

Impacts of Mentor's Strategic Communication on Adjustment Problems among Adolescents

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ABSTRACT

Introduction: Adolescence is the period of rapid changes in physical and mental state. Rapid storm of physiological changes brings a great deal of stress and adjustment difficulties. It represents one of the critical transitions in the life span with a wide range of adjustment and mental health problems. The present study is aimed to assess the impact of Mentor's Strategic Communication on adjustment problems among adolescents.

Methodology: A quasi experimental non-equivalent control group design was chosen to assess the impact of Mentor's Strategic Communication by using Self developed Adjustment Inventory among 60 adolescents (30 each experimental and control group) with mild and moderate adjustment problems at selected schools, Kerala. The Samples were selected based on simple random sampling. Appropriate descriptive & inferential statistics was applied to compute the results.

Results: Finding reveals that out of 30 students, 70% reported moderate adjustment problems while 30% were in mild adjustment issues in experimental group. There was a significant difference for adjustment problems among experimental and control group after Mentor's strategic communication ($p < 0.001$). Further, number of siblings ($p < 0.032$) and education status of father ($p < 0.008$) found significant association to adjustment problems among schools going adolescents.

Conclusion: The results of the study revealed that majority of adolescents face adjustment problems and Mentor's strategic communication had significant impact on improvement in adjustment problems. A planned and timely infusion of mentorship strategy may help them to deal with their day to day adjustment problems and help them to focus in studies in a better way.

Keywords: Adolescence, Adjustment problems, coping, stress, behavioural problems

INTRODUCTION

Adolescent is the critical period of human life and show transition for different changes and adjustment. It represent one of the most critical and sensitive period of life. It characterized by rapid transition and changes in physical and psychological aspects and subsequently overall personality of an individual. Adolescents involve in multiple roles at a time and expected to perform many and bear many responsibilities to have a stable image in the

eye of community. Adolescent expected to perform role as per their gender and age, need autonomy in their decision making about intimate relationship and choice about their future makes life stressful. ^[1]

Incidence of psychological problem is drawing attention of researcher towards adolescents. As depression report shows that 75% adolescents suffer from depression and chances of depression are markedly increased at the age of 13 years. ^[2] Adolescent more indulge in risk taking

behaviour and subsequently face more adjustment problems who exposed to hostility. [3] Likewise, sudden surge in complex hormones also lead to brings lot of changes in physiological and mental changes and create role confusion state in adolescents.

Literature evidenced that social and family support play a direct role on psychological state of an adolescent and work as buffer to negative life experiences and psychological problems to normalize the life process of adolescents. [4] Use of efficient and positive coping styles along with individual personality also plays an important role in the bridging the life stress and psychological problems and normalizing life process in adolescents. [5]

Mentoring is a trusting relationship in which an older and more experienced person with non-parental figures provides guidance, support and encouragement to a younger one. [6] Mentorship can be natural, community based or school based as per the mentoring site to the needy group. However, school based mentoring is much more popular than natural and community based mentoring. [7]

Numerous researches depicted the positive impacts of mentoring over psychological state of adolescents. In a way, findings of study [8] reported a greater psychological well being and positive impacts on self esteem and life satisfaction. A large number of significant positive impacts of school based mentoring are also been largely recited in literature. Mentoring helps school students to improve behavioral, social-emotional, and academic achievement significantly. [9]

In a meta-analysis of 73 independent mentorship report of school based and community based mentorship evidenced a significant positive impact on academic achievement and youth functioning. Another work of Wheeler et al (2010) concluded slight improvement of mentorship on perception of support, scholastic efficacy, school related misconduct, absenteeism and truancy. [10]

Inconsistent result of mentorship on academic grade, attendance, behaviour, self esteem and behaviour also reported. [11]

MATERIALS & METHODS

A quasi experimental non-equivalent control group design was adopted to see the impacts of mentor's strategic communication on adjustment problems experienced among purposively selected 60 school going adolescents. The students were selected from Ramakrishna Mission higher secondary school & St' Joseph English medium school, Calicut, Kerala. Study includes adolescent between the age group 15-18 years screened for mild and moderate adjustment problem as per self developed adjustment inventory and willing to participate in research. Students were on psychiatric treatment were excluded from the study. Data were collected through socio-demographic profile sheet and self developed adjustment inventory.

Socio-demographic profile sheet: it consisted information on age, gender, educational status, grades in exams, educational and occupational status of parents and family monthly income, family history of mental illness, suicide and absconded.

Adjustment Inventory: Adjustment inventory developed and used for data collection were based on the extensive review of research and non research literature, consultation with experts and investigator's personal experience. It consisted 50 items measured on 4 point rating scale; never (1) to always (4). 50 items were broadly classified under four domains home (15 items), health (10 items), social (10 items) and emotional (10 items). Total score was based on percentage of total score; no problems (< 25%), mild problems (26-50%), moderate problems (51-75%) and severe problems (76-100%).

