

THE IMPACT OF REHABILITATION ON SELF-ESTEEM AND EMOTIONAL INTELLIGENCE AMONG ADOLESCENTS IN KADUNA STATE

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Abstract

This study had investigated the impact of rehabilitation on self-esteem and emotional intelligence among adolescents. The study adopted within group repeated measure experimental research. The participants were 40 with 15 females and 25 males with a mean age of 20.20 and Standard deviation of 1.96. The Rosenberg self-esteem scale (Rosenberg, 1965) was used to measure self-esteem while, emotional intelligence scale (Wong & Law 2002) was used as a measure of emotional intelligence. The within group ANOVA was used to test the hypotheses. Results revealed that there was no significant effect of rehabilitation on self-esteem $F(1,39)= 2.223, P=0.144$; there was a significant effect of rehabilitation on emotional intelligence, $F(1,39)= 4.197, P= 0.047$; In conclusion, it was recommended that adolescents should be encouraged to seek help in rehabilitation facilities as opposed to home care.

Keywords: Assessing Rehabilitation, Impact, Self-esteem, Emotional Intelligence, Adolescents.

Introduction

The term “rehabilitation” attracts diverse meanings depending on the angle from which it is considered. For the purpose of this research rehabilitation simply implies, the reforming of personality and behaviour of adolescents through well designed educational and/or therapeutic treatment, ensuring that adolescents acquired necessary required knowledge thereby enhancing their self-esteem and emotional intelligence. (Mann 1984) opined that the goal of the rehabilitation is to rehabilitate offenders and protect society from a social environment that leads to crime and undesirable behaviour especially among adolescents. The

origin of the federal state rehabilitation program could be traced back to 1920, the first civilian program assisting persons with disabilities in regaining work skills. Since that time, the act has been gradually expanded to include services to persons with a wide array of disabling condition and in recent years. More recently, educational, vocational, and psychologically based programs as well as specialized services for specific problems have typically been put forward as means to restore adolescents back to normal.

Bartollas, Miller & Dinitz (1976), Suggested that rehabilitation institutions should create an environment that is conducive to positive reinforcement of the adolescent's personality to the point where he can return to society and start a better life. Besides that, they asserted that environment should also educate the adolescents to be more responsible for their action. After a serious injury, illness or surgery you may recover slowly, regain your strength, relearn skills or find new ways of doing things you did before. Rehabilitation seeks to improve functioning in many domains of life for people with the following problems: depression, cancer, cardiovascular disorders, chronic respiratory conditions, psychological problems, disabilities, drug abuse, criminal related and substance abuse related problems. Rehabilitation is the process by which medical, psychological, social, vocational and educational services are utilized by persons with physical and or mental disabilities for the purpose of attaining maximum independence Sink (1977).

Rehabilitation could also be said to be a generic field of practice designed to assist people with disabilities and crime related issues, in their restoration to the fullest, physical, mental, social, vocational and economic functioning that they are capable of attaining (Hamilton, 1950). Also rehabilitation programmes should be comprehensive and purposely designed to restore people with deformities which have origin from births, accidents and wars to their maximum level of productive functioning.

Self-esteem is defined as the extension of values which the information within self-imagination has for a person and it comes from person beliefs about all the attributes and features presented in him. Self- imagination has a particular importance for mental health experts because the person imagination about his personality to high degree determines his image about environment, and these two elements plan his behaviour forms (Tamanai, Mohammad, Sedighi, Fariborz, Salami& Fatemeh (2010). Self- esteem is the rate of validity, approval, acceptance and worthiness that a person feels about himself (Ab a, Shahram, Moradi, Hajar, Keikhani& Mohammad 2010) . Self –esteem is defined as a value that has information within self –imagination to a person and it caused by a person belief about all attributes and characteristics within him (Biabangard&Esmaeil 1995).

