursing students’ self-esteem, study habits, adjustment and academic achievement in a holistic approach.22

In secondary prevention, the aim of intervention is to protect the basic structure by strengthening the internal lines of resistance. At this level the goal of the intervention is to attain optimal stability in nursing students’ self-esteem, study habits and adjustment and academic achievement, by strengthening their internal lines of resistance and managing the stressors from the existing intra, inter and extra personal sources, with the help of nurse educators’ role of identifying, analysing, counselling and protecting students’ wellness and energy conservation, by reducing their degree of reaction to the stressors.22

In tertiary prevention, the information booklet also helps to avoid further destruction and helps to reconstitute the damage which occurred in self-esteem, study habit, adjustment and academic achievement of nursing students. These actions are designed to “maintain” an optimal wellness level by the nurse educators’ action of restructuring teaching learning methods, teacher, parent and student meeting, counselling, family and peer relationship, and supporting existing strengths and conserving nursing students’ system energy by reconstituting the flexible line of defense, normal line of defense and lines of resistance to facilitate the nursing students to enjoy their life as student. But evaluation of interventions aimed at optimum quality of studentship life and the efficacy of the information booklet is not the scope of this study.22

The present study variables and concepts have been incorporated in the selected conceptual framework as in figure 2.
1. PRIMARY PREVENTIONS (promoting and maintaining)
- Student-teacher relationship
- Parent-student understanding
- Analyzing strengths and weaknesses
- Guidance and counseling sessions
- Spiritual and socio-cultural activities
- Opportunities for exploring talents
- Entertainment and relaxations
- Awards and recognitions
- Special classes & tips for clearing exam.
- Seminars for health study skills
- Workshops on self-esteem
- Brain storming on adjustment
- Confronting for improvements

2. SECONDARY PREVENTIONS (strengthening resistance and managing the stressors)
- Special interactive sessions
- Teacher-student-parent meetings
- Exploring internal problems
- Clarifying mistakes and misunderstanding
- Free association sessions
- Assessing peer IPR level
- Parental support
- Educators’ roll modeling
- Attentions on students’ developments
- Identifying mistakes
- Improving self-understanding
- Appreciating positive changes
- Teaching good adjustment
- Assigning easy schedules
- Demonstrating
- Eliminating negatives
- Conducting micro test
- Recognize best academic performances
- Examining self-confident, study habits, coping skills and academic needs
- Reassuring for support and guidance
- Reconstituting stability and internal strengths

3. TERTIARY PREVENTIONS (supporting, conserving and maintain students’ existing strengths and energy levels)
- Assessing existing self-confident
- Examining present adjustment
- Identifying coping abilities
- Analyzing interest in studies
- Evaluating academic performances
- Appreciating and enhancing positive variables
- Assuring constant support for maintenance
- Providing Crisis interventions
- Enabling to think positively
- Helping to study well
- Setting goals to complete course
- Enabling to accept mistakes & realities
- Recognize their abilities and disabilities
- Identifying dependency and independence
- Extending constant support from teacher, peers and parents.