Intervention

A mentor's strategic communication programme was developed with the help of extensive literature review, online resources, experts' consultation and personal experience. The content outline of mentor's

strategies communication covered broadly the topic related to information on stress, stressors in adolescents, timely identification of stressors, building good interpersonal relationship, maintaining good health, exercise habits, improving social skills and identification of emotional changes and timely management of same.

The content validity of the intervention was established by the nine experts the field of psychology, psychiatry and nursing. A minor change were suggested and made as per their experience and considering practicality.

Ethical Consideration

Ethical permission was sought after due clarification of ethical issues. All the students were informed for their involvement and assured for their confidentiality of information while collection and dissemination of information. Participants were assured for denying for

their presence to participate in the study at any point of time.

Methods of data collection

After screening the study subjects as per inclusion criteria, purpose of the study was well explained with objectives and confidentiality of information was assured. The subjects were divided in to experimental and control groups considering one school experimental and another as control group. For practicality issue, numbers of subjects were kept same (30 each) in both the group. Mentor's strategic communication was administered to experimental group with the help of PowerPoint presentation, discussion and one to one approach. At the end of session, students were asked to clarify their doubt related to different aspect of adjustment problems. Control group was not exposed to intervention and post test was administered on seventh day for experimental and control group.

RESULTS

Table 1. Socio-demographic profile of adolescents in both the groups (n=60)

Sample Characteristics	Exp. Group (n=30)	Control group (n=30)	χ^2 value, df	p value,
Age (in years)			0.379 df=3	0.944
15	11(36.67)	09(30.00)		
16	03(10.00)	04(13.33)		
17	13(43.33)	14(46.67)		
18	03(10.00)	03(10.00)		
Gender			.0673 df=1	0.795
Male	17(57.00)	16(53.00)		
Female	13(43.00)	14(47.00)		
Class			.0673 df=1	0.795
11 th	14(47.00)	13(43.33)		
12 th	16(53.00)	17(56.67)		
Grade in last exams			3.456 df=4	0.177
>75%	08(26.67)	03(10.00)		
50-75	13(43.33)	19(63.33)		
<50%	09(30.00)	08(26.67)		
Education of father			2.7 df=1	0.100
Up to high school	13(43.33)	07(23.33)		
Higher secondary and above	17(56.67)	23(76.66)		
Education of mother			5.45 df=1	0.019
Up to high school	09(30.00)	18(60.00)		
Higher secondary and above	21(70.00)	12(40.00)		
No of siblings			3.508 df=4	0.173
No	00	05(16.67)		
1	23(76.67)	21(70.00)		
2	07(23.33)	04(13.33)		
Type of family			2.96 df=1	0.085
Nuclear	25(83.33)	30(100.0)		
Joint	05(16.67)	00		
Occupation of father			0.577 df=1	0.448
Skill professional	05(16.67)	03(10.00)		
Own work/agriculture/business	25(83.33)	27(90.00)		
Occupation of mother			2.417 df=2	0.119
Home makers	10(33.33)	16(53.33)		
Professional	05(16.67)	02(06.67)		
Own work/business	15(50.00)	12(40.00)		

NS-not Significant

Table 1 represents the socio-demographic profile of adolescents. Findings represent that 46 % adolescents in control group were 17 years old while 43 % adolescents were of 17 years old. 57% were male in experimental group while 53% male in control group. More than half of (56%) and 53% studying in class 12th in experimental and control group respectively.

In terms of grade in last exams, 63% and 43% had obtained 50-75% grades in control and experimental group. Around 77

fathers of experimental group and 57% of control group studied up to higher secondary and above education. 70% adolescents in control and 77% in experimental were have only single sibling. 100% adolescents in control group from nuclear family while 83% were in same family pattern in experimental group. Majority of adolescent (90%) father in control and 83% of control group were having their own business and work for survival.

Table 2. Comparison of level of adjustment problems among adolescents (n=60)

Level of adjustment problem	Pre-test		Post-test		χ ² value, df p-value
	E (%)	C (%)	E (%)	C (%)	
Normal (<90)	0	0	01(3.33)	0	16.65
Mild (91-120)	09(30.0)	20(66.66)	24 (80.0)	21(70.0)	df=2
Moderate(121-160)	21(70.0)	10(33.34)	05(16.67)	09(30.0)	0.000*

*=significant at p value<0.05

Table 2 represents level of adjustment problems in experimental and control group before post test. Findings revealed that majority of (70%) adolescents in experimental group were in category of moderate adjustment problems as compare to control group. However, the ratio for adjustment problems shows a significant changes ($p=0.000$) in post test revealed a majority of (80%) adolescents in mild adjustment problems and a handful of subjects (17%) in moderate adjustment problems indicate positive impact on improvement of adjustment problems in experimental group.

