

Self-Esteem and Assertive Behavior among Schizophrenic Patients

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Abstract Self-esteem is an important component of psychological health, schizophrenic patient have low self-esteem and deficit in assertive behavior, so this study aimed at determine the level of self-esteem and assertive behavior among schizophrenic patients. **Research question:** Is there relationship between self-esteem and schizophrenia, is there relationship between self-esteem and assertiveness behavior among schizophrenic patients. Descriptive research design was utilized to conduct the aim of the study. **Study subjects:** A convenience sample of 100 patients was included in the study. Three tools were used Interview questionnaire to assess sociodemographic and clinical characteristics of patient, Rosenberg Self – Esteem Scale developed to assess patient's self-esteem, Rathus Assertiveness Schedule was developed for measuring assertive behavior. **The result of the study** showed that majority of participants were male patient and more than half of studied patients were single and had secondary school, the result of the study showed that more than three quarter of participants had moderate level of self-esteem while about nearly half of the participants had unassertive behavior. there were no statistically significant relation between self-esteem and assertiveness behavior and sociodemographic and clinical characteristics Also the study showed that there was statistically significant negative correlation between self-esteem and assertiveness among Schizophrenic Patients. **Conclusion:** there was moderate level of self-esteem and assertive behavior among schizophrenic patients. **The study recommended** that developing social skill training to schizophrenic patients to improve self-esteem and assertive behavior.

Keywords : Self-esteem, assertiveness, schizophrenia.

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I. Introduction

Schizophrenia is one of the most chronic and disabling serious mental illness[1]. Self-esteem is a complex concept, comprising appraisal of self-worth based on personal achievements and anticipation of evaluation by others [2]. Schizophrenic patients show unstable levels of self-esteem and are more likely to exhibit poorer responses to treatment and have a poorer quality of life; Patients with Low-self-esteem suffer from feelings of being weak, helpless, hopeless, frightened, fragile, incomplete, worthless and inadequate. They suffer from negative thoughts and fail to recognize their potentials, they fear criticism and take compliments negatively and are afraid of taking up responsibilities, and afraid of constituting their own opinion[3].

assertiveness is a form of behavior characterized by a confident declaration or affirmation of a statement without need of proof; this affirms the person's rights or point of view without either aggressively threatening the rights of another (assuming a position of dominance) or submissively permitting another to ignore or deny one's rights or point of view During the second half of the 20th century, assertiveness was increasingly singled out as a behavioral skill taught by many personal development experts, behavior therapists, and cognitive behavioral therapists. Assertiveness is often linked to self-esteem[4].

Furthermore, deficits in assertiveness skills are important components of social dysfunction in schizophrenia behavioral analysis of schizophrenic patients "interactions revealed that they are lacking the ability to engage in effective social interactions, make request, express their opinions, refuse others "unreasonable demands, confirm and express their feelings, understand interpersonal boundaries and respond assertively to different situations [5].

Significance of the Study:

Through our clinical experience, the researcher noticed that a great number of patients have negative self-esteem, problems in communication skills including assertiveness, In addition Previous researches indicated that lowered self-esteem frequently accompanies or became an etiological factor in many psychiatric conditions

Patients with schizophrenia and low self-esteem are expected to have a compromised quality of life and poor psychosocial functioning[6] therefore this study attempts to gain insight which is the most significant and problematic to schizophrenic patients.

Aim of the study

The study aimed at determines the level of self-esteem and assertiveness behavior among schizophrenic patients.

Research Questions

- Is there a relationship between self-esteem and schizophrenia?
- Is there a relationship between assertiveness and schizophrenia?
- Is there a relationship between self-esteem and assertiveness among schizophrenic patients?

II. Subjects and Methods

2.1 Research design

Descriptive design was used in this study

2.2 Setting

This study will be conducted at Minia psychiatric health and addiction treatment hospital. The hospital consists of inpatient (psychiatric department, addiction department) and outpatient clinic; the capacity of hospital is 53 beds.

2.3 Subjects:

A convenience sample consisted of 100 schizophrenic patients was included in the study.

