

Effectiveness of Assertiveness Training on Self-esteem and Assertiveness among Nursing Students

Anuradha Kumari¹, Nanda Kumar Paniyadi², Priyanka Singh³,
Roshna Lytton⁴, Dishani Harh⁵

¹Registered Nurse(MSc Nursing), AIIMS, Bhubaneswar, ²Assistant Professor, College of Nursing AIIMS, Bhubaneswar, ³Registered Nurse(MSc Nursing), AIIMS, Bhubaneswar, ⁴Registered Nurse (MSc Nursing), AIIMS Bhubaneswar, ⁵Registered Nurse (MSc Nursing), College of Nursing, AIIMS, Bhubaneswar.

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Abstract

Background: Assertiveness is a communication style based on taking a stand for your rights, expressing your thoughts, beliefs & feelings honestly and directly. It facilitates understanding and promotes a balanced relationship, reducing communication-based malpractices in nursing. Evaluating the effectiveness of assertiveness training among B.Sc. (Hons.) Nursing students on assertiveness and self-esteem was aim of this study.

Method: An assertiveness training program was prepared and implemented on 45 nursing students via a one-day, 3-hours interactive face-to-face workshop after the pre-test. Once in a week, follow-up was done for 4 weeks. Post-tests were done on 7th and 30th day after the intervention. Data collection tools were Begley and Glacken's Assertiveness Scale and Rosenberg's Self-Esteem Scale.

Result: The participants' mean assertiveness score increased from pre-test 68.69 ± 6.57 to post-test₁ 73.67 ± 5.71 to post-test₂ 75.00 ± 5.52 . Self-esteem scores increased from pre-test 15.22 ± 3.84 to post-test₁ 16.98 ± 2.64 to post-test₂ 19.31 ± 3.27 . Significant increase in the scores was seen in ANOVA and post hoc analysis ($p < 0.05$).

Conclusion: Assertiveness training can be an effective measure of improving self-esteem and teaching assertive communication skills to nursing students. This will help in producing assertive nurses in the future.

Keywords: Assertiveness training; nursing students; self-esteem; assertiveness; nursing.

Background

Being a communicator is a very crucial role of a nurse, and communication skills are important to play this role.⁽¹⁾ There are basically four different patterns of communication, namely passive, aggressive,

passive-aggressive, and assertive.⁽²⁾ Becoming assertive means speaking up for what's right for you and being open and truthful about your feelings and opinions.⁽³⁾ Nurses are traditionally used to behave in a subservient manner, and this unassertive behavior is

Corresponding Author: Anuradha Kumari, Registered Nurse(MSc Nursing) AIIMS, Bhubaneswar, India.

E-mail: anuradha0501@outlook.com

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universally expected and promoted, but it leads to low self-esteem and stress.⁽⁴⁾ Assertive behavior increase their self-esteem, making one feel good about self and helps to deal with any situation. Thus, assertive behavior producing a direct or indirect positive effect on their academics and nursing care.⁽⁵⁾ Assertiveness also indicates one's self-esteem⁽¹⁾. Many studies have discovered that assertiveness, sense of self-worth and mental well being are positively correlated.^(1,3) One can reduce disagreements, avoid misunderstandings, and strengthen their relationships by communicating assertively with one another. Assertive behavior promotes a favorable atmosphere for productive discussions and problem-solving. This will strengthen teamwork in healthcare, leading to coordinated, holistic patient care. Assertiveness also equips a nurse to advocate for her patients' rights assertively, and it promotes patients' safety and health. An assertive nurse will communicate the need for the patient's and his family's involvement in planning care for the patient, promoting autonomy and patient-centered care.

This assertive communication skill can help in reducing stress and burn-out among healthcare professionals, which in turn will help in reducing errors and better performance by them leading to soulful and ethical patient care. Psychoeducation, imparting assertiveness skills, and engaging in assertive behavior practice are the three primary components of assertiveness training.⁽⁵⁾ This training aims to modify both the verbal and non-verbal aspects of the behavior, which emphasizes respecting the needs and wants of both parties in a conversation.⁽³⁾ Nursing students must develop assertive techniques for communication in order to grow into assertive nurses and manage with the probable stress that they may face during their training. The number of assertive nursing students found to be decreased over a period of 4 years of nursing education in a longitudinal study.⁽⁶⁾ This shows that there has been negative impact on assertiveness level of nursing students. Nursing students are actively involved in providing nursing care to patients. If a nurse lacks assertiveness, nursing practice cannot be deemed good. In order to protect their own rights and the rights of their clients who are receiving nursing care, they must be assertive. This, in turn, promotes a standard of nursing care.⁽⁷⁾ Studies conducted among nurses

