

Impact of Assertiveness Training on Nursing Students: A Quasi-Experimental Study in Amritsar, Punjab

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ABSTRACT: Assertiveness is a must-have skill for today's nurses. Individuals who possess self-assurance can openly convey their emotions, including positive and negative ones, without displaying an overwhelming sense of fear or anger. Improved assertiveness may contribute to the growing confidence of the nursing profession, which is important since it helps nurses better communicate with their patients. A quasi-experimental study was conducted amongst B.Sc nursing 1st year students in selected nursing colleges in Amritsar district. The instruments employed in this study included a socio-demographic data sheet and the Rathus Assertiveness Scale. The data was analysed utilizing both descriptive and inferential statistics. The study results showcased a significant increase in the experimental group's mean assertiveness score, from a pre-test level of 11.85 ± 7.335 to post-training score of 9.13 ± 5.196 , thereby indicating the effectiveness of the intervention ($p=0.001$). On the contrary, the control group didn't exhibit any significant change, with scores marginally increasing from pre-test average of 11.41 ± 9.144 to post-test 2 average of 11.76 ± 8.901 , suggesting non-significance ($P=0.808$). Hence, the assertiveness training was significantly effective for the experimental group but displayed no appreciable effect on the control group. Assertiveness training plays a vital role in enhancing communication and self-assurance among nursing students. The findings of this study serve as a guiding light, urging the integration of such training programs into nursing education. The evidence presented clearly indicates that more comprehensive training interventions have the potential to cultivate assertive, competent, and confident future nurses, thereby elevating the overall quality of healthcare delivery.

Keywords: Nursing profession, Assertive behavior, B.Sc. nursing students, Assertiveness training.

INTRODUCTION

Nursing students face challenges that markedly differ from their experiences in high school. Now, they bear greater responsibility for all aspects of their lives, including the necessary application of assertiveness. Emotional and personal issues amongst nursing students may manifest as feelings of sadness, anxiety, diminished self-esteem, or generalized psychological distress (Wintre & Yaffe 2000).

Adolescence is a crucial and vulnerable phase marked by significant transformations, during which the formation of lifelong perceptions, attitudes, values, and behaviors takes place. During this time, teenagers grapple with developmental tasks such as career choice, identity formation, and societal contribution. Hence, fostering a positive self-image in adolescents is of utmost importance before they transition into adulthood (Birndorf *et al.*, 2005).

Student nurses today form the bedrock of future nursing professionals. They interact frequently not only with patients, their families, and society at large, but also

with other nurses and medical specialists. Assertiveness is integral to enhancing professional competence and fostering healthy relationships with others (Hamoud *et al.*, 2012). Assertiveness is a relational demeanor that cultivates equitable connections by enabling individuals to articulate their entitlements, perspectives, and sentiments in a manner that neither disregards nor diminishes the entitlements, ideas, and emotions of others, but rather acknowledges and esteems their own (Begley & Glacken 2004). Being assertive is a reflection of self-value. Research indicates that assertive individuals often enjoy greater success in life and higher self-esteem (Wikipedia Contributors, 2019). Individuals possessing assertiveness deftly navigate a harmonious equilibrium between personal dignity and reverence for others. They manifest their authentic emotions, requirements, aspirations, concepts, and individual liberties in a constructive and affirmative fashion, while meticulously upholding the rights of others. This quality allows individuals to pursue their goals without excessive anxiety. Assertive people can

assert their rights, make requests, decline unwanted propositions, accept compliments, and freely express their emotions. These attributes contribute to enhancing personal life and fostering positive responses from others. Consequently, this may result in decreased anxiety and heightened social comfort (Shimizu *et al.*, 2004).

Assertiveness, defined as the capacity to articulate one's needs, desires, and emotions clearly and effectively, has long been seen as an important behavioural quality, notably in the nursing profession (Sudha, 2005). This quality has been linked with fostering increased personal respect and appreciation, subsequently creating an environment conducive to achieving individual desires and professional objectives. Within the healthcare industry, and specifically in nursing, assertiveness is deemed vital for achieving full autonomy and personal empowerment (Begley & Glacken 2004). Nurses' roles often entail continuous interaction with a wide array of individuals, including patients, colleagues, and other healthcare professionals. This dynamic setting necessitates robust communication abilities, a skill that can be markedly enhanced through an assertive demeanor. Assertiveness offers numerous benefits to nursing professionals. This behavior fosters several positive outcomes, including heightened self-awareness, enhanced performance among staff members, superior care for patients, and the promotion of collaboration among different disciplines (Deltisidou, 2009).