Inclusion Criteria:

- Patients between the ages of 18 and 55 years.
- Schizophrenic patients with different types

Exclusion Criteria:

- Mental retardation.
- Comorbid diagnosis of substance dependence.
- Organic brain disease

III. Tools of Data Collection:

Tools of data collection were consisted of three tools:

Tool (I) Interview questionnaire:

It was developed by the researcher and cover the following items: age, gender as well as the educational level, marital status, occupation, duration of illness, date of admission, history of hospitalization, number of hospitalization, and total duration of hospitalization.

Tool (II) Rosenberg Self – Esteem Scale (RSE).

The Rosenberg self-esteem scale adopted from [7]: and translated by the researcher. It consists of 10 statements (5 statements are phrased positively and 5 statements are phrased negatively). These statements are rated on a 4-point scale, which are: (1) strongly agree, (2) Agree, (3) disagree, (4) strongly disagree. According to these answers, scoring ranges from 1 to 40, with 40 indicating the highest possible score. Scoring for negative answers was reversed, i.e., 4 for strongly agree and 1 for strongly disagree, and so on.

Scoring system of self-esteem scale:

Higher score is an indicator of low self-esteem; moderate score is an indicator of moderate self-esteem while low score is an indicator of high self-esteem.

- High self-esteem < 50% 20 score = Indicator of high self esteem
- Moderate self-esteem 50% - 75% 21-30 score = indicator of moderate self esteem
- Low self-esteem > 75% > 30 score = Indicator of low self esteem

(III) Rathus Assertiveness Schedule

The Rathus assertiveness schedule adopted from [8] and translated into Arabic version, it was developed for measuring assertive behavior. The schedule consists of 30 items ranged between (3+) very much

like me to (3-) very much unlike me. It scores from (90+) to (90-), and the schedule statements numbers (1, 2, 4, 5, 9, 11, 12, 14, 15, 16, 17, 19, 23, 24, 26, 30) are reversed statements.

Scoring system of Rathus Assertiveness Schedule:

- Assertive behavior 60% or more
- Non Assertive behavior is less than 60%

IV. Validity and Reliability

The tools were tested for content validity by a 5 jury of experts in the field of the study (Psychiatric Nursing department) and the necessary modifications were done. Reliability of the study tools was done through used of coefficient test $r = 0.87$ for self-esteem, $r = 0.93$ for assertive.

V. Procedure

- A review of the related literature which covering various aspects of the problem was done, using available books and journals, to get acquainted with the research problem and to implement the study.
- Tools of the study were translated into Arabic version by the researcher and revised by the supervisors. The tools were reviewed and validated by the jury committee that was composed of 5 experts in psychiatric mental health nursing to test their validity (Tanta and Shebin-Elkom faculty of nursing Psychiatric Nursing department) that reviewed the tools for clarity, relevance, comprehensiveness, understanding, applicability and considered the aim of this study and the necessary modifications were done.
- An official letter was obtained from the dean of the Faculty of Nursing, Minia University, as well as the director of Minia hospital for psychiatric health and addiction treatment, asking for permission to collect data .Oral and written consent was obtained from the patients after explaining the nature and purpose of the study through direct personal communication to gain their acceptance and cooperation . After that , data collection started; the researcher went to the hospital for three days/week from 3-5pm (Monday, Tuesday, Wednesday).

VI. Pilot study

Pilot Study will be conducted on 10% from the total number of study sample to test the study process and to evaluate the efficiency, clarity, of tools that used in the study.

VII. Statistical Analysis

Recorded data were analyzed using the statistical package for social sciences, version 20.0 (SPSS Inc., Chicago, Illinois, USA). Quantitative data were expressed as mean± standard deviation (SD). Qualitative data were expressed as frequency and percentage

VIII. Ethical Consideration

A written initial approval obtained from the Research Ethical Committee of the Faculty of Nursing, Minia University, there is no risk for study subject during application of this research, the study follow common ethical participation in clinical research, privacy was provided during data collection. Anonymity and confidentiality was assured through coding the data; and a patient has the right to refuse to participate in the study without any rationale.

IX. Figures and Tables

This study was conducted on institutionalized patient who have schizophrenia to determine level of self-esteem and assertive behavior among schizophrenic patients.

Table (1): Frequency distribution of studied sample according to their socio-demographic data (N=85).

Socio-Demographic data	No.	%
Gender		
Male	58	68.2
Female	27	31.8
Marital Status		
Single	45	52.9
Married	36	42.4
Divorced	4	4.7
Education level		
Illiterate	19	22.4
Primary (reads and writes)	4	4.7

Elementary or Secondary	50	58.8
University	12	14.1
Occupation		
Doesn't work	49	57.6
Employee	9	10.6
Worker	18	21.2
Free business	5	5.9
Farmer	4	4.7

Table (1): demonstrated that more than half of studied were **Male** (68.2%), and about Single (52.9%) were single about (58.8%), Elementary or Secondary, majority of the study patients doesn't work.

Table (2): Frequency distribution of the studied sample regarding Clinical Characteristics (No= 85)

Medical characteristics	No	%
Duration of disease		
Less than one year	5	5.9
From year to less than two years	8	9.4
From two years to less than three years	9	10.6
More than 3 years	63	74.1
How many Admission (N=59)		
Once	22	25.9
Twice	24	28.2
Three times	9	10.6
More than three times	5	5.9
Staying Time (N=59)		
Less than 1 month	8	9.4
From 1 month to 2 months	48	56.5
Three months	3	3.5
More than three months	1	1.2

Table (2) : demonstrated that more than three quarter of patients were admitted more than 3 years (74.1%), about most of patients had at least one institutionalized admission (25.9%), about half of the patients had Staying From 1 month to 2 months (56.5%).

Table (3): Frequency distribution of total self-esteem among schizophrenic patients (N=85).

Total Rosenberg self-esteem scale		
	No.	%
High self-esteem $\leq 20\%$	4	4.7%
Moderate self-esteem $>20-50\%$	80	94.1%
Low self-esteem $>50\%$	1	1.2%
Total	85	100.0

Table (3): showed that about (94.1%) of studied patients had moderate level of self-esteem.

Table (4): Frequency distribution of assertive among schizophrenic patients (N=85).

Total Rathus assertiveness Schedule	Pre	
	No.	%
Non assertive behavior $<60\%$	47	55.3%
Assertive behavior $>60\%$	38	44.7%
Total	85	100.0

Table (4) : Revealed that more than half of the studied patients had nonassertive behavior

Table (5): Relation between self-esteem of studied sample and their socio demographic characteristics (N= 85).

Socio-Demographic data		
	Mean	±SD
Gender		
Male	23.90	2.80
Female	24.63	3.01
T	1.202	
p-value	0.276	
Age (years)		
≤30 years	24.13	2.90
>30-40 years	24.09	2.83
>40 years	24.20	3.10
F	0.007	
p-value	0.993	
Marital Status		
Single	23.94	2.87
Married	24.32	2.79
Divorced	24.80	3.90
F	0.309	
p-value	0.735	
Education level		
Illiterate	24.84	2.67
Primary (reads and writes)	23.25	4.03
Elementary or Secondary	24.08	2.95
University	23.45	2.54
F	0.715	
p-value	0.546	

Table (5) demonstrated that there was no relation between self-esteem and all sociodemographic data .

Table (6)Relation between self-esteem of studied sample and their clinical data (N= 85).

History	Pre program	
	Mean	±SD
Duration of disease		
Less than one year	22.83	2.48
From year to less than two years	23.50	2.98
From two years to less than three years	23.88	3.04
More than 3 years	24.37	2.89
F	0.689	
p-value	0.561	
Does entry before		
No	22.88	2.39
Yes	24.68	2.92
T	7.580	
p-value	0.007*	
How many Admission		
No	22.88	2.39
Once	24.44	3.04
Twice	25.00	2.98
Three times	25.29	2.75
More than three times	23.83	2.71
F	2.192	
p-value	0.047*	
Staying Time		
No	22.88	2.39
Less than 1 month	24.44	1.51
From 1 month to 2 months	24.84	3.03
Three months	19.00	0.00
F	4.129	
p-value	0.009*	

Table (6): demonstrated that there was relation between self-esteem and previous hospitalization of the patient, respectively there was relation between self-esteem and number of admission and staying time in hospital

Table (7)Relation between Assertive of studied sample and their socio demographic characteristics (N= 85).

Socio-Demographic data	Pre program	
	Mean	±SD
Gender		
Male	-3.03	22.90
Female	-9.52	26.12
T	1.350	
p-value	0.249	
Age (years)		
≤30 years	-6.79	30.10
>30-40 years	-1.38	15.38
>40 years	-8.73	22.02
F	0.646	
p-value	0.527	
Marital Status		
Single	-6.41	25.41
Married	-4.42	19.23
Divorced	3.60	38.14
F	0.408	
p-value	0.666	
Education level		
Illiterate	-13.74	29.70
Primary (reads and writes)	-6.25	17.19
Elementary or Secondary	-4.29	21.37
University	6.55	24.17
F	1.751	
p-value	0.163	

Table (7): demonstrated that no relation between Assertive of studied sample and their socio demographic

Table (8) Relation between Assertive of studied sample and their clinical data (N= 85).

History	Pre program	
	Mean	±SD
Duration of disease		
Less than one year	3.17	12.89
From year to less than two years	6.25	13.37
From two years to less than three years	11.88	15.29
More than 3 years	-9.48	25.31
F	3.078	
p-value	0.032	
How many Admission		
No	3.35	18.38
Once	-0.76	21.59
Twice	-19.00	26.85
Three times	-8.29	19.86
More than three times	-7.33	33.13
F	3.094	

p-value	0.020	
Diagnosis		
Schizophrenia	-5.92	24.42
Paranoid schizophrenia	3.40	14.24
Disorganized schizophrenia	2.00	29.10
F	0.484	
p-value	0.618	

Table (8) :demonstrated that no relation between Assertive of studied sample and their clinical data (N= 85).

Table (9): Correlation between self-esteem scale, assertive and among Schizophrenic Patients (No =85).

Post		Rosenberg Self Esteem Scale	Rathus Assertiveness Schedule
Rosenberg Self Esteem Scale	R		-0.303
	p-value		0.005*
Rathus Assertiveness Schedule	R	-0.303	
	p-value	0.005*	

*p-value <0.05 S; **p-value <0.001 HS

Spearman's rank correlation coefficient (rs)

Table (9): demonstrated that statistically significant negative correlation self-esteem and assertive among Schizophrenic Patients.

X. Discussion

Research evidence recognizes low self-esteem to occur in several psychiatric disorders, particularly major depressive disorders, dysthymic disorder, anxiety disorders and schizophrenia[9] Individuals with schizophrenia are known to have a lower self-esteem and depressive symptoms compared to the general population [10]. Clients with schizophrenia often require extensive practice in assertiveness skills before they become comfortable expressing themselves to others[11]. The aim of this study was to determine level of self-esteem and assertive behavior among schizophrenic patients.

Part (I): Sociodemographic and clinical characteristics of the studied Patients

As regard to the gender of the participants, the present study revealed that about more than half of the studied participants were male. This might be due to prevalence of schizophrenia in male was more than in female, also might be related to culture which represent as hinder to female institution. The result also agreed with [12] about “Gender Differences within the Psychosis Spectrum” who reported that the prevalence of specific diagnoses differed between men and women men were approximately 1.4 times more likely to have a diagnosis of schizophrenia than were women.

As regarding marital status, the present study revealed that the majority of the studied participants were single. This might be related to onset of the disease appear early in male than in female and also may be due to stigma of the disease. This result agreed with [13] who mentioned that the vast majority of the patients were unmarried. This result also congruent with [14] who found that nearly half of cases were unmarried.

Concerning the education of the participants the study demonstrated that more than half of the participants were had secondary school and about minority of participants had university education, this might be related to severity of the symptoms which effect on the level of education. This result agreed with [15] who showed that More than one third of the sample had preparatory or secondary education, while only minority of patients had a university education.

As regard to occupation, the present study showed that more than half of the participants were unemployed. This might be due to many causes which might include factors related to the illness, frequent hospitalization, might be the result of combination of public discrimination and patients’ perceived stigma, as well as side effects of antipsychotic drugs. This result agreed with [14] who found that about half of cases were unemployed.

Regarding the clinical characteristics of the participants more than three quarter of the participants the duration of the disease was more than three years. This might be due to the chronicity of the disorder. This was agree with the literature [16] which mentioned that Schizophrenia is associated with many costs to the health care system as it often presents early in life, has no cure, requires repeated interaction with the healthcare system, lifelong medications and frequent hospitalizations.

The present studies showed that about (40 %) of the participants were admitted to hospital between twice and three times. This might be related to relapse of the disease so that increase number of hospitalization. This finding was congruent with [17] who found that 50.0% had one hospitalization and 40.0% had 2–4 hospitalizations. On the other hand the finding is not consistent with [18] who mentioned that participants had been hospitalized for more than two times.

The result of the present study showed that more than three quarter of the participants had previous hospitalization and duration of staying was between one month to two months this finding was agreed with [13] who found that The length of current hospitalization ranged from 1 to 64.

The present study showed that more than three quarter of the subjects had moderate level of self-esteem in assessment of self-esteem. This might be related stigma of the disease and the patients doesn't have intervention how to cope with stigma may properly have low self-esteem, an employment and impaired in social functioning. This result was accepted with [19] who mentioned that three quarter of the studied patients were have intermediate self-esteem. This result was also congruent with [20] who found that patients with schizophrenia had intermediate levels of self-esteem. However, when compared to other psychiatric conditions, this group of patients had significantly low self-esteem.

The present study showed that nearly half of the subjects had unassertiveness skills (55.3%). This might be related to that schizophrenic disease affect individual in early stage of development so it causes an impairment in assertiveness skills as ability to refuse request, ability to apologize, also ability to say no. This finding is consistent with previous literature by [21] who stated that individuals with chronic and seriously impairing psychiatric conditions, such as schizophrenia, may display unassertive behavior due to lack of social skill, decreased motivation, or increased social anxiety. At the same line [22] found that individuals diagnosed with chronic schizophrenia, particularly those who experience negative symptoms, show deficits in emotion recognition, cognitive ability, and social skill, including assertiveness.

In relation to participants self-esteem and their gender, the finding of the current study revealed that there were no statistically relation between participant self-esteem score and their gender. This finding was agreed with [23] who stated that the Relationship between self-esteem and Socio-demographic characteristics of the studied sample of schizophrenic patients' showed that there is no statistical significant difference between self-esteem mean score and gender of the studied sample.

In relation to participant age and self-esteem, the finding of the study showed that, there was no statically significant relation between participants self-esteem and their age. This result agreed with [24] who mentioned that there was no statistically significant relation-ship among patients' age groups and social anxiety scale and self-esteem scale. In the same line, This result corresponded to [25], who found that, there were no association found between age, the level of self-esteem and social anxiety of schizophrenia patients.

The present study showed that there were no statistically relation between participant's socio demographic data and assertiveness behavior and non-assertive behavior. This result was agreed with [13] who found that no statistically significant relationship between the study group all socio-demographic and almost all clinical factors. On the other hand the finding was not correspond with [26] who found that there was sadistically significant relationship between the study group level of assertiveness and educational level.

The result of the study illustrated that there were statistically significant relationship between participants' diagnosis as schizophrenia and assertiveness skills. This might be related to that schizophrenic patients had deficits in assertiveness skills and this gave an importance of implementation of training to patients for enhancing this deficit

XI. Conclusion

In the light of the study findings, it might be concluded that, the majority of the studied patients in institutionalized had moderate level of self-esteem and have unassertive behavior.

Recommendation

In the light of the results of the current study, the following recommendations are suggested:

Schizophrenia is chronic disorder which required intervention for improving self-esteem and assertiveness behavior

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