

## **AN INVESTIGATION INTO SELF-CONFIDENCE AND ADJUSTMENT OF STAFF MEMBERS**

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### **Abstract**

The main aim of this study is to investigate self-confidence and adjustment of staff members from University for the Development of the National Races of the Union (UDNR), Sagaing in 2021-2022 academic year. Survey research design and quantitative method were used in this study. The sample comprised 250 (Male=71 and female=179) staff members from UDNR. For research instruments, the staff members' self-confidence was measured by using Self-Confidence Scale developed by Kelsey Evelyn Perkins (2018) and their adjustment was measured by using The Adjustment Inventory developed by Huch M. Bell (1934). In order to investigate the differences in self-confidence and adjustment by gender, age, years of work experience, descriptive statistics, independent samples *t*-test, one-way analysis of variance (ANOVA) and Pearson's Product-Moment Correlation were used. The results of this study showed that there were statistically significant differences in internal self-confidence subscale, social and emotional adjustment subscales and overall adjustment of staff members by gender. Besides, there was statistically significant difference in emotional adjustment subscale by age. Pearson's Product-Moment correlation revealed that self-confidence was significantly and positively correlated with adjustment ( $r = .307, p < 0.001$ ).

**Keyword:** Staff member, Self-Confidence, Adjustment.

### **Introduction**

#### **Significance of the Study**

Self-confidence can play an important role not only in school life but also personal and social lives as well, and therefore, at every stage of life towards success. Rubio (2007) stated that cognition is the center of self-confidence, that success or failure is felt cognitively (as cited in Tunçel, 2015). Self-confident teachers feel comfortable in classroom, and can convey their messages to students without disturbing them. Their calm and confident nature and actions can promote students' self-confidence (Krashen, 1982; MacIntyre & Clement 1977; Oner, 2008, cited in Tunçel, 2015). This brings people to the conclusion that self-confidence is a sense (cognitive) just like anxiety and fear in humans. Many different factors may lead to anxiety and fear just like many different factors may increase or decrease self-confidence.

One of the most important psychological activities of human being is adjustment because life is a process of adjustment. According to Gill (2014), adjustment is a process which starts from birth and continues till death (as cited in Akande & Ikediashi, 2018). Adjustment could mean reactions to the demands and pressures of social environment imposed upon the individual. The demands may be external (social and educational) or internal (emotional) to which the individual has to react. A socially well adjustment person is not only efficient and happy in his environment, but also must have a sense of social feelings, he must be cooperative and sympathetic (Adler 1930, as cited in Kaur, 2015). A person has social efficiency if he follows the beliefs, values and the norms of the society. Adjustment is a major concern in all development stages, but is of great relevance during adolescent (Kaur, 2015). Dishion (1990), Feschbach (1987) and Green (1974) explored that good adjustments make the adolescents proud and self-satisfied, motivate them for

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future success, encourage them to be an independent thinking person and build their confidence and improve the mental health (as cited in Kaur, 2015).

In the modern society, human life is becoming very complex and conflicting day by day. Only when a person is well adjusted, he can survive without psychological stress which may result in maladjustment. Hence, adjustment is very important in one's life. Emotional adjustment is essential for creating a sound personality. It is the roof of personality adjustment and physical, intellectual, mental and esthetical adjustments are possible when emotional adjustment is made (Singh, Edbor & Dhingra, 2017).

### **Purpose of the Study**

The main purpose of this study is to investigate into self-confidence and adjustment of staff members from University for the Development of the National Races of the Union (UDNR).

The following specific objectives of the study are established to know the impact of gender, age and work experience on staff members' self-confidence and adjustment.

- ✓ To examine the differences in self-confidence of staff members by gender, age and work experience,
- ✓ To investigate the differences in adjustment of staff members by gender, age and work experience, and
- ✓ To find out the relationship between self-confidence and adjustment of staff members.

### **Scope of the Study**

Participants of this study were selected from staff members in University for the Development of the National Races of the Union during 2021-2022 Academic Year and this study is limited to investigate self-confidence and adjustment of staff members.

### **Definition of Key Terms**

**Self-confidence.** Self-confidence is a belief that one is capable of successfully meeting the demands of a task (VandenBos, 2015).

**Adjustment.** Adjustment is the process by which a living organism maintains a balance between its needs and the circumstances that influence the satisfaction of these needs (L. F. Shaffer, 1961, cited in Sekar & Lawrence, 2016).

**Operational definition of staff members.** All staff members those who have been working in the University for the Development of the National Races of the Union are considered here as staff members.