(Egypt and India) and nursing students (Turkey and Australia) showed improvement in assertiveness and self-esteem following an assertiveness training program.^(8,9,10) A systematic review showed that assertiveness training programs, which include face-to-face instruction with several methods, leadership support, collaborative skills training, and communication strategies, have maximum impact.⁽¹¹⁾ Another systematic review concluded that role-play and practice sessions were effective in teaching assertiveness techniques and improving participants' confidence, which the investigator incorporated during the training session.⁽¹²⁾ Thus, our intervention included face to face workshop, roleplays and practice session for better outcome. There are only a few such studies done in Indian settings, especially on nursing students. Also, different assertiveness training methods across the world have varied in their success. So investigator intend to check the efficacy of assertiveness training among BSc Nursing students at Indian set up.

Objective

- To check the effectiveness of assertiveness training on self-esteem and assertiveness among B.Sc. (Hons.) Nursing students.
- To identify the correlation between assertiveness and self-esteem.
- To find the association of levels of assertiveness and self-esteem with their demographic variables.

Method

This study used an experimental design to evaluate the effectiveness of assertiveness training (single group pre-test post-test). The study was conducted at a nursing college, tertiary care hospital, Eastern India in Nov to Dec 2023. Final year B.Sc. (Hons.) Nursing students participated in the study. The sample size for the study was calculated by consultation with a statistician from College of Nursing.

$$n = \frac{(z\alpha/2 + z\beta)^2 \times (\sigma)^2}{(\mu_1 - \mu_2)^2}$$

If $\alpha = 0.05$ and $\beta = 0.2$ (80% power)

$$n = 8 \times \frac{(\sigma)^2}{(\mu_1 - \mu_2)^2} = 32$$

$$(\mu_1 - \mu_2)^2$$

Previous studies show that the two groups' standard deviation is 1.6 ($\sigma = 1.6$).

We consider effect size $\mu_1 - \mu_2$ of 0.8

After adding an attrition rate of 10%, the total sample size = 36

Prior to the main study; the training program was formulated and administered to a group of B.Sc. Nurses and feedback was taken & incorporated. The training program was validated by five experts Professor from department of psychiatry, two Clinical psychologists from department of psychiatry, assistant professors and Principal of College of Nursing. Training programme included discussion, power point presentation, group activities, behavior demonstrations and practice session as one day 3-hour workshop. Finalized training programme was administered to 45 Fourth year B.Sc. Nursing students after pre-test. Students were given assertiveness worksheets for practice. A WhatsApp group was formed with all participants and investigators to share weekly content and feedback for reinforcement. The first post-test was administered after 7th day, and the second was administered after 30th day of the workshop. Tools used for data collection were Demographic proforma, Begley and Glacken's Assertiveness Scale ($r=0.827$), and Rosenberg's Self-esteem Scale ($r=0.92$).

The collected data was entered into Microsoft Excel, coded, and exported to SPSS ver. 20.0. Descriptive statistics, ANOVA, and post-hoc analysis was performed.

Ethical consideration

This study was conducted with the participants' free and voluntary cooperation. Informed consent was taken from the participants. Permission was obtained from the college authority and the Institutional Ethics Committee.

Results

Demographic data revealed that all the participants were female, 82.2% from nuclear families, 66.70% from state board, 68.90% from co-ed schools, 77.80% from Hindu religion and 51.10% were urban residents. Socio-economically, 44.40% were from the upper, 42.20% from the middle, and 13.30% from the upper and lower classes. Only 13.30% reported (Table-1) having a history of psychiatric illness. The average age of the participants was 22.47 ± 0.99 years (20-25).

Table 1: Sociodemographic variables of the nursing students.

