



The effectiveness of assertiveness training for school-aged children on bullying and assertiveness level



Fatma Avşar, Sultan Ayaz Alkaya *

Gazi University, Faculty of Health Sciences, Nursing Department, Ankara, Turkey

ARTICLE INFO

Article history:

Received 2 August 2016

Revised 27 June 2017

Accepted 28 June 2017

Available online xxxx

Keywords:

Assertiveness

Bullying

School health

Training

Nursing

ABSTRACT

Purpose: The aim of this study was to determine the effectiveness of an assertive training for school-aged children on peer bullying and assertiveness.

Design and methods: A quasi-experimental design using pre- and post-testing was conducted. Data were collected using a demographic questionnaire, an assertiveness scale, and the peer victimization scale. The training program was comprised of eight sessions which were implemented to intervention group.

Results: Descriptive characteristics were not statistically different between the groups ($p > 0.05$). The peer victimization victim dimension results show that post-test mean scores of the students in the intervention group were lower than the pre-test mean scores ($p < 0.05$). For the control group, no significant change was found in the pre-test and post-test mean scores ($p > 0.05$). A comparison of the mean pre-test/post-test scores of peer-victimization bully dimension of the students' intervention and control groups revealed that the mean post-test scores of the students in the each group decreased ($p > 0.05$).

Conclusions: An assertiveness training program increased the assertiveness level and reduced the state of being victims, but did not affect the state of being bullies.

Practice Implications: The results of this study can help children acquire assertive behaviors instead of negative behaviors such as aggression and shyness, and help them to build effective social communication.

© 2017 Elsevier Inc. All rights reserved.

Introduction

Bullying among children is a significant public health problem worldwide. Bullying is most commonly defined as repeated, intentional aggression, perpetrated by a more powerful individual or group against a less powerful victim. Peer bullying involves continuous intentional activity to cause damage. There is often a physical and/or psychological power imbalance between the bully and the victim (Perron, 2013; Shetgiri, 2013).

Bullying is influenced by multiple relationships with peers, families, teachers, neighbors, communities and experienced by a large proportion of children in many countries (Swearer & Hymel, 2015; United Nations Children's Fund, 2014). The prevalence of being involved in bullying (as a bully, victim or bully/victim) varied greatly between the countries ranging from 15% to over 50% (Shetgiri, 2013). In the United States, the Youth Risk Behavior Survey found that approximately 20.2% of students reported being bullied at school during the past 12 months (Kann et al., 2016). Peer bullying is an aggressive behavior

that affects all students including the person who bullies, those who are victims, and the persons who are witnesses to interpersonal violence (Jan & Husain, 2015).

Anti-peer victimization programs conducted in schools strengthen students and help to decrease peer bullying (Bowllan, 2011; Schroeder et al., 2012). One of the effective programs might be assertiveness training because victims' knowledge, beliefs, self-esteem, self-efficacy and assertiveness can be improved and they are able to change their negative attitudes and make more dignified interpersonal relationships (Boket, Bahrami, Kolyaie, & Hosseini, 2016). An assertiveness training program is a structured intervention technique that is used to help individuals change their self-image and easily express themselves and their thoughts and ideas appropriately (Gündoğdu, 2012; Schroeder et al., 2012; Tavakoli, Setoodeh, Dashtbozorgi, Sani, & Pakeresht, 2014). Assertive people create close relationships with others, prevent others from abusing them, and express a wide range of positive and negative thoughts without feeling guilty, stressful, anxious, or violating the rights of others (Eslami, Rabiei, Afzali, Hamidzadeh, & Masoudi, 2016).

Assertiveness training sharpens adolescent awareness that they have right to defend themselves from bullying attempts made by others. Also, interventions of bullying could include building social skills for children including lessons on interpersonal skills, assertive coping

* Corresponding author.

E-mail address: sultan@gazi.edu.tr (S. Ayaz Alkaya).

strategies, empathy, and conflict resolution (Keliat, Tololiu, Daulima, & Erawati, 2015). Çeçen-Erouğul and Zengel (2009) found that the group experience based on an assertiveness training program can have a significant positive effect on adolescents' assertiveness level – which can be then utilized by those being bullied. Generally, studies on this topic have been conducted in various disciplines, including psychology, sociology, and educational sciences (Gündoğdu, 2012; Schroeder et al., 2012). There is only one study in nursing that investigates the effectiveness of assertive training on bullying prevention among adolescents (Keliat et al., 2015).

School nurses are in an optimal position to help decrease bullying in the school setting. First, school nurses act to create safe school environments by collaborating with school personnel, parents, healthcare providers, and community members. They promote evidenced-based education and programs related to violence prevention (King, 2014). Therefore, school nurses have important roles and responsibilities for organizing training programs in schools that aim to equip students with assertiveness characteristics.