## **Review of Related Literature**

### **Nature of Self-Confidence**

The concept of **self-confidence** is commonly used as self-assurance in one's personal judgment, ability, power, etc. One increases self-confidence from experiences of having mastered particular activities. It is a positive belief that in the future one can generally accomplish what one wishes to do. Self-confidence is not the same as self-esteem, which is an evaluation of one's own worth, whereas self-confidence is more specifically trust in one's ability to achieve some goal, which one meta-analysis suggested is similar to generalization of self-efficacy (Geetha, 2018).

Self-confidence definitions generally involve belief in one's own abilities to perform (Bandura, 1977; Chemers et al., 2000; Clark et al., 2008, as cited in Greenacre, Tung, & Chapman, 2014). As people learn and undertake decisions they gain specific feedback about their abilities and thus develop the beliefs in those abilities, with those beliefs described as self-confidence (Park et al., 2007, cited in Greenacre et al., 2014). The Oxford Dictionary defines self-confidence as “a feeling of trust in one's abilities, qualities, and judgment” (cited in Perkins, 2018). Self-confidence refers to individuals' beliefs that they can accomplish a given task or achieve a desired objective (Stankov et al., 2012, as cited in Ballane, 2019).

Self-confidence is one of the most important factors studied by psychological researchers to express ‘a powerful mediating process in multiethnic settings that affects a person's motivation to learn and use the language of the other speech community’. A straightforward definition of self-confidence is the amount of reliance one has about himself, that is, one's knowledge and one's abilities. Self-confidence seems to be among the first steps to progress, development, achievement and success. Additionally, self-confidence refers to the belief that a person has the ability to produce results, achieve goals or complete tasks proficiently. Accordingly, it is also a building block for success throughout one's career and a key- competency in the self-awareness cluster (Fitri, 2015). Furthermore, Norman and Hyland suggest that there are three elements to confidence:

- (1) Cognitive, the person's knowledge of their abilities;
- (2) Performance, the person's ability to do something;
- (3) Emotional, the learner's comfortable feeling about the former two aspects (as cited in Fitri, 2015).

### **Models of Self-Confidence**

Perkins (2018) described the following models.

1. Integrated Model of Organizational Trust
2. The Model of Self-Trust and
3. The Integrated Model of Self-Confidence.

Self-Confidence Scale based on the last two models was used in this study. The last two models are as follows:

**The Model of Self-Trust.** Meyer et al. (1995) model may be used to explore the concept of self-trust, in other words, internally-perceived self-confidence, which will be called Internal Self-Confidence from this point forward (cited in Perkins, 2018). Perkins (2018) stated that, in this case, self-trust (i.e., Internal Self-Confidence) can be defined as the willingness of an individual to be vulnerable towards themselves – to take an action that benefits themselves despite the risk in doing so. Internal Self-Confidence, like trust, is an evaluative attitude with affective, behavioral, and cognitive components that targets the self. It is a willingness to take a risk that depends both people's propensity to trust, as well as how trustworthy they perceive themselves to be (in terms of ability, benevolence, and integrity).

In summary, according to the Model of Self-Trust, Internal Self-Confidence, as a broad, overarching construct, is influenced by three indicator factors: general self-efficacy, self-esteem, and self-compassion. The effect of each of these indicators is also influenced by one's level of optimism—or the belief or expectation of positive outcomes. Each of these factors is necessary for understanding and achieving Internal Self-Confidence, which is a prerequisite for realizing the

behavioral manifestation of self-confidence, which includes taking action and taking risks with themselves (Perkins, 2018).

**The Integrated Model of Self-Confidence.** While one's attitudes towards oneself in terms of abilities, qualities, and compassion are undoubtedly important in such outcomes as career success, progression, and promotions, internal perceptions of self-confidence are only part of the story. Subtle signals and behaviors are often thought to be indicative of an individual's level of self-confidence — and therefore their competence (Anderson et al., 2012; Locke & Anderson, 2015, as cited in Perkins, 2018). The literature discusses many confidence cues, some of which include: enduring and direct eye contact, strong and steady tone of voice, clear and articulate speech, lack of anxiety or nervousness, good posture and poise, assertiveness in speech and mannerisms, and expression of opinions, ideas, or viewpoints (Anderson, et al., 2012; Borno, 2000; Cramer et al., 2009; Kennedy, Anderson & Moore, 2013; Locke & Anderson, 2015, as cited in Perkins, 2018).