Table 3. Impact of Mentors strategic communication on adjustment problems (n=60)

Adjustment problem	Pre-test	Post-test	p-value
Home	27.53±3.87	23.77±4.13	0.000*
Health	24.90±2.63	20.90±2.64	0.000*
Social	27.93±3.96	24.30±4.15	0.000*
Emotional	43.70±4.60	35.23±5.15	0.000*
Total	124.07±7.12	104.20±9.76	0.000*

*=significant at p value<0.05

Table 3 represents impact of mentor's strategic communication on improvement of areas of adjustment problems among adolescents. This reflects that mentor's strategic communication found significant effective in improvement of home ($p=0.000$), health ($p=0.000$), social

($p=0.000$), and emotional ($p=0.000$) areas of adjustment problems among adolescents.

Further, a comparison between experimental and control group was observed for post-test adjustment problems among adolescents. Findings represent that a significant changes has been observed in different sub areas of adjustment problems after post test mentor's strategic communication. However, there was no significant improvement in social adjustment ($p=0.058$) problems in experimental and control group. (Table 4)

Table 4. Comparison of post test adjustment problems (n=60)

Adjustment problem	Exp. group	Control group	p-value
Home	39.61±6.89	27.63±3.71	0.000*
Health	20.90±2.64	25.23±1.75	0.000*
Social	24.30±4.15	24.77±2.18	0.058
Emotional	35.23±5.16	38.87±4.56	0.000*
Total	104.20±9.76	116.77±6.27	0.000*

*=significant at p value<0.05

Table 5 shows that ANNOVA and t-value was calculated for change in mean score of adjustment problems and socio-demographic variables. Findings shows a significant association of education status of father ($F=4.907$, $p=0.008$) and number of siblings ($t=2.328$, $p=0.032$) with adjustment problems among adolescents. However, none of the other variables shows significant association with adjustment problems. (Table 5)

Table 5. Association of Socio-demographic variables with adjustment problems among adolescents (n=30).

Demographic variables	Pre-test	Post—test	Mean D	ANNOVA/ t-value p-value
Education of father				F=4.907*
Middle school	122.25±2.21	96.25±3.86	26.00±2.00	p=0.008
High school	123.44±7.41	105.00±9.91	18.44±3.12	
Higher sec	125.81±6.36	105.81±9.10	20.00±3.79	
Graduate & above	123.00±10.50	105.33±12.69	17.66±4.80	
Number of siblings				t=2.328
1	124.86±7.31	105.73±19.13	19.13±4.54	p=0.032*
2	121.42±6.16	99.14±5.30	22.28±2.56	

*=significant at p value<0.05

DISCUSSION

Adjustment problems are common among adolescent age. This study represent impact of time limited, structured mentor's strategic communication on high risk adolescents in a quasi-experimental non-equivalent research. Initially, findings show that a bunch of adolescents face adjustment problems while handling and dealing day to day life at school. Of course, managing multiple things at a time is challenging for anyone until unless you are not have enough exposure in your past for same handling. Similar and consistent findings reflected in a study conducted by

Further, present study findings revealed that mentor's strategic communication found effective in improving different adjustment problems among adolescents. Consistent result has been depicted in the present study as comparison to previous research work (Dubois et al. 2011; Weiler et al.2015; Tolan et al. 2013). [12-14] Likewise, a work on randomly assigned big brother big sister also revealed significant improvement in academic outcomes, academic improvement, self-esteem, misconduct, grades, and prosocial behaviour. [15] Likewise, a study on adolescents to see the impact of life skill training also revealed positive enhancement in emotional adjustment, educational adjustment, and total adjustment. [16] Similarly, an evaluation of exclusive mentoring for high risk youth received disciplinary action at school and poor performance found the mentoring enable youth to internalize and externalize behaviour as reported by parents. [17] Consistent findings displayed of impact of

an adolescent diversion programme to cutoff incidence of crime and regular school behaviour. [18]

Further findings represent association of socio-demographic factors with adjustment problems among adolescents. It represents that small family size or less number of siblings and good education of father will work as a protective factor among adolescents. However, no such findings on direct association has been ruled out in previous literature on adjustment problems among adolescents; however a number of protective and risk factors were enumerated in similar work.