S. no.	Demographic variables		F (%) or Mean $\pm$ s.d
1	Age		22.47 $\pm$ 0.99 years
2	Gender	Male Female	0(0.00) 45(100)
3	Type of family	Nuclear family Joint family Extended family	37 (82.20) 8(17.80) 0(0.00)
4	Socio-economic status	Upper Upper middle Lower middle Upper lower Lower	20(44.40) 14(31.10) 5(11.10) 6(13.30) 0(0.00)
5	School type	Girls only Co-ed	14(31.10) 31(68.90)
6	School Board	State Board CBSE Board ICSE board Other	30(66.70) 14(31.10) 1(2.20) 0(0.00)
7	Residence	Rural Semi-urban Urban	14(31.10) 8(17.80) 23(51.10)
8	Religion	Hindu Muslim Christian Others	35(77.80) 7(15.60) 3(6.70) 0(0.00)
9	Language	Bangla Hindi Odia Malayalam Mao Bodo	21(46.70) 12(26.70) 5(11.10) 4(8.90) 2(4.40) 1(2.20)
10	History of psychiatry illness	No Yes	39(86.70) 6(13.30)

The majority, 95.4% of the participants had assertiveness scores (Figure 1) in the moderate range; 42.2% had low self-esteem (Figure 2).

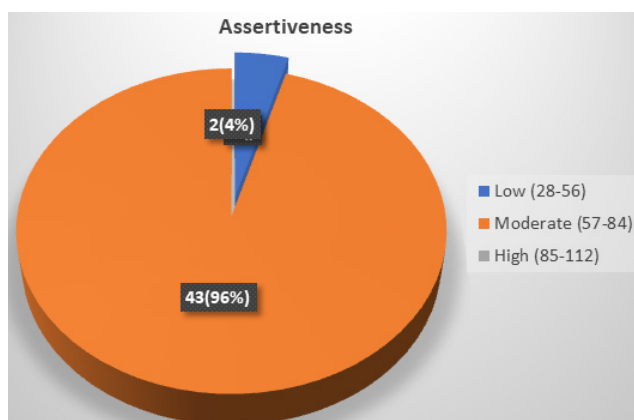


Figure 1: Level of assertiveness of the participants.

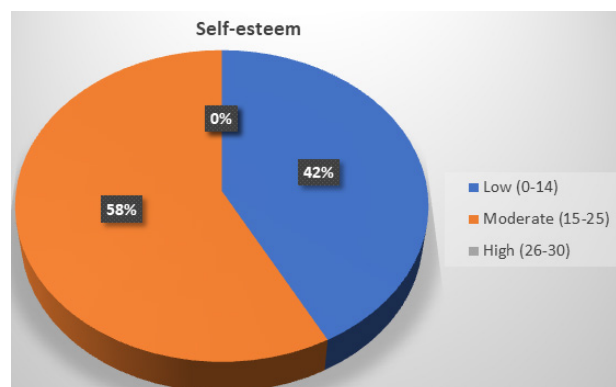


Figure 2: Level of self-esteem of the participants

The group's mean assertiveness and self-esteem scores were increased from pre-test to post-test-1 and post-test-2.

Table 2: Comparison of pre-test, post-test-1 and post-test-2 assertiveness and self-esteem scores. (N=45)

S.no.	Variables	Scores	Mean±SD
1	Assertiveness	Pre-test	68.69±6.57
		Post-test 1	73.67±5.71
		Post-test 2	75.00±5.52
2	Self-esteem	Pre-test	15.22±3.84
		Post-test 1	16.98±2.64
		Post-test 2	19.31±3.27

Table no-4 show that, The mean difference in the pre-test, post-test-1, and post-test-2 [4.98, 6.31, 1.33] assertiveness and self-esteem scores was [1.76, 4.09, 2.33] significant statistically. ($p < 0.05$)

Table 3: Repeated measure ANOVA of assertiveness and self-esteem scores

(N=45)

Within groups	Assertiveness					Self-esteem				
	Sum of squares	df	Mean square	f	p	Sum of squares	df	Mean square	f	p
	995.79	1	739.27	54.66	0.001*	378.68	1	257.14	55.67	<0.001*

level of significance, $P < 0.05^*$

Table 4: Post-hoc analysis of repeated measures ANOVA for assertiveness and self-esteem scores (N=45)

Scores compared	Assertiveness					Self-esteem				
	Mean difference (between scores)	Std. error	p value	95 % CI		Mean difference (between scores)	Std. error	P value	95 % CI	
				Lower bound	Upper bound				Lower bound	Upper bound
Pre-test and post-test 1	-4.98	0.73	<0.001*	-6.80	-3.16	-1.76	0.38	<0.001*	-2.71	-0.81
Pre-test and post-test 2	-6.31	0.75	<0.001*	-8.17	-4.46	-4.09	0.48	<0.001*	-5.29	-2.89
Post-test 1 and post-test 2	-1.33	0.35	0.001*	-2.20	-0.46	-2.33	0.28	<0.001*	-3.02	-1.65

The mean difference is significant at $P < 0.05^*$ level.

