



RESEARCH ARTICLE

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A DESCRIPTIVE STUDY OF ASSERTIVE BEHAVIOUR AMONG NURSES AT THEIR WORK PLACE IN A SELECTED HOSPITAL, LUDHIANA, PUNJAB

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ABSTRACT

Assertive behaviour means accepting ourselves and others as well; it is a behaviour that is built on true self-evaluation while the person openly expresses their feelings, thoughts, enforces their rights and reaches their goals at the same time as they consider other people's feelings, rights and interests. Recently nurses' role in the clinical setting is changed, since the Institute of Medicine published the report of 'The Future of Nursing: leading change, advancing health' in 2011, nurses are expected to act as partners with other health care professionals and to lead in the improvement and redesign of the health care system. In addition, nurses are crucial in preventing medical errors and reducing rates of infections. Therefore a descriptive study of assertive behaviour among nurses at their work place in a selected hospital, of Ludhiana Punjab was undertaken with the objectives: to examine level of assertive behaviour among nurses, to ascertain the relationship of assertive behaviour with various demographic variables, In view to develop guidelines for nurses on assertiveness. Quantitative research approach and non-experimental research design was used in the study. Analysis of data collection from 100 nurses was done in accordance with objectives of the study. The data collected was analyzed using descriptive and inferential statistics.

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INTRODUCTION

Assertive behaviour demands control over outbursts of anger, crying or other behaviour patterns that exhibit lack of professionalism. Assertiveness skills can be seen as a "valuable component" for successful professional nursing practice, with which many conflicts in a nursing situation can be successfully ruled out. The potential benefits of assertive behaviour to nurses are enormous where it enhanced self-awareness, improved staff performance, improved patient care and interdisciplinary collaboration and cohesiveness (Delsidou A, 2009; Solaf A, Hamoud, Samia A, El Dayem, Laila H. O, 2011). Assertive behaviour is thought to be a healthy form of behaviour and help nurses in personal empowerment. It is an invaluable component for successful professional practice, with which many conflicts in a nursing situation can be successfully ruled out. Nurses' ability to be assertive when they are unsure or concerned about medical procedures, the treatment of patients, or symptoms of patients is key in reducing risk and preventing major medical errors. Assertive people inform others of their needs and feelings, and communicate their message effectively without causing offence to others.

When nurses act assertively, they are more likely to provide patients appropriate care, and in doing so, improve the quality of patient care. (Kilkus SP, 1993; Park, Yang, 2006 and Ayako O, 2014). In current healthcare environment, professional nurses need to become more aware of how to use assertiveness effectively in their workplaces to manage the challenges they face when dealing with human resources. Assertiveness is crucial for nurses in the nursing profession to deal with complex human relations situations, and the ability to communicate assertively is often considered the most valuable skill that a professional nurse can possess or acquire (Booyens, 2005). Ideally assertive professional nurses should be able to stand up for their rights while acknowledging the rights of others, and should know their strengths and limitations. In complex situations, instead of attacking others and defending themselves, assertive nurses should assess the situations and be collaborative, supportive, neutral and non-threatening. They should accept challenges and deal with conflict effectively by assisting other people to deal with their own anger. Assertive skills facilitates the implementation of change that is required if the image of nursing is to be upgraded to the level of professionalism that most nurses desire, (Townsend M.C, 2015). Assertiveness promotes positive, direct, courteous, and

goal-oriented behaviour while maximizing the reinforcement value of social interactions. Assertiveness is an important behaviour for today's professional nurse. Assertiveness is necessary for effective nurse-patient relationship, and it is suggested that its development may also aid the confidence of the profession as it develops. Nursing has determined that assertive behaviour among its practitioners is an invaluable component for successful professional practice. Using the components of the concept of assertiveness, many conflicts in a nursing situation can be effectively prevented (Bakker CB, Marianne BR, 1978). Assertiveness is an expression of self-esteem. Studies have shown that individuals who have assertive behaviour generally have higher self worth and are more successful in life. Assertive persons maintain self respect and respect for others by treating everyone equally and with human dignity. It enables one to act in her or his interests without undue anxiety. Assertive individuals claim their own rights, make requests of others, can say no to things they do not want, accept praise and can easily verbalizes their feelings. All of these make individual's lives easier and experience positive responses from others. This in turn can decrease anxiety and increase confidence in interpersonal relationships. (Shimizu T, Kubota S, Mishima N, Nagata S, 2004 and Deltidou A, 2009).