A good self-esteem can bring up personal uniformity and makes person to pay attention to the other people (Vanderzenden&Jeimes 2008). Satisfying the self-esteem, one can ensure that he has competences, values and capabilities. This helps him to be deserved in all aspects of life and in the absence of self-esteem. He feels contempt, failure and hopelessness and he is not sure he can cope with them. While base on our everyday experience, we have discovered that people who have low self- esteem are more likely to be rehabilitated because they exhibit the following symptoms: they feel sad, depressed, lonely, rejected, dejected and they feel betrayed,

while self-esteem and emotional intelligence can be seen as being correlated. Podesta & Connie (2001) conducted a study which purports to assess whether emotional intelligence is distinctive and useful in understanding the relationship with self-esteem, and it is essential to study the level to which individuals that scored high in emotional intelligence experience greater self-esteem.

However, it is crucial to note that self-esteem can be high or low. Mann, Hosman, Schalma & Devries (2004) had asserted that adolescent with low self-esteem are less accepted by their peers, likewise adolescents with high self-esteem claim to be more likable and attractive to have a better relationship and to make better impression on others than those with low self-esteem. Research has shown that self-esteem has a strong relationship to happiness although the research has not clearly established causation. Moreover, high self-esteem leads to a greater happiness while low self-esteem leads to depression.

The emotional intelligence points to the ability to recognize and differentiate feelings, excitements, meanings and concepts, the relations between them, to reason about them and to solve problems by them. The emotional intelligence includes the ability to receive emotions, and coordinate them to understand the information related to them, it also manage them (Mayer & Salovey 1997). Another definition of the emotional intelligence is as follow: A series of unrecognizable abilities, powers and skills that have an effect on the ability to encounter wills, necessities and environmental pressures successfully (Bar-on, 1997). Intelligence Quotient (IQ) in its best form causes only 20 percent of life successes and all 80 percent remaining depends on another factor and the human's fate in the most cases depends on the skills that link to the emotional intelligence to provide person adaptability with the environment and is a better predictor of success in university, work and home than the analytic intelligence (Mayer & Salovey 1997). The other factor which is effective in academic advancement is self-esteem. It is personal self-satisfaction and his sense of being valuable (Bandura 2002). Self-esteem means how people think about themselves, how much they like themselves and if they are satisfy of their performance, especially how they feel about society, education and family and to what extent their ideal self and actual self are close to each other (Hosseini, Mahmood & Mirlashari, 2007).

Although, some studies indicated that differences in human behaviour are related to emotional intelligence and personality characteristics of individuals, Goleman (1995) in his research he elaborates that emotional intelligence to refers to the capacity to recognizing one's own feelings and those of others for motivating one self and for managing emotions well and in our relationships. Emotional intelligence allows one to recognize his own self-esteem and to work in the field of strengthening it. There are various personality traits that are correlated with emotional intelligence like boldness, enthusiasm, excitability, leadership and maturity.

Elizabeth (2014) postulated that emotional intelligence involves a wide range of actions and mannerism made by individuals, organism, systems or artificial entities in conjunction with themselves and their environment which may include other systems or organism as well as the inanimate physical environment. In other words, the environment in which an individual finds himself plays a bigger role in determining such an individual's behaviour. Heredity

factors which may include genetic factors like intelligence quotient, emotional intelligence, also may play a bigger role in determining behavioural pattern among adolescent in Nigeria. Negative relationships and problem behaviours among adolescents in Nigeria could be a reflection of lack of emotional intelligence. The problems of Youth restiveness, violence, and the Boko Haram insurgency may be reduced through the proper use of emotional intelligence and exhibition of self-esteem. While, several studies have found that emotional intelligence can have a significant impact on various elements of everyday living and behaviour. Palmer et al (2002). Found that higher emotional intelligence is a predictor of life satisfaction. Other researchers reported that people who have high emotional intelligence are more likely to use an adaptive defence style and thus exhibit healthier psychological adaptation. It has also been found that higher levels of Emotional intelligence are associated with an increased likelihood of attending to health and appearance, positive interaction with friends and family and owning objects that are reminders of their loved ones. Hence, because of the dearth in literature it has precipitated the present study: assessing the impact of rehabilitation on self-esteem and emotional intelligence among adolescents in Nigeria.