Thus, the assertiveness training program was found to be statistically effective in improving the assertiveness and self-esteem of nursing students.

Moderately positive correlation was found between assertiveness and self-esteem scores. (Table 5)

Table 5: Correlation between assertiveness and self-esteem. (N=45)

Variables		r	p	N
Assertiveness	Self-esteem			
Pre-test scores	Pre-test scores	0.526	0.000	45

r- Pearson correlation value, correlation is significant at $p < 0.05$

Also, age was found to be statistically associated with the level of self-esteem (Chi square = 6.71, $p = 0.01$) at a 0.05 level of significance.

Discussion

Similar to the findings of a study conducted in Turkey (2016), assertiveness among most nursing students was found to be moderate in the present study.⁽⁶⁾ Meanwhile, a Chennai (2020) study showed that on assertiveness scale nursing pupils lied mainly in moderate range.⁽¹³⁾ This discrepancy in the findings may have occurred due to the difference in study methodology as well as, they included all nursing undergraduates whereas ours was focused on 4th year.

In this study, the average self-esteem was found to be moderate, which is in contrast with the results of the Turkish investigation (2016), where the group's average self-esteem was found to be high. Our study findings revealed that the participants had either moderate or low self-esteem.⁽⁶⁾ In intercultural research carried out in the UK and Thailand (2002), most nursing pupils' self-esteem lied in the average range, similar to our study finding.⁽¹⁴⁾ This points out the need of assertiveness training program among nursing students of varied cultures and countries.

After our intervention, there was an improvement in the assertiveness and self-esteem of the nursing pupils. Similarly, an inquiry conducted in Taiwan (2004) showed substantial increase in assertiveness and self-esteem after 1 month of training sessions.

This reveals that despite their population being nursing and medical students, these trainings have proven to be effective (2 hours weekly).⁽¹⁵⁾

Another study conducted in Australia (2014) among midwifery students adopted a similar methodology and produced similar results showing increased assertiveness. This shows that one-day training programs are effective in improving assertiveness among students.⁽¹⁰⁾

A hybrid assertiveness training program with 14 sessions (35% conducted in person and 65% online) in Turkey (2021) led to a statistically significant increase in assertiveness and self-esteem.⁽¹⁾ Therefore, any such modes of training may be adopted depending on the availability and feasibility.

Another experimental study in South Korea (2021) comparing assertiveness training, SBAR (Situation, Background, Assessment, and Recommendation) and a combination of both revealed that combined intervention improved communication clarity and clinical competence and reduced clinical stress. Therefore, similar combined interventions may be taken into consideration while outlining a training program.⁽¹⁶⁾

Assertiveness and self-esteem had moderately positive correlation, which is concordance with the findings of a Turkish (2008) as well as a Nepali (2019) study where the relationship between both variables was found to be positively correlated.^(17,18)

Only age was significantly associated with self-esteem in the present study. An inquiry conducted in Nepal (2019) also found both assertiveness and self-esteem to be significantly associated with only a single demographic variable, i.e., residence among nursing students⁽¹⁸⁾. Hence more studies may be conducted to find out the associated variables.

Conclusion

The study concludes that assertiveness and self-esteem of nursing undergraduates were moderate or low, which can be effectively improved by assertiveness training programs as both are positively correlated. Similar studies aimed at improving assertiveness can be done by adopting different methodologies, as this study has provided insight

into the possible advantages of such interventions for nursing students. Since, assertiveness training is not a part of nursing curriculum and can be costly for the students, hence such modules on assertiveness training may be introduced in the curriculum of undergraduate nursing courses. Implementing such programs will help produce more assertive new generation of nurses, who will contribute into maintaining a good workplace environment for self and others. This will also improve the interdisciplinary communication thus leading to better patient care. Improved assertiveness and self-esteem will enable them to take a stand for themselves, their profession, and their patients. It will lead to the growth of assertive nursing leaders in the future who can play a vital role in uplifting the nursing profession.

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- **Declaration of conflicts of interest statement:** The authors have no conflicts of interest directly relevant to the content of this article

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