Lakind D et al (2015) recited a number of risk and protective factors for adjustment problems among adolescent. Peer/community pressure, school environment, relationship with neighborhood, unsporting or negative parenting styles, low parental support, home instability due to shifting, shift working styles, changing parents relationship, unstable employment of parents, and poverty were frequently reported risk factors. [19] Charisma, resilience, kindness, personality and humor are recited as protective factors to overcome adjustment problems among adolescents in similar work. [19]

Likewise, work of Pham and Murray (2015) reported that alienation of teacher student relationship, trust, problem behaviour and school bonding are important predictor of adjustment problem among adolescents. [20]

Limitations and Strength

The results of the present study must be interpreted under the limitations and should be

considered preliminary for this area. The quasi experimental study design probably prohibits the exact casual relationship between study variables and therefore may impede generalization of the study results on similar interest of population. Similarly, use of probability sampling technique may overcome chances of selection bias among the interest of population. However, despite of the limitations, this study shall be considered preliminary work in the area and can be use as a basis for future work on similar interest of population.

Implication for research

Preliminary findings are important with respect to development of mentorship programme for school adolescents in terms of their adjustment in to different sphere of life in this transition period by using adaptive coping styles. In future, this research recommends a randomized control trail to see the impact of meticulously designed mentorship program under rigorously designed control environment. Further, a long term, longitudinal approach could be another better notion to see the long term impact of mentorship program and may help to and necessitate the needs of the time bound mentoring to adolescents to work a buffer to handle life hassles.

REFERENCES

1. Lousi P, Emerson A. Adolescent adjustment in high school students: A brief report on mid transforming. *Education science and psychology* 2012;22(3):15-24
2. Lewis G, Neary M, Polek E, Flouri E, Lewis G. The association between parental and adolescent depressive symptoms: evidence from two population based cohort *lancet psychiatry* 2017;4:920-926
3. Stattin H & Latina D. The severity and spread of adjustment problems of adolescents involved in mutually hostile interaction with others. *Journal of adolescence* 2018;63:51-63
4. Man Y, Mengmeng L, Lezchi L, Ting M & Jingping Z. The psychosocial problems and related influential factors of left behind adolescents (LBA) in Hunan, China: a cross sectional study. *International journal for equity in health* 2017;16:163
5. Yan W, Y Li, N Sui. The relationship between recent stressful life events, personality traits, family functioning and internet addiction among college students. *Stress health* 2014;30(1):3-11
6. DuBois DL, Karcher M. Youth mentoring: Research, theory, and practice. In: Dubois DL, Karcher ML, Editors. *Handbook of youth mentoring*. Thousand Oaks, CA: Sage; 2005.pp2-11
7. Karcher MJ, Herrera C. School based mentoring. *Youth mentoring: research in Action*. 2007;1:3-16
8. DuBois DL, Silverthorn N. Characteristics of natural mentoring relationship and a adolescent adjustment: Evidence from a national study. *Journal of primary prevention* 2005;26:69-92
9. Rhodes JE. A model of youth mentoring. In: Dubois DL, Karcher MJ, editors. *Handbook of youth mentoring*. Thousand Oaks, CA: Sage; 2005.pp30-43
10. Wheeler M, Keller T, DuBois D. Review of three recent randomized trials of school based mentoring. *SRCD Social Policy Report*. 2010;24:1-21
11. Wood S, Wilson EM. School based mentoring for adolescents- A systematic review and meta-analysis. *Research on social work practice*. 2012;22(3):257-269
12. Weiler LM, Haddock SA, Zimmerman TS, Henry KL, Kratchick JL, Youngblade LM. Time limited structured youth mentoring and adolescent problem behaviour. *Appl. Dev Sci*. 2015;19(4):196-205
13. Tolan PH, Henry DB, Schoney MS, Lovegrove P, Nichols E. mentoring programs to affect delinquency and associated outcomes of youth at risk: a comprehensive meta-analytic review. *Journal of experimental criminology*. 2013:1-28
14. DuBois DL, Portilo N, Rhodes JE, Silverthorn N, valentine JC. How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychopathological science in the public health interest* (Sage publication Inc.). 2011;12(2):57-91
15. Chan CS, Rhodes JE, Howard WJ, Lowe SR, Schwartz SEO, Herrerad C. Pathways of influence in school based mentoring: the mediating role of parents

- and teacher relationships. *J Sch Psychol.* 2013;51(1):129-142
16. Yadav P, Iqbal N. Impact of life skill training on self esteem, adjustment and empathy among adolescents. *Journal of the Indian academy of applied psychology* 2009;35:61-70
17. Jackson Y. mentoring for delinquent children: An outcome study with young adolescent children. *Journal of youth and adolescence.* 2002;31(2):115-122
18. Sutura ML, Davidson WS II. Issues facing dissemination of prevention programme: three decades of research on the adolescent diversion project. *Journal of prevention and intervention in the community.* 2006;32(1/2):5-24
19. Lakind D, Atkins M, Eddy JM. Youth mentoring relationship in context. Mentor perception of youth, environment and the mentor role. *Child Youth Serv. Rev* 2015;53(1):52-60
20. Pham YK, Murray C. Social relationships among adolescents with disabilities, unique and cumulative association with adjustment. *Exceptional children* 2015;82(2):234-250

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