School nurses may be in a particularly privileged position to recognize incidents of bullying among students, as they have the potential to build close relationships with them, thus potentially being the first responders in addressing this potentially damaging behavior. School nurses also may develop intervention programs to prevent violence and decrease the effects of violence for individual students (King, 2014). Assertiveness training programs may contribute to children's development of assertive behaviors instead of negative behaviors such as aggression and shyness and help them develop effective social communication.

The purpose of this study was to assess the effectiveness of an assertiveness training program for school-aged children on peer bullying and assertiveness. The following hypotheses (H) were tested:

- H1.** Assertiveness training has an effect on peer bullying.
- H2.** Assertiveness training has an effect on assertiveness.

Methods

Study design

A quasi-experimental design using pre- and post-testing was conducted. Students from Grades 5 and 6 were recruited from two schools in the Ankara (Turkey) school district. The researchers randomly selected (sampling method) schools from the school list (sampling frame). Sampling was determined randomly as to which school was selected for the bullying and assertiveness training, while the other school served as the site for recruiting students for the control group. Researchers wrote names on slips of paper, placed them in a container, mixed them, and then drew the names out one at a time. This method of sampling aligned with criteria recommended by Grove, Gray, and Burns (2015).

Ethical consideration

This study was approved by the Ethics Commission. The written approval of the Province Directorate of National Education was obtained. Informed consents were sent to parents and written permissions were obtained from the parents. Verbal consent was obtained from the students. At the completion of the study, the results were presented to the administrators and teachers at the school, the children, and the parents.

Participants

Students in grades 5 and 6 were invited to participate in this study because of the increase in aggressive trends at this age, and this is the

most effective period for acquiring assertive behavior and intervening in peer bullying (Khawar & Malik, 2016; Wang, Brittain, McDougall, & Vaillancourt, 2016). Power analysis was performed to determine the sample size of the intervention and control groups - at least 36 subjects in each group (Alpha (α) = 0.05, power (1- β) = 0.90, the standard deviation 10%). Because the study was carried out over a long duration, the dropouts due to unpredictable causes were considered. Eighty students with high scores for victimization and/or bullying (40 students were categorized as bullies and 40 were categorized as victims) were chosen randomly for the intervention group, while 80 students were chosen randomly for the control group (40 bullies and 40 victims). Because choosing only peer bullies and victims might psychologically affect children and draw the attention of their peers, peer bully and victim students were chosen in combination for the intervention and control groups.

The inclusion criteria of the study were: 1) all students in Grades 5 and 6, 2) those who agreed to take part, and 3) those who had the consent of their parents. Exclusion criteria were: 1) students with any physical or mental illness and 2) students who spoke and wrote a different language.

One hundred and sixty students answered the pre-test and 119 students answered the post-test for the following reasons: four of the students were not attending school regularly, three of the students transferred to other schools, 16 students did not show adequate attention while completing pre- and post-tests, and 18 students withdrew from the study. As a result, the intervention group was composed of 47 students, and the control group had 72 students.

Instruments

Data were collected using a demographic questionnaire, the Peer Victimization Scale (PVS), and an Assertiveness Scale. The demographic questionnaire was prepared separately for students and for their parents. The questionnaire for the students comprised two parts. The first part had closed-ended questions about socio-demographic features: grade, age, gender, number of siblings, spare time activities, and school success. The second part focused on interpersonal relationships such as relations with their siblings, parents, and friends. In the questionnaire for parents, there were questions to determine socio-demographic characteristics, such as education level, working status, family income, and marital status.

Mynard and Joseph (2000) developed the PVS to assess students being bullied at age intervals between 11 and 16. The students chose one of the three options “never,” “once,” and “more than once” on a three-point Likert scale. The scoring for the scale was - more than once, 2 points; once, 1 point; and never, 0 points. Gültekin and Sayil (2005) adapted the scale for use in Turkey. The scale has 27 items, each of which has two sub questions. These items are characterized as “a” and “b.” In the scale, questions 1a to 27a identify the amount of exposure to peer bullying, and questions 1b to 27b define the amount of peer-related behavior for each individual. The scores ranged from 0 to 54. A high score on the scale indicates that an individual is exposed to peer bullying, while a lower score indicates that an individual is rarely exposed to peer bullying or is not subject to peer bullying (Gültekin & Sayil, 2005; Mynard & Joseph, 2000). Cronbach's alpha internal consistency coefficient was 0.86. In this study, PVS pre- and post-test Cronbach's alpha values were respectively 0.93 and 0.90 for the victim dimension, and were 0.94 and 0.90 for the bully dimension.

Topukcu (1982) developed an Assertiveness Scale for the assertiveness levels of students between the ages of 8 and 12. In the scale, there are 45 items related to the behavior of a child at home, in the school, and in their environment. The students mark the “yes” option for the items they find appropriate and the “no” option for the items they think are inappropriate. The assertiveness score is calculated by giving one point to the “yes” answers to items 4, 9, 13,

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات