

Factors Influencing Assertiveness in Nursing

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Abstract- Nursing is a profession, centered on the nurse-patient relationship. For the successful and satisfactory work nurses require effective cooperation with patients and other health care professionals. Assertiveness is necessary for effective nurse/patient communication, and it is suggested that its development may also aid the confidence of the profession as it develops. It is considered as one of the essential life skills that has to be developed by everyone. There are different factors that determines the assertiveness behavior of the individual in general. This review describes various factors influencing assertiveness in nursing.

Index Terms- Assertiveness, Factors influencing, nursing, life skill

I. INTRODUCTION

Assertiveness is a very essential skill required for our daily lives. We can get things done if we are assertive. Of course, we must ensure that we are not aggressive. Whatever has to be said has to state in clear and matter-of-fact terms and not in an abusive manner.

Andrew Salter, the hypnotherapist and early behavior therapist at London is credited with introducing the term assertiveness, in 1949, to mean an inner resource to deal peacefully with confrontations. The term was reintroduced by Arnold Lazarus, Professor of Psychology who defined it as "expressing personal rights and feelings. "Since its introduction it has become the major focus in changing the stress related behaviours.¹

II. DEFINING ASSERTIVENESS

- Assertiveness is a form of behaviour 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.²
- Assertiveness is described as the ability to be comfortably strong willed about one's thoughts, feelings, and actions; and neither inhibited nor aggressive in actions for the betterment of oneself in the surrounding environment.³

- Assertive behaviour promotes equality in human relationships, enabling us to act on our own interest, to stand up for ourselves without undue anxiety, to express honest feelings comfortably, to exercise personal rights without denying the rights of others.⁴

III. NEED FOR ASSERTIVENESS

In all spheres of our professional lives, we have to be assertive. It is a competitive world today. One faces many challenges in one's work arena. Also, one has to deal with all kinds of people. Some may be helpful and cooperative and others may not be so helpful. It may not be very easy to convince some people. At times your views may not be acceptable to the other person. Only the person who is assertive can get his way or else everybody will trample upon him or her. One has to be firm about things and not give easily to everything that another person wants him or her to do.

WHY ASSERTIVENESS IS ESSENTIAL FOR NURSES?

Assertiveness is an important requisite for today's professional nurse. As nurses move away from traditional subservient roles and perceived stereotypes it is increasingly being recognized that a nurse needs to be assertive.

It mitigates against personal powerlessness and results in personal empowerment. Nursing has determined that assertive behavior among its practitioners is an invaluable component for successful professional practice. It enables us to express ideas while respecting the ideas of others, overcome burnout and to reduce distress, to solve problems diplomatically and tactfully, to negotiate healthily to tackle verbal abuse and violence in work environment

Nursing is centred on the nurse-patient relationship. Nursing is a profession whose "object" is the human being and thus the success of the work is partly determined by the effective cooperation with patients and other health care professionals. Assertiveness is necessary for effective nurse/patient communication, and it is suggested that its development may also aid the confidence of the profession as it develops. It is considered as one of the essential life skills that has to be developed by everyone.

IV. FACTORS INFLUENCING ASSERTIVENESS IN NURSING

Assertiveness is considered as an important responsibility of the nurses. And it is a learned skill that has to be developed. There are different factors which influence the development and practice of assertive behaviour in a person.

Two main factors that influence our decision to “speak up” or be assertive are

1. Our perception of the reaction of others to the situation

Generally, in a group setting, if we see something wrong, we first look at how others are reacting before we speak up. When we look at the reaction of others, we are checking to see if they appear concerned with the situation. If we find that others do not appear concerned then we will probably be reluctant to speak up.

2. Perceived obedience to authority

We may also not “speak up” because we believe we are just following orders or that speaking up would represent questioning authority. This type of obedience towards authority and the personal feeling of powerlessness inhibit the assertiveness. Team leaders can reduce these barriers by ensuring that team members understand that assertive behaviour is demanded of all personnel. Junior members must be confident that senior leadership has empowered them to speak up, without fear of reprisal.⁵

The factors influencing the assertiveness of a person can be broadly classified as

- **EXTRINSIC FACTORS:** Are factors lying outside the person.
- **INTRINSIC FACTORS:** Are factors within the person.

Extrinsic factors include

- Type of country
- Culture
- Religion
- Type of family
- Socio-economic status
- Educational status
- Profession
- Mass media
- Rearing pattern
- Parent –child interaction
- Striving to keep up-to-date
- Peer group
- Role models

INTRINSIC FACTORS

- Gender
- Marital status
- Genetics
- Personality
- Self –esteem
- Self confidence
- Level of knowledge & Skill in practice
- Attitude
- Psychological factors-anxiety
- Style of coping with stress

TYPE OF COUNTRY

In some countries, the proper way of being assertive is important in creating relationships. Project Globe (2003) studied

the cultural differences in leadership, organizations, and society over 60 countries. The study showed the level of assertiveness of the countries included in the study as follows, the least assertive country was Sweden; the median assertive countries consisted of Egypt, Ireland, Philippines, Ecuador, and France and the most assertive country was Germany. In a professional atmosphere what some may see as assertive in America, may see as aggressive in Asia. So, the way and style of behaviour of individuals highly depends on the country in which they live, and the culture in which they are brought up.⁶

Implication for nursing profession and research:

Researches revealed that nurses from USA and other developed countries demonstrate assertive behaviour. More studies are needed to identify the level of assertiveness of Indian nurses. Comparing the assertiveness of Indian nurses working in India and abroad, at various countries may be helpful to identify the influence of working atmosphere in assertiveness.

Where ever it is assertiveness can be improved through various strategies and professionals has to catch the students and has to give training to improve assertiveness.

CULTURE

Culture determines the level of assertiveness to some extent. Assertiveness is seen as a leadership quality in all types of cultures. Some cultures view being assertive as being confident. There are important variations in interpersonal communication across cultures that impact the “what” and “how” of being assertive. For example, traditional Asian cultures value subtlety and indirectness in communication. More direct or confrontational styles may be viewed as disrespectful and lacking in finesse. The traditional Indian culture also demands high level of obedience from the students, ‘Guru’ is considered as god and the words of guru has to be followed without any questions.⁶

RELIGION

Generally, it is seen that some religious rituals don’t promote the assertive behaviour from its followers. They want people who blindly follow religious activities. The aggressive behavioural style from these followers towards the persons of another religion results in communal riots. On the other hand, some religions may be supporting the passive style, for example the Buddhist.⁶

Implication for nursing profession and research:

Culture and religion affect the assertive behaviour of the individuals to some extent but its influence is limited and can be overcome through proper training. Cultural and religious influence on the assertiveness of Indian nurses is another area to be studied. But generally, it can be stated that these influences is negligible.

FAMILY INCOME & OTHER FAMILY FACTORS:

Family income is an important determining factor in predicting the assertive behaviour of the person.

Implication for nursing profession and research:

Studies in nursing students revealed that family income and assertiveness have positive correlation. Yet more researches are needed to study the influence of other family factors like type of

family, communication pattern, parental dominance ect. in development of assertiveness. Studies in Indian setting are also less.

V. REVIEW OF LITERATURE

A study to investigate the factors affecting assertiveness among student nurses was conducted among student nurses of Port-Said University, Egypt in the year 2001- 2007 student nurses from four different grades were assessed. Rathus Assertiveness Schedule, consisted of 30 items, was used to measure the students' assertiveness level and a 12-item scale developed by Spreitzer was used to measure students' psychological empowerment. The study results showed that 60.4% of the students were assertive, while about half of the students were empowered. A positive relation between student assertiveness and psychological empowerment was detected. Moreover, positive relations regarding family income and students' assertiveness and psychological empowerment were determined. The researcher commended introduction of specific courses aiming at enhancing the acquisition of assertiveness skill. Also emphasised that, nurse educators must motivate the students to express their opinion and personal rights and must pay attention for students' empowerment and enhance students' autonomy⁷

EDUCATIONAL STATUS

Education increases the awareness regarding the personal rights and the rights of others. So, education promotes assertiveness. On the other end the individual may be either not aware regarding their rights and remains as passive or behave aggressively considering the self-rights alone.

PROFESSION

Professional autonomy determines the level of assertiveness of its members. Professionals' having more independent and administrative function demonstrates high level of assertiveness. Assertiveness increases with increase in professional experience also.

MASS MEDIA

Variety of behavioural styles and reactions in the community are communicated through mass Medias like radio, television, newspaper and the magazines. These reflect the perceptions and opinions of the majority. Thus, helps in the formulation of behavioural styles. Mass medias also influence the formation of personality this intern affects the assertive behaviour of individuals.

Implication for nursing profession and research:

Educational status, status of the profession and influence of mass media are the factors that have to be considered together when thinking about nursing profession. In nursing also as the educational status increases assertiveness increases. Researches have to be conducted to study the assertiveness of nursing personnel's in the supervisory position.

The status of the nursing profession is communicated through Medias. In the past it was a female dominant profession and now changed, these types of changes and the way Medias portraying nurses may be influencing the assertive behaviour of nurses. So these factors has to be studied in depth.

PARENT –CHILD INTERACTION & REARING PATTERN

The interaction between the child and the parent for satisfaction of biological needs play a significant role in the development of personality and behavioural style. It also helps in the development of social dimensions of the child. It is from the parent the child learns the ways for reacting to various situations and gets the confidence to react. The self-image of the child is also formulated to some extent through parent child interaction. Some situations parents may be accepted as the role models by the child. So, it is considered as an important factor determining the assertive behaviour of an individual.

PEER GROUP

Peer group is the first group of individuals of the same/similar age may be unrelated biologically but are related socially. Interacting with this group the child learns that he/she should give up a little of individuality to be accepted socially in the peer group. With the peer group, the child learns to take turns, to suppress his/her wish in favour of the decision of the group, to dovetail his/her activities with the activities of the group. And with the desire to be accepted, he/she moulds his/her behaviours to the standards set by the group which suggests to him continually what would please the group members, in adolescence and even later also this happens. The peer group persists as a factor of environment throughout life, of course changing with time and maturity and helps in the development of individuality and behavioural styles.

ROLE MODELS

Role models influence the behavioural style of the individuals. It can be parents, teachers, famous personalities or the personalities observed through films or cartoons.

Implication for nursing profession and research:

Though parent child interaction and the role modelling of the parent influence the development of assertiveness, it can be modified through peer group interaction and role modelling. Nursing student's assertiveness can be improved through group activities, involving peer group activities. Role modelling and role play in this direction may also be helpful, but needs more researches to support.

GENETICS

Basically, we inherit certain characters from the insisters, which include some physical characteristics and some tendencies to function in certain ways. For example, the way we react, predisposition to react slowly or fast ect. Thus, assertiveness is also influenced by the hereditary factors.

GENDER:

Gender is considered as factor predictive of assertiveness of the person. Hersen et al. (1973), Ory and Helfrich (1976), Adejumo (1981) and Eskin (2003), all reported that men are more assertive than women. In the same vein, this finding is also contradicted with reports of researchers like Chandler et al. (1978) who found that women were significantly more assertive than men in some specific situations. Generally, it is said that the culture and

the level of education of the person determines the gender variation in assertive behaviour.⁸

MARITAL STATUS

Culturally, the unmarried are mostly considered to be free and without restrictions. For instance, the unmarried may make unilateral decisions on issues; the married may not be able to do same. So, it is generally said that the unmarried is more assertive. But the literature Search reveals that not much had been done with respect to marital status.

Implication for nursing profession and research:

Genetics, gender, marital status ect. are factors that can't be modified, but the influence of these on the assertiveness are modifiable through proper training. But the effectiveness of these type of training has to be studied.

VI. REVIEW OF LITERATURE

An ex-post factor survey research design was used to examine the influence of gender, marital status and religious affiliation on assertiveness of education majors. For the purpose of the study, 367 pre-service science teachers were randomly selected from two institutions of higher education in South west Nigeria. This was made up of 96(26.2%) males and 271(73.8%) females; 165 (45%) married, 191 (52%) singles and 11 (3%) widowed. Participants' ages ranged between 17 to 53 years. Rathus assertiveness schedule (RAS) was used as the primary instrument to measure assertiveness. Collected data was analyzed using univariate analysis of variance. The result showed no significant differences for gender, marital status or religious affiliation. In the discussion part the researchers stated that, one would have expected that gender would be a significant predictor of assertiveness among the samples used in the study; this is basically because of the culture that operates in the setting where the research was conducted. This present finding may possibly have been confounded by the influence of exposure to higher education, which has brought about a change in the persons orientation as well as their cultural beliefs about gender bias.⁸

KNOWLEDGE

As knowledge and assertiveness has positive correlation. Literatures states that Nurses practising with a diploma and highest level of education were significantly less assertive than nurses having a baccalaureate or above and there was a significant difference in assertiveness between groups of nurses practising in different clinical specialties.

Review of literature

A descriptive study was conducted among the registered professional nurses with the Minnesota (USA) State Board of Nursing to determine assertiveness levels of professional nurses and to determine if assertiveness levels are related to selected demographic factors including age, gender, years of nursing experience, basic nursing education, and clinical nursing speciality, type of employer, highest educational level and prior assertiveness training. The sample was composed of 500 registered nurses (64% response rate), chosen randomly from the

list of active licensees registered with the Minnesota (USA) State Board of Nursing, who completed and returned an assertiveness questionnaire The questionnaire consisted of the Rathus Assertiveness Schedule (RAS) and a personal/ professional data form Data analysis included descriptive as well as inferential statistics. The results revealed that the oldest group of nurses (60–76 years) was significantly less assertive than any of the younger groups of nurses. Nurses practising with a diploma and highest level of education were significantly less assertive than nurses having a baccalaureate or above and there was a significant difference in assertiveness between groups of nurses practising in different clinical specialties. It appears that the majority of nurses in this study are assertive and believe in themselves and their abilities. The researcher concluded that the self-assertion generated by this belief will eventually lead to further personal and professional empowerment⁹

PLACEMENT IN THE COURSE

As the student moves from basic to advanced areas of the course the assertiveness increases. Also attending various assertive training courses also help to increase the assertiveness.

Review of literature

Irish nursing students' perceived levels of assertiveness prior to, and nearing the completion of, their three-year pre-registration programme was assessed using a descriptive study. 72 students commencing general nurse education programmes in two schools in Southern Ireland participated in the study. A questionnaire adapted from a number of assertiveness scales, and tested for validity and reliability in this population, was used to collect data. The results revealed that students' assertiveness levels rose as they approached completion of their three-year education programme. The researchers concluded that Nursing students' assertiveness skills could be augmented through concentrated efforts from nurse educationalists and clinicians to reduce the communication theory practice gap in nurse education today. Also address the multi-dimensional nature of assertiveness and strategies to increase assertiveness. The students in this study reported an increase in levels of assertiveness as they approached completion of their three-year education programme.¹⁰

A study was conducted to evaluate the effectiveness of a nursing programme on assertiveness of the nursing students among 150 volunteer American born female students. A causal-comparative design was used in this study. There were 50 students in three groups. The experimental group had two courses in assertiveness and completed the Associate Degree Nursing program, whereas the other two groups entering either in the second or first year of the nursing program did not receive any courses in assertiveness. All subjects were tested for levels of assertive behaviour with the Rathus Assertiveness Schedule. Result revealed that student nurses who had two courses in assertiveness and completed the nursing program demonstrated higher scores in the level of assertiveness than students who had not received the courses in assertiveness before entering the second year of the nursing program. Student nurses who had two courses in assertiveness and completed the nursing program demonstrated higher scores in levels of assertive behaviour than students who had not received the courses in assertiveness before entering the first year of the nursing program and the students who

had not received the courses in assertiveness before entering the first or second year of the nursing program would demonstrate no significant difference in level of assertiveness.¹¹

A study was conducted among undergraduate nursing students to assess the level of assertiveness. The study population was composed of nursing students in different semesters at one school in Central Greece (n=298) who agreed to complete a questionnaire on assertiveness level assessment, which had been translated into Greek and adapted to this population. All students present in class completed the questionnaire, representing 80% of the total population of active students. Mean assertiveness scores between semesters were compared by ANOVA and comparisons of advanced semester students were done by Pearson's chi square. The main finding of this study was that the assertiveness levels displayed by students increase slightly in advanced semesters by comparison to those displayed by first-semester students. The researcher concluded that assertive behaviour should be encouraged through learning methods. Nurses should preferably obtain this training throughout their studies. Instructors have an essential role in the improvement and achievement of assertiveness training curriculums for undergraduate nursing students.¹²

Implication for nursing profession and research:

Knowledge increases the level of assertiveness. As the students moves from first semester to higher levels the knowledge increases. Thus, the way in which knowledge is imparted and the type of knowledge also influence the level of assertiveness. Along with theoretical knowledge, practical knowledge and the skill in practice is important in nursing. So these have to be compared and its effect on level of assertiveness has to be investigated.

PERSONALITY

Personality is considered as an important factor that determines the assertive behaviour. Neuroticism and extraversion and openness is said to be associated with assertive behaviour. 'Type A personality' usually having aggressive behaviour.

ATTITUDE

Attitude determines the behaviour of the person. Persons having positive attitude reacts assertively.

Implication for nursing profession and research:

Personality and attitude are two important aspects in nursing profession. These may be determining the practice of nursing care. So the studies regarding personality and attitude of the nurses and its influence on assertiveness may be helpful for improving the professional status. And in the long run we can expect selection of nurses based on personality and attitude tests as for some professions.

Review of literature

In a Chinese sample of 208 the Big Five personality traits profile was compared for 104 assertive and 104 non-assertive students. While assertiveness was associated with higher scores on Neuroticism, Extraversion, and Openness, Non-assertiveness was associated with greater scores on Agreeableness and

Conscientiousness. Implications of the findings for cross-cultural counselling were highlighted.¹³

A study was conducted among the BSc nursing students to assess the profession-specific qualities of assertiveness, and to explore the interaction of the personal traits that significantly define assertiveness during the period of professional training. Rathus Assertiveness Schedule, Empathy Questionnaire, Brengelmann Anxiety Scale, and Social Intelligence Test were used to collect the data. Descriptive and mathematical statistical methods were employed in the data analyses. The result revealed that, one of the basic dimensions of assertiveness is marked by the simultaneous functioning and successful complementing of the empathy-based „other-centred” attitude and the enforcement of self interest. The other decisive feature, from the aspect of the functioning of the social relation system, has been found to be the quality of reaction types that is the psycho vegetative and emotional harmony.¹⁴

PSYCHOLOGICAL FACTORS-ANXIETY & STYLE OF COPING WITH STRESS

Anxiety is a barrier to assertive behaviour. If a person is anxious about the result of assertive behaviour or what other people think if 'I say NO' won't be able to behave in assertive manner. Literatures also reveal that there is negative correlation between anxiety and assertiveness.

Implication for nursing profession and research:

Psychological factor like anxiety and stress affects assertiveness negatively. A person having stress can't think properly and may be anxious to react. The negative effect of stress is studied by many researchers, but its influence on assertiveness has to identify. It is especially important as nursing is a profession with its own stresses and dealing with human being. It's also helpful to study whether assertiveness training or measures to increase assertiveness is helpful in decreasing the stress.

Review of literature

A study was conducted among 173 nursing students (68 males and 105 females) and 77 midwifery students from the Tehran University of Medical Sciences in Iran to determine the relation of assertiveness and anxiety in nursing and midwifery students. In this correlational, cross-sectional study, Data were collected using a questionnaire including personal-social factors, the Spielberger Trait Anxiety Inventory and the Assertion Inventory of Gambrill and Richey. More than half of the nursing and midwifery students (59.5% and 59.7%, respectively) had moderate assertiveness. Also, 43.3% and 36.4% of them had moderate and high levels of anxiety. Pearson correlation test revealed that assertiveness and anxiety had negative correlations in nursing ($r=-0.51$, $P < 0.001$) and midwifery ($r=-0.449$, $P < 0.001$) students... Considering the relation of assertiveness and anxiety and its effects on mental health and educational and occupational performance, researchers concluded that students should be informed of the required skills for positive interaction with others and to increase assertiveness and decrease anxiety.¹⁵

A study was conducted to examine the effectiveness of assertiveness training in improving self-perceived levels of stress and assertiveness among nurses in Taiwan, Republic of China. The two-group experimental design was conducted in a 2,000-bed

veteran general hospital. A sample of 60 volunteer Chinese-speaking nurses participated in the study. Subjects were randomly assigned to one of two treatments: assertiveness training (AT) or alternate treatment control (ATC), which served as a control and contained updated knowledge of new computer technology for in patient settings. Subjects in each group participated in six 2-hour workshops in the same two-week period. All subjects were pre-, post-, and follow-up post tested for stress and assertiveness with the Perceived Stress Scale (PSS) and Rathus Assertiveness Schedule (RAS), respectively. Results revealed the following: (1) subjects in both groups of pretest were clearly subassertive and under considerable stress; (2) by the end of training, the AT group scored significantly higher on the rating of assertiveness than those in the ATC group, and had successfully maintained their improvement by the 4-week follow-up; and (3) by the end of training, the AT group reported significantly lower levels of stress than the ATC group as indicated on the PSS, and successfully maintained their improvements at the 4-week follow-up. Overall, the results indicate clear support for the effectiveness of assertiveness training for treating sub assertive behaviours and stress in a population of professional nurses in Taiwan.¹⁶

VII. SELF ESTEEM & SELF CONFIDENCE

Only a person having good self-esteem and self-confidence may be able to stand for him/ her.

Implication for nursing profession and research:

Self-esteem and self-confidence can be increased through various measures and this may be increasing the level of assertiveness. Thus, the professional image and the practice can be improved. More studies in Indian setup are needed to generalise this.

Review of literature

A study was conducted to evaluate the self-esteem of undergraduate students of nursing. The research was carried out with 156 undergraduate students of the third year at Department of Enfermagem, Universidade Federal de São Paulo. Socio-drama techniques of Neurolinguistics were used and the evaluation was done. The result revealed that students usually confuse self-esteem and self-image, and that both are stereotyped for men and women. As nurses are always worried about the client/patient's life quality, they neglect themselves. The researchers concluded that, Workshops for improving self-esteem are essential for the students to rescue interior knowledge about them, and to realize that in order to take good care of clients/patients, they must be physically and psychologically healthy.¹⁷

A longitudinal study was conducted to investigate nursing students' experiences of stress and levels of self-esteem during three years of their undergraduate nursing programme. Participants completed the stress in nurse education questionnaire and the culture free self-esteem inventory at various time points in the study, and a demographic questionnaire at baseline. The students who took part in the study commenced their nurse training in September 2002. The result demonstrated that levels of self-reported stress and "general" self-esteem are significantly different at different stages of the nurse training process. Self-reported stress was at the highest at the beginning of the third year

and these were significantly higher when compared to stress reported at any other time point. Self-esteem levels were lowest at the end of training.¹⁸

A study to explore the nursing students' perceived levels of self-esteem and their fear of negative evaluation prior to, and nearing the completion of, their 3-year preregistration programme was conducted at School of Nursing and Midwifery Studies, Trinity College Dublin. A descriptive, quantitative, comparative survey design was used. All students in the first intake of 1995 in two general nursing schools in Southern Ireland were selected as the sample (no. 72). A questionnaire developed from the Rosenberg Self-esteem Scale and the Watson and Friend Fear of Negative Evaluation Scale was used to collect data at the start of their programme and again 2 months before completion. The result revealed that students' reported self-esteem rose as they neared the end of their education programme and their fear of negative evaluation decreased; however, their overall self-esteem levels at their highest were only average. The researchers commended over the importance of conducting more researches in the area of self-esteem and viewed that nursing students' self-esteem might be increased by expansion of intrinsic job characteristics, improving their job satisfaction and providing frequent positive feedback.¹⁹ A study was conducted to evaluate the effect of an assertiveness training program on nursing and medical students' assertiveness, self-esteem, and interpersonal communication satisfaction. Using a longitudinal research design, 69 participants whose scores on the Assertive Scale were 50% (i.e., low assertiveness) and who were willing to participate were included and assigned to an experimental group (33 subjects) or comparison group (36 participants; participants were matched with the experimental group by grade and sex). Participants in the experimental group received eight 2-hr sessions of assertiveness training once a week. Data were collected before and after training and again one month after the end of the training using the Rotter's Internal versus External Control of Reinforcement Scale, Sex Role Inventory, Assertive Scale, Esteem Scale, and Interpersonal Communication Satisfaction Inventory. The generalized estimated equation (GEE) method was used for statistical analysis. The assertiveness and self-esteem of the experimental group were significantly improved in nursing and medical students after assertiveness training, although interpersonal communication satisfaction of the experimental group was not significantly improved after the training program.²⁰

VIII. BARRIERS TO ASSERTIVENESS

Mutual respect and restraint promote assertive behaviour. However, miscommunication, misperception and other factors can create barriers. All must be aware of these potential barriers and share the responsibility of eliminating them.

Barriers include:

- Lack of confidence in one's own ability.
- Perception that someone is not approachable; by his/her position, rank, of knowledge should already know what is happening.

Nurses are often considered to be lacking in assertive skills. An exploratory study was conducted to compare the assertive behaviour of trained nurses at work and in general life situations. Questionnaire and interview techniques are used to investigate the

behaviour of a small sample of sisters, staff nurses and enrolled nurses in general hospital settings. Trained nurses are found to be less assertive at work than in general life situations. In the work situation sisters are more assertive than staff nurses. The enrolled nurses are the least assertive of the trained nurses. The complex nature of assertive behaviour becomes apparent. Factors which promote assertiveness at work include knowledge, confidence, experience and the wearing of uniform. Factors which inhibit this behaviour are tradition, training and the hierarchical structure within the hospital. The use of assertiveness tends to be situation specific. Assertiveness is viewed as a positive behaviour and is of value to nurses, but there are mixed feelings about the usefulness of assertiveness training.

IX. CONCLUSION

Assertive behaviour helps individuals feel better about them. This increases self-esteem, job satisfaction and ability to develop satisfying interpersonal relationships and there by contributes to enhanced satisfaction in care recipients, be it the patient, family, community or the students in school or college.

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