Assertiveness training, a comprehensive methodology for enhancing forthright self-expression, adeptly harmonizes personal goal achievement with the acknowledgement of others' needs. This psychological stratagem instructs individuals on the application of assertive conduct within quotidian scenarios, encompassing explicit assertive actions as well as the attitudes, beliefs, and cognitions affiliated with assertiveness. The foundation of this training rests on the hypothesis that individuals often miss opportunities to exercise assertive responses in particular circumstances, and that both aggressive and non-assertive conduct are acquired reactions that can be substituted with assertive counterparts (Lin *et al.*, 2004).

Group-based therapeutic programmes are purported to possess higher efficacy than individual-oriented approaches, particularly for adolescents. This assertion underscores the importance of group counselling settings, which provide a safe environment for testing new behavioural paradigms. This process is further reinforced as young individuals are swayed to experiment with novel behaviours that are exemplified and reinforced by their peers and significant influencers, given the profound impact peer dynamics exert on adolescents. Group members actively engage in mutual support, encouragement, and constructive feedback exchange, thereby enhancing the overall therapeutic efficacy. Furthermore, the articulation of personal issues and the observation of others managing similar challenges can prove beneficial for group members (Cecen *et al.*, 2009). This synergistic effect is

also evident in assertiveness training and patient self-disclosure programs (Kaplan, 2006), underlining the potential merits of group-based therapeutic approaches. Assertiveness training programmes strive to catalyze self-actualization in individuals without infringing on others' rights. There's a noticeable advantage in proactively equipping nursing students with assertiveness skills through such programmes (Kaplan, 2006), mitigating the risk of cultivating self-defeating tendencies that could persist into their professional lives post-graduation. Nursing graduates with low self-confidence and inadequate social skills could manifest these shortcomings in their professional demeanor and conduct. Nurses possessing high self-esteem and assertiveness are more poised to influence the enhancement of healthcare delivery systems. They demonstrate enhanced skill in providing excellent patient care, are more at ease in social situations, and make better use of their professional experience and talents (McCabe & Timmins 2003).

Assertiveness embodies the ability to uphold one's own rights, as well as those of others, in a composed and constructive fashion, eschewing aggressive tendencies or passive acceptance of injustice. Frequently emphasized in social and communication skills training, assertiveness allows individuals to articulate their perspectives without causing distress to themselves or others (Skillyouneed, 2011). An assertive individual is adept at communicating their requirements, boundaries, and viewpoints lucidly, thereby mitigating conflicts while concurrently maintaining respect for others (Sotrilli, 2015). This aptitude harmoniously aligns individual interests with those of others, enhancing interpersonal relations and facilitating constructive discourse.

Given the prevalent issues outlined above, it became apparent to the researcher that a substantial number of professional nurses exhibit a deficiency in assertive behavior. Due to the scarcity of research on this topic within the Indian context, the current study aims to evaluate the levels of assertiveness and self-esteem among nursing students at selected nursing institutes in Amritsar, Punjab. The study's findings will equip future nursing practitioners and researchers with valuable insights, enabling them to formulate effective guidelines pertaining to the scheduling and structure of assertiveness training. Furthermore, the findings of this study will provide specific suggestions for future research in the field of confidence education, so leading to a more thorough knowledge of the value of assertiveness in the nursing profession.

MATERIAL AND METHODS

The current study employed a quasi-experimental design. The sample size was 160 first-year B.Sc. Nursing students, 80 in the experimental group and 80 in the control group, chosen from Amritsar, Punjab, Nursing Colleges who satisfied the inclusion criteria. The competent authorities of the nursing colleges concerned provided formal written consent. Data regarding the sociodemographic profile was collected using a self-structured data sheet, and assertiveness was

evaluated using the Rathus Assertiveness Scale. Pre-test data was collected for both groups on the inaugural day. In the intervention group, assertiveness training was provided to the study subjects. Subsequently, the first post-test (Post-test-I) was conducted after two months, followed by the second post-test (Post-test-II) one month after the first post-test. The intent of this

investigation was to evaluate the effect of assertiveness training on the participants' degrees of assertiveness.

RESULTS AND DISCUSSION

Table 1 presents the demographic characteristics of nursing students in the experimental and control groups.

Table 1: Demographic profile of nursing students in experimental and control group N=160.