Research approach & Research design: For the present study, Quantitative research approach and non experimental quantitative research design was used to accomplish the stated objectives. Assertive Behaviour was the dependent variable. The independent variables were the nurse's age, gender, marital status, Basic education stream in + 2, professional qualification, total professional experience and area of work.

Target population: According to Denise PF & Cheryl BT (2012) "Target population is the aggregate of cases about which the researcher would like to make generalization". The present study population to whom the findings would be generalized consist nurses of Christian Medical College and Hospital, Ludhiana, Punjab.

Sample & Sampling technique: Samples were nurses of Christian Medical College and Hospital, Ludhiana, Punjab. Sample size was 100 nurses. Probability simple random technique (lottery system) was used in which slips were prepared with names and respective working area of hospital. With help of lottery system, the lottery was taken out in front of ward- in charge to avoid biasness.

Selection and development of tool: As the study was to assess the Assertive Behaviour of nurses, structured likert scale was used to assess the Assertive Behaviour of nurses at their work place. An intensive review of literature from published articles, books, journals, documents, unpublished thesis, expert's opinion and suggestions of the research panel and researcher's professional experience provided basis for the construction of tool.

Description of tool (Assertive Behaviour Scale): The tool consisted of two parts:

- Part I: Socio -demographic variables
- Part II: Structured likert scale for assessment of assertive behaviour of nurses

Part I: Socio -demographic variables: This part consisted of items for obtaining personal information from nurses i.e. age,

gender, marital status, Basic education stream in + 2, Professional qualification, Total professional experience and area of work.

Part II: Structured likert scale for assessment of assertive behaviour of nurses: This part consist of three subparts, Questions Distributions

a) Personal and professional rights	(1-16)
b) Conflict Management	(17-28)
c) Appraisal of Self Esteem	(29-40)

For scoring purposes the following are negative items which must be reverse scored (1= always, 2= often, 3= no answer/neutral, 4= sometime, 5= never). Item no. 2, 3, 6, 17, 19, 23, 24, 29, 30, 31, 36, 37, 38, 39, 40. are the negative items.

Criterion measure Assessment of assertive behavior: The levels for this tool were set according to the maximum and minimum score i.e. 200 and 40 respectively. The scores were obtained by subtracting the minimum score from the maximum score and was divided by three i.e.

Level	Score
Highly assertive	>147
Assertive	95-147
Least assertive	≤40

Content Validity of tool: The tool was given to experts from the nursing field of Mental Health Psychiatric Nursing, Gynecology and Obstetrical Nursing, Medical- Surgical Nursing, Child Health Nursing and Community Health Nursing. The opinions of the experts were taken into consideration regarding the relevance of the tool

Reliability of tool: According to Denise PF & Cheryl BT (2012)⁴¹, Reliability of the data collection tool is a major criterion for assessing quality, accuracy and consistency. Reliability of tool was calculated by Split Half Method using Karl Pearson's Correlation co-efficient and Spearman's Brown Prophecy Formula. The reliability of the tool was found 0.89. Hence, the tool was reliable.

Ethical consideration: With a view of ethical consideration, written permission from Nursing Superintendent of CMC & Hospital was obtained. Permission was obtained from ethical committee of College of Nursing for ethical consideration. The researcher discussed the type and purposes of study with subjects. Written consent was obtained thereafter. Subjects were assured that information given by them will be kept confidential and will be used only for research purpose.

Plan of Data analysis: Analysis of data was planned in accordance with the objectives of the study. The analysis was done using descriptive and inferential statistics. In descriptive statistics mean, mean percentage and standard deviation were used to assess assertive behaviour of nurses and their sociodemographic variables. In inferential statistics analysis of variance was used to interpret the relationship between variables. The level of significance chosen was $p < 0.05$. Results of the study were to be shown in the form of tables and bar diagram.

RESULTS

Table 2. Mean, Mean Percentage and Rank order of Assertive Behaviour score among nurses according to areas

N=100				
Areas of Assertive Behaviour	Assertive Behaviour score			
	Maximum Score	Mean	Mean%	Rank Order
Personal and professional rights	80	55.93	69.91	1
Conflict Management	60	41.42	69.93	2
Appraisal of Self Esteem	60	41.42	69.93	

Maximum score: 200
Minimum score: 40

Table 2(a) depicts mean, mean percentage and rank order of assertive behaviour according to personal and professional rights, conflict management, and appraisal of self esteem. The mean percentage score and rank order of assertive behaviour among nurses was highest (69.91% with rank order 1) in category of personal and professional rights, followed by conflict management (69.03%) with rank order 2 and (69.03%) appraisal of self esteem with same rank order. Hence it is concluded that nurses were more assertive in personal and professional rights than conflict management and appraisal of self esteem.