The process — one's level of internally perceived self-confidence (i.e., Internal Self-Confidence) is often reflected in verbal, nonverbal, and behavioral confidence cues (further referred to as External Self-Confidence). These confidence cues inform other's perceptions of that individual's competence, which affords that individual increased access to influence and power, and therefore heightened career success. In turn, this career success is likely to further increase the self-confidence (both internal and external) of said individual. Clearly, External Self -Confidence plays a substantial role in the outcomes of Internal Self-Confidence and whether or not such an attitude can influence one's career success (Perkins, 2018).

### **Nature of Adjustment**

Adjustment, as a process describes and explains the ways and means of an individual's adaptation to himself and his environment. It is an organizational behavior in life situations at home, at school, at work in growing up and in ageing. It helps one to keep out basic impulses at tolerable levels, to believe in one's own abilities and to achieve desired goals. Thus, adjustment helps for self-initiated growth and development along intellectual, emotional, social, physical, and vocational dimensions. Adjustment refers to the psychological process through which people manage or cope with the demands and challenges of every day (Richard & Sumathi, 2015).

Ghaonta (2013) stated that the term adjustment mainly has the following forms in an individual's life. They are home adjustment, health adjustment, social adjustment, emotional adjustment and educational adjustment. In this study, The Adjustment Inventory was used to measure staff members' health adjustment, social adjustment, emotional adjustment.

**Health Adjustment:** Health also plays prime role in the development of one's personality. Physically healthy person always feels himself/herself well-adjusted in society than an unhealthy one. An unhealthy person always cries for his weakness and could not participate fully with others and he/she then becomes the victim of stress and strains and feels himself unable to adjust both physically and mentally in the society.

**Social Adjustment:** Social adjustment is an effort made by an individual to cope with standards, values and needs of a society in order to be accepted. It involves coping with new standard and value. In the technical language of psychology 'getting along with the members of society as best one can' is called adjustment. Social adjustment is the achievement of balance in social relationships usually aided by the appropriate application of social skills.

**Emotional Adjustment:** Emotional adjustment deals with the capability of an individual to be able to control and balance his emotions. A balanced personality is one which is emotionally adjusted. Emotional adjustment is the maintenance of emotional equilibrium in the face of internal and external stressors.

### **Models of Adjustment**

There are several models describing the pattern of adjustment. Mangal (2012) explained some of the important models as follows:

- 1. The Moral Model.** This represents the oldest view-point about adjustment or maladjustment. According to this view, adjustment or maladjustment should be judged in terms of morality i.e. absolute norms of expected behavior.
- 2. The Medico-Biological Model.** This model holds genetic, physiological and biochemical factors responsible for a person being adjusted or maladjusted to himself and his environment.
- 3. The Psychoanalytic Model.** This model owes its origin to the theory of psychoanalysis propagated by Sigmund Freud (1938) and supported by psychologists like Adler, Jung and other neo-Freudians (as cited in Mangal, 2012).
- 4. The Sociogenic or Cultural Model.** According to this model, the society in general and culture in particular affects one's ways of behaving to such an extent that behavior takes the shape of adaptive or non-adaptive behavior turning one into an adjusted or maladjusted personality.
- 5. The Sociopsychological or Behaviouristic Model.** The sociopsychological or behaviouristic model in general emphasizes that
  - (a) Behavior is not inherited. Competencies required for successful living are largely acquired or learned through social experience by the individual himself.
  - (b) The environmental influences provided by the culture and social institutions are important but it is the interaction of one's psychological self with one's physical as well as social environment which plays the decisive role in determining adjustive success or failure.
  - (c) Behavior, whether normal or abnormal is learned by obeying the same set of learning principles or laws. Generally, every type of behavior is learned or acquired as and after-effect of its consequences. The behavior once occurred, if reinforced, may be learned by the individual as normal. As a result, one may learn to consider responses which are labelled normal or abnormal.
  - (d) Not only normal and abnormal behavior is learned, the labelling of behavior as normal or abnormal is also learned. Whether or not an individual is considered abnormal or maladjusted for a particular type of behavior depends upon the observer of the behavior and also upon the social context of the behavior.
  - (e) Maladaptive behavior may be treated by applying the principle of behavior modification, unlearning, deconditioning and correcting environmental situations responsible for its occurrence.

## Method

### Sample of the Study

**Table 1 Number of Participants from University for the Development of the National Races of the Union**

Staff Members	Male	Female	Total
Teachers	19	110	129
Office Staff	52	69	121
<b>Total</b>	71	179	250

### Instrumentation

In this study, Self-Confidence Scale developed by Kelsey Evelyn Perkins (2018) and The Adjustment Inventory developed by Huch M. Bell (1934) were used to measure staff members' self-confidence and adjustment.