Statement of Problem

Rehabilitation can also be beneficial in addressing limitations in functioning and the rate at which adolescents are been admitted in rehabilitation homes for proper diagnosis, care and treatment is alarming. However, the density of skilled rehabilitation practitioner is less with low income and middle-income countries such as Nigeria. The dearth of studies on the impact of rehabilitation on self- esteem and emotional intelligence among adolescents in Nigeria predicated the need for these studies.

Objective of Study

1. To ascertain the impact of rehabilitation on self-esteem and emotional intelligence among adolescents in Nigeria.
2. To investigate the effect of rehabilitation on self-esteem among adolescents in Nigeria.
3. To examine the effect of rehabilitation on emotional intelligence among adolescents.

Research Hypotheses

H₁. There will be a significant effect of rehabilitation on self –esteem.

H₂. There will be a significant effect of rehabilitation on emotional intelligence.

Participants

The participants were 40 adolescents in rehabilitation facility in Kaduna State, consisting of 15 males and 25 females and only participant who were willing to participate in the study were selected for the study and those who were not willing to participate were left out. The age range of the sample was within 10 -23 years old, subjects below 10years were not selected also subjects above 23 years were not included in this study. 39 were single and one participant was married, 28 participants had SSCE, 4 participants had diploma, 3 participants had NCE and 5 participants were BSC holders.

Design

The within group repeated measure experimental research design with a pre-test and post-test measure outcome was used for the study. The study adopted within group repeated measure experimental research method because rehabilitation was manipulated and its effect on Adolescent's self-esteem and emotional intelligence was measured.

Instruments

The Rosenberg Self-Esteem Scale

Developed by Rosenberg (1965), the scale is a 10-item self-report measure of global self-esteem; The Rosenberg Self-Esteem Scale was originally developed to assess self-esteem among adolescents. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered on a five-point scale ranging from strongly agrees to strongly disagree. Items 1, 3, 4, 7, and 10 are positively worded, and items 2, 5, 6, 8, and 9 negatively.

The internal consistency of the scale in a validation test carried out by Martín-Albo, Núñez, Navarro, and Grijalvo was assessed with Cronbach's alpha. The values obtained in the first and the second administration were .85 and .88, respectively. The value of the test-retest correlation was .84. These results confirm the uni-dimensional structure of the proposed by Rosenberg (1979) in which both the internal consistency and test-retest correlation were good, supporting the reliability of the scale.

Wong and Law Emotional Intelligence Scale (WLEIS)

The Wong and Law Emotional Intelligence Scale (WLEIS). This scale was developed by Wong and Law (2002). It was adopted to measure the emotional-social intelligence of adolescents in this study. The Wong and Law Emotional Intelligence Scale was developed and validated by Wong & Law (2002) and is based on Davies (1998) four-dimensional definition of emotional intelligence. There are 16 items on the scales which assess emotional-social intelligence competences in four areas; Self-Emotional Appraisal, Others-Emotions Appraisal, Use of Emotion and Regulation of Emotion. The scale is preferable for this study because it was built on Mayer, Caruso, & Salovey's (1999) Emotional Intelligence Test which is one of the best scales Abi-Samra, (2000) for measuring emotional-social intelligence. It also contains a smaller number of items and has been validated and used among Nigerian students. It has a high reliability coefficient of .85 Olatoye, Akintunde & Yakasai, (2010) among the Nigerian students. The Wong and Law Emotional Intelligence Scale was measured on a 5-point Likert format type scale from "0" (strongly disagree) to "4" (strongly agree). Sample questions on this scale are "I have a good sense of why I have certain feelings most of the time", "I always know whether or not I am happy" and "I have good control of my own emotions". On the average, it takes 6 minutes to fill the questionnaire. Higher score on this questionnaire shows good emotional-social intelligence while lower scores indicate poor emotional-social intelligence.

Procedure

Permission was obtained from the management of the rehabilitation centre and the participants were briefed on the purpose of the study, also only participants that were mentally stable participated in the study and those that were not mentally stable were

exempted from the study. They were assured of confidentiality of the information and informed consent was obtained. Pre-test and post-test were administered to the participants and were asked to fill the Questionnaire administered to them with care and not to omit any of the items in the questionnaire, so as to avoid numerous numbers of invalid response.

Pre-Test was administered to the participant the first week upon admission at the rehabilitation centre; Post- test was administered to the participants ten weeks after pre- test was administered. Within this period the participants were exposed to ten (10) sessions (5 individual sessions and 5 group sessions) of psychological intervention which include: psycho- education and cognitive behavioural therapy and the treatments were rendered to the participants by the clinical psychologist of the rehabilitation centre.

Results

Table 1 shows the socio-demographic characteristics of the study participants. The table indicated that the mean age of the study participants was 20.2 years with a standard deviation of approximately 2 years. The majority 39 (97.5%) of the participants were single, and regarding the highest educational qualification of the participants, the majority 28 (70%) had Senior Secondary Certificate of Education (SSCE).

Table 1: Socio-demographic Characteristics of Study Participants

	Frequency	Percent %
Mean±SD Age (years)	20.20±1.96	
Marital Status		
Single	39	97.5
Married	1	2.5
Highest Educational Qualification		
SSCE	28	70.0
Diploma	4	10.0
NCE	3	7.5
Bachelor's degree	5	12.5

Two hypotheses were tested with the one-way Analysis of Variance (ANOVA) for repeated measures at the 0.05 significance level. The results are presented below.

Hypothesis 1:

There will be a significant effect of rehabilitation on self-esteem.

Table 2: Mean Score of Self-esteem for Pre-test and Post-test

Time	Mean score self-esteem	Standard Deviation	95% Confidence Interval	
			Lower Bound	Upper Bound
Pre-test	17.53	3.823	16.302	18.75
Post-test	16.30	3.653	15.132	17.47

Table 3: Repeated Measure ANOVA Source Table for Rehabilitation on Self-esteem (Pre & Post)

Source	Time	Type III Sum of Squares	Df	Mean Square	F	Sig
		30.012	1	30.012	2.223	.144
Time	Linear					
Error (Time)	Linear	526.488	39	13.500		

The results of the one-way repeated-measures ANOVA for hypothesis one (1) showed that there was no significant main effect of rehabilitation on the self-esteem of participants; mean score 17.53 (pre-test), and 16.30 (post-test); $F(1, 39) = 2.223$, $p = 0.144$ ($p > 0.05$). The hypothesis was not supported.

Hypothesis 2:

There will be a significant effect of rehabilitation on emotional intelligence.

Table 4: Mean Score of Emotional intelligence for Pre-test and Post-test

Time	Mean score emotional intelligence	Standard Deviation	95% Confidence Interval	
			Lower Bound	Upper Bound
Pre-test	44.20	13.35	39.93	48.47
Post-test	38.48	12.39	34.51	42.44

Table 5: Repeated Measure ANOVA Source Table for Rehabilitation on Emotional intelligence (Pre & Post)

Source	Time	Type III Sum of Squares	Df	Mean Square	F	Sig
		655.512	1	655.512	4.197	.047
Time	Linear					
Error (Time)	Linear	6090.987	39	156.179		

The results of the one-way repeated-measures ANOVA for hypothesis two (2) above showed that there was a significant main effect of rehabilitation on the emotional intelligence of participants; mean score 44.20 (pre-test), and 38.48 (post-test); $F(1, 39) = 4.197$, $p = 0.047$ ($p < 0.05$). The hypothesis was supported. This implies that rehabilitation predispose participants to lower emotional intelligence.

Discussion

The findings of these research show that rehabilitation does not have an effect on self-esteem and emotional intelligence. These might be due to the poverty level, poor infrastructure and inadequate services provided by the staffs especially in Nigeria. Apart from rehabilitation service Adolescent's self-esteem and emotional intelligence are crucial in understanding an individual's behaviour.

The result of one-way repeated measures for hypothesis one: There will be a significant effect of rehabilitation on self –esteem was not supported and supports the study of Cott,(2004) study among adolescents with long term physical disability with the purpose of finding out if rehabilitation will have effect on their self-esteem and he found out that there was no significant effect of rehabilitation on self -esteem and had highlighted reason as lack of qualified personnel.

The second hypothesis was tested using one-way analysis of variance for repeated measure showed that there was a significant effect of rehabilitation on emotional intelligence therefore, the hypothesis was supported. Woitaszewski&Aalsma (2004) who had studied if there is a relationship between emotional intelligence and rehabilitation success and found out that there was a significant positive relationship between emotional intelligence and rehabilitation success and had suggested that the outcome of the study result may be because the participants were exposed to multiple types of psychological therapeutically sessions which include: group sessions, individual sessions and psycho education.

Conclusion

In conclusion, this study had investigated the impact of rehabilitation on self-esteem and emotional intelligence among adolescents in Kaduna State. The first hypothesis analysis had revealed there was no significant effect of rehabilitation on self-esteem. While the second hypothesis analysis revealed that there was a significant effect of rehabilitation on emotional intelligence which in turn has contributed to other studies on rehabilitation.

Recommendations

Based on this study, the following recommendations were made:

1. More researches and studies should be done using larger population size and across age.
2. Client should be equipped with the skills and resources required for proper functioning in the society focusing towards improving one's self esteem and emotional intelligence.
3. Rehabilitation staff should be exposed to more techniques through training and seminars.
4. There is a need for employment of qualified personnel, increase in financial resources.
5. Proper awareness should be created to the general public by non-government organisation and the government concerning rehabilitation services.
6. The government should provide suitable and appropriate employment opportunities for client after rehabilitation.

References

- Ab al ghasemi, Shahram; Moradi Doost, Hajar; KeikhaniFarzaneh, Mohammad Mojtaba (2010). The effects of problem solving and communicational skill on the students triumph and self-esteem.
- Biabangard, Esmail (1995). The Methods of Enhancement of Self –esteem in Children and Adolescents; Tehran: The Council of Parents and Educators (in Persian)&Methods to increase the self-esteem in the children teenagers. Tehran: The parents and teacher's assembly publication. Contemporary psychological quarterly.

- Banafshe Hasanvand , Mohamad khaledian (2012). The Relationship of Emotional Intelligence with Self-esteem and Academic Progress", *International Journal of Psychology and Behavioral Sciences*, Vol. 2 No. 6,, pp. 231-236. doi: 10.5923/j.ijpbs.20120206.06.
- Bandura , A. Adams, NE.(2002). Analysis of self – efficacy theory in behavior change. *Cognitive theory ther&Res*. 23(1) : 287 – 310 .
- Bar-on, R.(1997); "A Measure of Emotional and Social Intelligence in Chicago"; *Canadian Journal of Behavioral Science*, Vol. 18, pp. 123- 137
- Bar-on, R.(2000); *The Handbook of Emotional Intelligence*; To Ssey-Bass, While Company, San Francisco.
- Bartollas, C, Miller S,J, & Dinitz S.(1976). *Juvinile victimization the institutional paradox* New York. SAGA. Publication.
- Goleman D. (1995) *Emotional intelligence. Why it can matter more than intelligence Q*. New York: Bantam book press.
- Hamilton, K.W. (1950). *Counselling the handicapped in the rehabilitation process*. New York. Ronald press.
- Hosseini, Mohammad Ali, Mahmood Dejkam and Jila Mirlashari, (2007); "The Correlation between Self – esteem and Academic Achievement in Rehabilitation Students in Tehran University of Social Welfare and Rehabilitation"; *The Iranian Journal of Education In Medicine*, Vol. 7, No .1, pp. 137-142 (in Persian).
- Law, K. S., Wong, C., & Song, L. J. (2004). The construct and criterion validity of emotional intelligence and its potential utility for management studies. *Journal of Applied Psychology*, 89(3), 483-496.
- Mayer JD, Salovey P. What is emotion intelligence? In: Salovey P, Sluyter DJ, editors. *Emotional development and emotional intelligence: Educational implications*. New York: Basic Books; 1997. pp. 3-31
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Sink, J. (1977).Trends in rehabilitation. *Journal of rehabilitation* 43 (1) 36-40.
- Tamanai far, Mohammad reza ;SedighiArfai, Fariborz ; Salami, Fatemeh. (2010). The relationship of the exciting intelligence, self-imaginator and self-esteem with the academic achievement. *The planning and studying quarterly in higher education* 56,99-13.