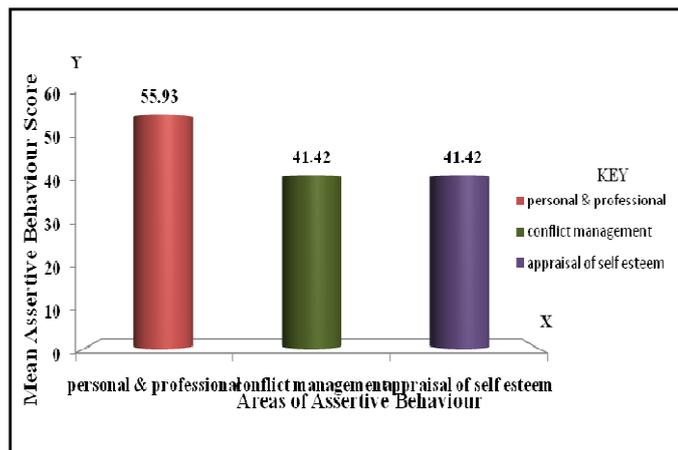


Fig. 4. Mean score of Assertive Behaviour score and area of assertive behaviour among nurses

Table 4. Mean and Standard deviation of Assertive Behaviour score among nurses according to Gender

N=100				
Gender	Assertive Behaviour score			
	n	Mean	SD	Z
a) Female	83	137.44	12.99	2.20*
b) Male	17	145	12.84	

Maximum score: 200
*Significant at p<0.05 level
Minimum score: 40

Table 4 depicts mean and standard deviation of assertive behaviour score according to gender. Males had obtained high mean score of (145) than females (137.44). The calculated Z value (2.20) is greater than tabled value (0.012). Thus it is significant at p< 0.05 level. Hence it is concluded that male nurses are more assertive than female nurses.

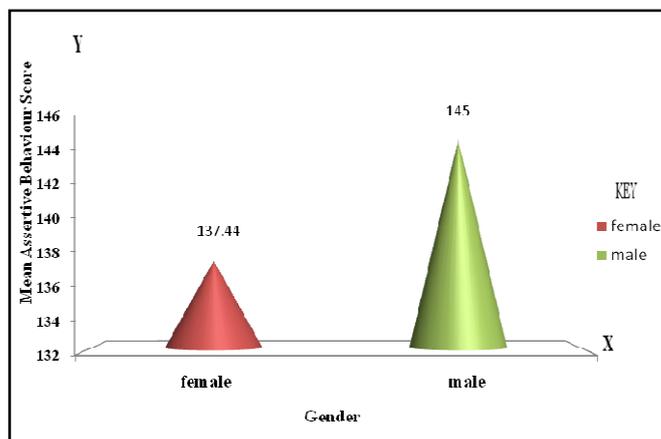


Fig. 5. Mean Assertive Behaviour score among Nurses according to Gender

DISCUSSION

The findings of the present study have been discussed in accordance with the objectives of the researcher and literature reviewed and in reference to the results observed by investigator.

- Analysis of data according to sample characteristics reveals majority of nurses were in age group of 21-25 years, female nurses were in majority, 70% nurses were single according to marital status, most (45%) of them were from medical stream in +2, maximum of nurses were GNM. Majority nurses had 1-3 years of experience and most of them were from specialized unit.
- The analysis of the data according to the objectives reveals that majority of nurses reported assertiveness in personal and professional rights than conflict management and appraisal of self esteem, Maximum nurses (73%) were found to be Assertive and (27%) were highly assertive and 0% was least assertive at their work place.
- According to age the highest mean score 140.71 was in the age group of 21-25 years, followed by 31-35 years (139.89), followed by in age group of 35 years and above. According to gender, Males had obtained high mean score of (145) than females (137.44), according to marital status. The nurses who are single obtained highest mean score (139.95) followed by those who are married (137.62), behaviour according to basic education stream in 10+2. Nurses who had medical stream have obtained highest (141.12) mean score followed by nurses who had commerce (139.71), according to total professional experience.
- The highest mean score (142.77) having less than 1 year of experience followed by (141.40) who have 4- 6 years of experience, according to professional qualification. The highest mean score (143) was found in post basic b.sc nursing followed by (141.26) B.Sc nurses, according to area of professional experience. The highest mean score (140.32) was found in specialized unit followed by (136.6) general unit.

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