The answers of self-confidence questionnaire were coded in five-point Likert Scale (1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly agree). Appraisal uses 24 items with two dimensions: internal self-confidence with 12 items and external self-confidence with 12 items.

The answers of the adjustment questionnaire were coded in three-point Likert Scale (1=No, 2=Unsure, 3=Yes). The adjustment questionnaire contains 30 items under three subscales: health adjustment (10 items), social adjustment (10 items) and emotional adjustment (10 items). In assigning the response of each item, the numerical values such as 1,2,3,4 and 5 were used in the case of the positive statements. The scoring was reversed in the case of negative statements.

All the measures used in this study were adapted to Myanmar version. After developing the two instruments, expert reviews were conducted to have content validity and the internal consistency was measured using Cronbach's Alpha value after piloting to determine the reliability of the scale. Experts' reviews were taken by eight experts in the field of Educational Psychology at UDNR and Sagaing University of Education (SUOE). After getting expert reviews, the instrument was modified. Then, pilot testing was done with a sample of 30 staff members from UDNR to know whether the instrument was reliable or not.

After Piloting, reliability analysis was computed. The reliability coefficients (Cronbach's alpha) for self-confidence and the adjustment questionnaire were 0.714 and 0.724 respectively.

### Data Analysis and Findings

**Table 2 Descriptive Statistics for Self-Confidence and Adjustment of Staff Members**

Variable	N	Minimum	Maximum	Mean	SD
Self-Confidence	250	66	102	84.45	7.028
Adjustment	250	75	88	81.39	2.571

Descriptive analyses revealed that the means and standard deviations of self-confidence and adjustment for the whole sample are 84.45 ( $SD = 7.028$ ) and 81.39 ( $SD = 2.571$ ), respectively (see Table 2). These findings showed that self-confidence and adjustment of staff members in this study were somewhat satisfactory.

**Table 3 Descriptive Statistics for Self-Confidence Subscales of Staff Members**

Variables	N	Minimum	Maximum	Mean	SD
Internal Self-Confidence	250	30	58	45.10	4.360
External Self-Confidence	250	24	52	39.34	4.843

According to Table 3, mean score of internal self-confidence (45.10) is higher than that of external self-confidence (39.34) of staff members.

**Table 4 Descriptive Statistics for Adjustment Subscales of Staff Members**

Variables	N	Minimum	Maximum	Mean	SD
Health Adjustment	250	24	30	27.40	1.148
Social Adjustment	250	25	30	27.92	1.255
Emotional Adjustment	250	22	30	26.06	1.915

According to Table 4, mean score of social adjustment is the highest (27.92) and emotional adjustment subscale has the lowest mean score (26.06).

**Table 5 The Results of Independent Samples *t*-test for Self-Confidence and Adjustment of Staff Members by Gender**

Variables	Gender	N	Mean	SD	<i>t</i>	<i>df</i>	<i>p</i>
Self-Confidence	Male	71	85.37	6.772	1.303	248	.194
	Female	179	84.08	7.113			
Adjustment	Male	71	82.68	2.353	5.249***	248	.000
	Female	179	80.88	2.478			

\*\*\*The mean difference is significant at the 0.001 level.

According to Table 5, in comparing mean scores for self-confidence and adjustment between male and female, the mean score of male was slightly higher than that of female in self-confidence and adjustment. According to the *t*-test result, there was no significant difference in staff members' self-confidence by gender. According to the *t*-test result, there was statistically significant difference in adjustment between males and females at 0.001 level. Since the effect size (*d*) was approximately 0.74. According to Cohen (1988), the effect size was medium ( $d > .5$ ).

**Table 6 The Results of Independent Samples *t*-test for Self-Confidence Subscales of Staff Members by Gender**

Variables	Gender	N	Mean	SD	<i>t</i>	<i>df</i>	<i>p</i>
Internal Self-Confidence	Male	71	46.08	4.056	2.258*	248	.025
	Female	179	44.72	4.426			
External Self-Confidence	Male	71	39.28	5.235	-.128	248	.898
	Female	179	39.37	4.694			

\* The mean difference is significant at the 0.05 level.

According to the *t*-test result, there was no significant difference in external self-confidence by gender but there was significantly different in internal self-confidence by gender at 0.05 level (see Table 6). Since the effect size (*d*) was approximately 0.314. According to Cohen (1988), the effect size was small ( $d > .2$ ). It means that male staff members had higher internal self-confidence than female staff members.

**Table 7 The Results of Independent Samples *t*-test for Adjustment Subscales of Staff Members by Gender**

Variables	Gender	<i>N</i>	Mean	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Health Adjustment	Male	71	27.55	.938	1.297	248	.196
	Female	179	27.34	1.218			
Social Adjustment	Male	71	28.24	1.236	2.562*	248	.011
	Female	179	27.79	1.244			
Emotional Adjustment	Male	71	26.89	1.916	4.440***	248	.000
	Female	179	25.74	1.819			

\*The mean difference is significant at the 0.05 level.

\*\*\*The mean difference is significant at the 0.001 level.

According to the result of *t*-test, there was no significant difference in health adjustment subscale, but there were statistically significant differences in social adjustment subscale at 0.05 level by gender. Since the effect size (*d*) was approximately 0.363. According to Cohen (1988), the effect size was small ( $d > .2$ ). Moreover, emotional adjustment subscale was at 0.001 level by gender (see Table 7). Since the effect size (*d*) was approximately 0.622. According to Cohen (1988), the effect size was medium ( $d > .5$ ).

**Table 8 Descriptive Statistics for Self-Confidence and Adjustment of Staff Members by Age**

Variables	Age Group	<i>N</i>	Mean	<i>SD</i>
Self-Confidence	Below 30	42	83.64	7.067
	30-39	72	84.92	6.513
	40-49	77	85.01	6.768
	Above 49	59	83.71	7.944
Adjustment	Below 30	42	81.05	2.613
	30-39	72	81.54	2.621
	40-49	77	81.65	2.454
	Above 49	59	81.10	2.637

**Table 9 The Results of One-Way ANOVA for Self-Confidence and Adjustment of Staff Members by Age**

Variables		Sum of squares	<i>df</i>	Mean of squares	<i>F</i>	<i>p</i>
Self-Confidence	Between Groups	99.592	3	33.194	.669	.572
	Within Groups	12200.232	246	49.594		
	Total	12299.824	290			
Adjustment	Between Groups	16.662	3	5.554	.839	.474
	Within Groups	1628.702	246	6.621		
	Total	1645.364	249			

According to Table 9, One-Way ANOVA results showed that there were no significant differences in self-confidence and adjustment according to age group.

**Table 10 Descriptive Statistics for Self-Confidence Subscales of Staff Members by Age**

<b>Variables</b>	<b>Age</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
<b>Internal Self-Confidence</b>	Below 30	42	45.29	3.522
	30-39	72	44.79	4.405
	40-49	77	45.23	4.013
	Above 49	59	45.19	4.273
<b>External Self-Confidence</b>	Below 30	42	38.36	5.084
	30-39	72	40.13	4.386
	40-49	77	39.78	4.806
	Above 49	59	38.53	5.120

**Table 11 The Results of One-Way ANOVA for Self-Confidence Subscales of Staff Members by Age**

<b>Variables</b>		<b>Sum of squares</b>	<b>df</b>	<b>Mean of squares</b>	<b>F</b>	<b>p</b>
<b>Internal Self-Confidence</b>	Between Groups	10.108	3	3.369	.175	.913
	Within Groups	4723.188	246	19.200		
	Total	4733.296	290			
<b>External Self-Confidence</b>	Between Groups	138.940	3	46.313	1.998	.115
	Within Groups	5701.476	246	23.177		
	Total	5840.416	290			

According to Table 11, One-Way ANOVA results showed that there were no significant differences in self-confidence subscales according to age.

**Table 12 Descriptive Statistics for Adjustment Subscales of Staff Members by Age**

<b>Variables</b>	<b>Age</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
<b>Health Adjustment</b>	Below 30	42	27.29	1.215
	30-39	72	27.53	1.048
	40-49	77	27.27	1.242
	Above 49	59	27.49	1.089
<b>Social Adjustment</b>	Below 30	42	28.12	1.282
	30-39	72	27.97	1.175
	40-49	77	27.84	1.225
	Above 49	59	27.81	1.371
<b>Emotional Adjustment</b>	Below 30	42	25.64	1.722
	30-39	72	26.04	2.059
	40-49	77	26.53	1.840
	Above 49	59	25.78	1.876

**Table 13 The Results of One-Way ANOVA for Adjustment Subscales of Staff Members by Age**

Variables		Sum of squares	df	Mean of squares	F	p
<b>Health Adjustment</b>	Between Groups	3.466	3	1.155	.876	.454
	Within Groups	324.534	246	1.319		
	Total	328.000	249			
<b>Social Adjustment</b>	Between Groups	2.972	3	.991	.626	.599
	Within Groups	389.428	246	1.583		
	Total	392.400	249			
<b>Emotional Adjustment</b>	Between Groups	29.154	3	9.718	2.705*	.046
	Within Groups	883.822	246	3.593		
	Total	912.976	249			

\*The mean difference is significant at the 0.05 level.

According to Table 13, the result of One-Way ANOVA showed that there were no significant differences in staff members' health adjustment and social adjustment by age. But, the result of One-Way ANOVA showed that there was significant difference in staff members' emotional adjustment subscale by age at 0.05 level. After making mean comparison among age groups, Tukey's HSD Multiple comparison procedure was again employed and the main effect for different age groups on staff members' emotional adjustment subscale was interpreted by using multiple comparison method.

**Table 14 The Results of Tukey's HSD Multiple Comparison for Emotional Adjustment Subscale of Staff Members by Age**

Variable	(I)Age Group	(j)Age Group	Mean Difference (I-J)	p
<b>Emotional Adjustment</b>	under 30	30-39	-.399	.700
		40-49	-.890	.071
		above 49	-.137	.984
	30-39	under 30	.399	.700
		40-49	-.491	.392
		above 49	.262	.860
	40-49	under 30	.890	.071
		30-39	.491	.392
		above 49	.753	.102
	above 49	under 30	.137	.984
		30-39	-.262	.860
		40-49	-.753	.102

Based on results of Post-Hoc Test by using Tukey HSD test, there was no significant difference in staff members' emotional adjustment subscale by age. Thus, it can be said that most staff members in UDNR had similar abilities of emotional adjustment in their departments since they can reduce well to their unstable emotions.

**Table 15 Descriptive Statistics for Self-Confidence and Adjustment of Staff Members by Work Experience**

Variables	Years of Work Experience	N	Mean	SD
Self-Confidence	Below 6	57	83.67	7.412
	6-10	44	84.23	6.007
	11-15	21	86.57	6.313
	16-20	47	84.57	6.209
	Above 20	81	84.49	7.881
Adjustment	Below 6	57	81.25	2.849
	6-10	44	81.23	2.400
	11-15	21	81.67	2.817
	16-20	47	81.79	2.303
	Above 20	81	81.27	2.569

**Table 16 The Results of One-Way ANOVA for Self-Confidence and Adjustment of Staff Members by Work Experience**

Variables		Sum of squares	df	Mean of squares	F	p
Self-Confidence	Between Groups	132.551	4	33.138	.667	.615
	Within Groups	12167.273	245	49.662		
	Total	12299.824	249			
Adjustment	Between Groups	12.512	4	3.128	.469	.758
	Within Groups	1632.852	245	6.665		
	Total	1645.364	249			

According to Table 16, a statistically significant difference was not found in self-confidence and adjustment of staff members by work experience.

**Table 17 Descriptive Statistics for Self-Confidence Subscales of Staff Members by Work Experience**

Variables	Work Experience	N	Mean	SD
Internal Self-Confidence	Below 6	57	44.84	4.471
	6-10	44	45.32	3.722
	11-15	21	45.24	4.560
	16-20	47	45.32	3.271
	Above 20	81	45.01	5.125
External Self-Confidence	Below 6	57	38.82	5.359
	6-10	44	38.91	4.085

Variables	Work Experience	N	Mean	SD
	11-15	21	41.33	3.261
	16-20	47	39.26	4.843
	Above 20	81	39.48	5.141

**Table 18 The Results of One-Way ANOVA for Self-Confidence Subscales of Staff Members by Work Experience**

Variables		Sum of squares	df	Mean of squares	F	p
<b>Internal Self-Confidence</b>	Between Groups	9.162	4	2.290	.119	.976
	Within Groups	4724.134	245	19.282		
	Total	4733.296	249			
<b>External Self-Confidence</b>	Between Groups	108.709	4	27.177	1.162	.328
	Within Groups	5731.707	245	23.395		
	Total	5840.416	249			

According to Table 18, ANOVA results showed that there were no significant differences in staff members' self-confidence subscales by work experience.

**Table 19 Descriptive Statistics for Adjustment Subscales of Staff Members by Work Experience**

Variables	Work Experience	N	Mean	SD
<b>Health Adjustment</b>	Below 6	57	27.32	1.152
	6-10	44	27.82	1.040
	11-15	21	27.52	.981
	16-20	47	27.30	1.196
	Above 20	81	27.26	1.181
<b>Social Adjustment</b>	Below 6	57	27.93	1.237
	6-10	44	27.73	1.353
	11-15	21	28.10	1.338
	16-20	47	28.02	1.189
	Above 20	81	27.91	1.247
<b>Emotional Adjustment</b>	Below 6	57	26.00	2.035
	6-10	44	25.68	1.762
	11-15	21	26.05	1.936
	16-20	47	26.47	1.767
	Above 20	81	26.09	1.982

**Table 20 The Results of One-Way ANOVA for Adjustment Subscales of Staff Members by Work Experience**

Variables		Sum of squares	df	Mean of squares	F	p
<b>Health Adjustment</b>	Between Groups	10.515	4	2.629	2.029	.091
	Within Groups	317.485	245	1.296		
	Total	328.000	249			
<b>Social Adjustment</b>	Between Groups	2.770	4	.693	.435	.783
	Within Groups	389.630	245	1.590		
	Total	329.400	249			
<b>Emotional Adjustment</b>	Between Groups	14.381	4	3.595	.980	.419
	Within Groups	898.595	245	3.668		
	Total	912.976	249			

According to Table 20, One-Way ANOVA results showed that there were no significant differences in staff members' adjustment subscales according to work experience.

**Relationship between Self-Confidence and Adjustment**

**Table 21 Correlation between Self-Confidence and Adjustment**

Variables	Self-Confidence	Adjustment
<b>Self-Confidence</b>	-	.307***
<b>Adjustment</b>	.307***	-

\*\*\* Correlation is significant at the 0.001 level (2-tailed).

According to Table 21, the result showed that there was significant correlation between self-confidence and adjustment of staff members in UDNR. As the result, self-confidence was significantly and positively correlated with adjustment of staff members ( $r = .307, p < 0.001$ ). To be specific, the correlation analysis was conducted to find out the inter-correlation coefficient among subscales of self-confidence and adjustment. The results were described in Table 21.

**Table 22 Inter-correlation among Subscales of Self-Confidence and Adjustment**

Variables	Internal Self-Confidence	External Self-Confidence	Health Adjustment	Social Adjustment	Emotional Adjustment
<b>Internal Self-Confidence</b>	1				
<b>External Self-Confidence</b>	.164**	1			
<b>Health Adjustment</b>	.141*	-.107	1		

Variables	Internal Self-Confidence	External Self-Confidence	Health Adjustment	Social Adjustment	Emotional Adjustment
Social Adjustment	.204***	.153*	-.084	1	
Emotional Adjustment	.198**	.189**	-.070	.122	1

\*\*\* Correlation is significant at the 0.001 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

Table 22 shows inter-correlation between subscales of self-confidence and adjustment of staff members. The results of Table 22 showed that there was significant positive relationship between internal and external self-confidence at 0.01 level. The result showed that there was significant positive relationship between internal self-confidence and health adjustment at the 0.05 level. Besides, there was significant positive relationship between internal self-confidence and social adjustment at the 0.001 level, and then there was significant positive relationship between internal self-confidence and emotional adjustment at 0.01 level. Moreover, there was significant positive relationship between external self-confidence and social adjustment at 0.05 level, and then there was significant positive relationship between external self-confidence and emotional adjustment at 0.01 level.

### Conclusion, Discussion and Recommendation

The main purpose of this study was to investigate self-confidence and adjustment of staff members from the University for the Development of the National Races of the Union (UDNR). A survey study was conducted in 2021-2022 Academic Year. In this study, a total of 250 staff members from UDNR participated. The number of participants was 71 males and 179 females. Questionnaire Survey Method was used in this study.

According to the results of descriptive statistics, the mean score of staff members' self-confidence was 84.45 and the mean score of staff members' adjustment was 81.39. Independent samples *t*-test analysis and one-way analysis of variance (ANOVA) were computed to examine self-confidence and adjustment of staff members by means of demographic differences such as gender, age and work experience.

According to the results of descriptive analysis, the mean score of male staff members was slightly higher than that of female staff members in self-confidence. According to the *t*-test result, there was no significant difference in staff members' self-confidence by gender. The possible reason may be that all staff members have almost equal efforts to perform successful tasks in UDNR. Besides, the result showed that there was significant difference in internal self-confidence subscale between male and female staff members at the 0.05 level. It can be said that male staff members had higher internal self-confidence than female staff members. It may also be that the male staff members naturally have belief about themselves in their capabilities.

In order to know the difference in adjustment by gender, descriptive analysis and independent samples *t*-test were used. The results showed that since the mean score of male staff

members was higher than that of females in adjustment, there was statistically significant difference in adjustment between males and females at 0.001 level. Therefore, the results revealed that male staff members had higher adjustment than female staff members. It may be assumed that male staff members had high adjustment since the males are leaders of family and work place. Besides, the result showed that there was statistically significant difference in social adjustment subscale between male and female staff members at the 0.05 level. According to the results, it can be said that male staff members was higher than female staff members in social adjustment at UDNR. It may be that the males naturally have more harmonious relationship than females. And then, the result showed that there was statistically significant difference in emotional adjustment subscale between male and female staff members at the 0.001 level. According to the results, it can be said that male staff members are higher than female staff members in emotional adjustment at UDNR. It may be assumed that male staff members do not control their emotions than females.

For the mean comparisons of staff members' self-confidence by age group, descriptive analysis was used. The results of the descriptive analysis indicated that the staff members in the 40-49 age group had the highest mean score (85.01) and the staff members in the below 30 age group had the lowest mean score (83.64) among four age groups in staff members' self-confidence. Moreover, in order to test whether self-confidence was significantly different with respect to age group or not, one-way analysis of variance (ANOVA) was utilized. According to the One-Way ANOVA results, there were no significant differences in self-confidence by age group. It can be said that all staff members in UDNR have similar confidence to serve their duties. It may be that all the staff members possess efficient service in their work place respectively.

In order to know the difference in adjustment by age group, descriptive analysis was used. The results of descriptive analysis revealed that the staff members in the 40-49 age group had the highest mean score (81.65) and the staff members in below 30 age group had the lowest mean score (81.05) among four age groups in adjustment. To investigate whether adjustment was significantly different with respect to age group or not, one-way analysis of variance (ANOVA) was utilized. According to ANOVA results, there was no significant difference in adjustment by age group. It can be concluded that all staff members in UDNR have similar adjustment in themselves and their environment. It may be that all staff members in UDNR have mutual respect.

In order to know the mean difference in self-confidence by work experience, descriptive analysis was used. The results of descriptive analysis revealed that the staff members in 11-15 years of work experience had the highest mean score (86.57) and the staff members in below 6 years of work experience had the lowest mean score (83.67) in self-confidence. The One-Way ANOVA result showed that there were no significant differences in staff members' self-confidence by work experience. So, it can be said that all staff members have similar beliefs in their own abilities to perform by work experience. It may be that university is supportive all staff members for safe keeping in work place.

In order to know the mean difference in adjustment by work experience, descriptive analysis was used. The results of descriptive analysis revealed that the staff members in 16-20 years of work experience had the highest mean score (81.79) and the staff members in 6-10 years of work experience had the lowest mean score (81.23) in adjustment. To investigate whether adjustment was significantly different with respect to work experience or not, one-way analysis of variance (ANOVA) was utilized. According to One-Way ANOVA results, there were no significant differences in staff members' adjustment by work experience. Therefore, it can be

interpreted that the staff members possess similar adjustment in interpersonal relationship by years of work experience. It may be that all staff members tried to adjust in and out of work place with their coworkers.

In the correlation analysis, Pearson's Correlation revealed that self-confidence was significantly and positively correlated with adjustment of staff members ( $r = .307, p < 0.001$ ). So it can be concluded that the higher the staff members' self-confidence, the better the adjustment they perform. And then, inter-correlation for the subscales of self-confidence and adjustment was also explored. The results showed that there was significant positive relationship between internal and external self-confidence at 0.01 level. And then there were significant positive relationships between internal self-confidence and social adjustment at 0.001 level, between external self-confidence and emotional adjustment at 0.01 level. Then, there was significant positive relationship between internal self-confidence and emotional adjustment at 0.01 level. Moreover, there were significant positive relationships between internal self-confidence and health adjustment, between external self-confidence and social adjustment at 0.05 level.

### **Suggestions for Future Researches**

The current research is merely focused on staff members from UDNR. Therefore, to make the sample more representative, more staff members under Ministry of Education should be participated in both quantitative and qualitative studies.

It is suggested that longitudinal study may be conducted to confirm and validate the findings of this study. Moreover, the effect of other demographic variables on this study should be further studied and explored. The study of self-confidence and adjustment should be conducted in the other field of professions such as medical institutions, technological institutions and in the basic education in Myanmar, as the self-confidence and adjustment play an important role in person's life. It should be explored the relationship between self-confidence and academic achievement and then should be investigated the relationship between self-confidence and their academic adjustment.

As a conclusion, this research would be conducted for improvement of education activities as a part of important factors. It is expected that this study can help in all tasks of university. The researcher believed that it would be useful for educators, professors, administrators to know the staff members' difficulties and psychological needs, and then to promote staff members' capabilities by providing workshops, forums, seminars and training programmes concerning self-confidence and adjustment.

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