Demographic Variable	Experimental Group		Control Group		Chi-square df p value
	f	%	f	%	
Age in years					
a. 18-20 years	65	81.2	67	83.8	0.173
b. 20-22 years	15	18.8	13	16.2	1
c. 22-24 years	0	0	0	0	0.677 ^{NS}
d. 24 years and above	0	0	0	0	
Gender					3.057
a. Male	3	3.8	0	0	1
b. Female	77	96.2	80	100	0.080 ^{NS}
Marital status					2.025
a. Married	2	2.5	0	0	1
b. Unmarried	78	97.5	80	100	0.154 ^{NS}
Birth order					
a. 1	38	47.5	45	56.4	1.764
b. 2	32	40	29	36.2	3
c. 3	8	10	5	6.2	0.622 ^{NS}
d. 4 and above	2	2.5	1	1.2	
Area of residence					1.601
a. Rural	43	53.8	35	43.8	1
b. Urban	37	46.2	45	56.2	0.205 ^{NS}
Type of family					
a. Nuclear	52	65	48	60	0.436
b. Joint	27	33.8	31	38.8	2
c. Extended	1	1.2	1	1.2	0.804 ^{NS}
Monthly family income (Rs)					
a. Below 10,000	22	27.5	20	25	2.615
b. 10,001-20,000	21	26.2	24	30	3
c. 20,001-30,000	24	30	17	21.2	0.454 ^{NS}
d. Above 30,000	13	16.2	19	23.8	
Fathers Education					
a. Illiterate	0	0	0	0	1.337
b. Primary	22	27.4	20	25	2
c. Higher secondary	31	38.8	26	32.5	0.512 ^{NS}
d. Graduation and above	27	33.8	34	42.5	
Mothers Education					
a. Illiterate	7	8.8	1	1.2	5.853
b. Primary	24	30	21	26.2	3
c. Higher secondary	30	37.4	32	40	0.118 ^{NS}
d. Graduation and above	19	23.8	26	32.6	
Fathers Occupation					
a. Farmer	14	17.5	21	26.2	7.773
b. Unemployed	5	6.2	0	0	4
c. Private job	19	23.8	14	17.5	0.100 ^{NS}
d. Govt job	22	27.5	27	33.8	
e. Self employed	20	25	18	22.5	
Mothers occupation					
a. Home maker	70	87.5	66	82.5	1.918
b. Private job	3	3.8	2	2.5	3
c. Self employed	6	7.5	9	11.2	0.589 ^{NS}
d. Govt job	1	1.2	3	3.8	
Medium of instruction till +2					
a. Hindi	4	5	2	2.5	1.536
b. Punjabi	8	10	5	6.2	2
c. English	68	85	73	91.3	0.463 ^{NS}
Joined nursing as a professional carrier					
a. Voluntarily	68	85	59	73.8	3.092
b. By parental pressure	12	15	21	26.2	1
Participation in the process of decision making in the family					
a. Yes	63	78.8	66	82.5	0.360
b. No	17	21.2	14	17.5	1
					0.548 ^{NS}

The majority of students in both groups were aged 18-20 years, with a higher proportion of females. Most students were unmarried, and a significant portion of students in the experimental group were born first. Nuclear family structures were predominant in both groups. In terms of monthly family income, the experimental group had a higher percentage of students in the Rs. 20,001-30,000 range, while the control group had a higher proportion in the Rs. 10,001-20,000 range. Fathers in the experimental group had higher secondary education, while those in the control group had graduation and above. Mothers in both groups had mostly completed higher secondary education. Government jobs were the most common occupation for both fathers in the experimental group and the

control group. The majority of mothers in both groups were homemakers. English was the primary medium of instruction for most students. Students in both groups reported participating in family decision-making. Overall, the demographic characteristics were found to be homogenous and comparable between the experimental and control groups, as indicated by the non-significant results of the Chi-square test. Table 2 illustrates that the mean score of assertiveness in the experimental group was 11.85 ± 7.335 , whereas in the control group, it was 11.41 ± 9.144 . The mean difference between the two groups was 0.44. These findings indicate that there was no significant difference ($t_{158} = 0.334, p = 0.739$) at the 0.05 level.

Table 2: Comparison of assertiveness score among nursing students before assertiveness training in experimental and control group N=160.

Experimental (n=80)		Control (n=80)		Mean Difference	t-test	df	P value
Mean	SD	Mean	SD				
11.85	7.335	11.41	9.144	0.44	0.334	158	0.739

Table 3: Comparison of assertiveness scores among nursing students after assertiveness training N=160.

Group	Pre-test	Post-test 1	Post-test 2	F value	P value
Experimental	11.85 (7.335)	4.90(8.147)	9.13(5.196)	186.17	0.001
Control	11.41 (9.144)	10.84(9.071)	11.76(8.901)	0.214	0.808

Table 3 and Fig. 1 demonstrate that in the experimental group, post-test 2 demonstrated a higher mean score of assertiveness (9.13 ± 5.196) compared to post-test 1 (4.90 ± 8.147) and the baseline (11.85 ± 7.335), indicating significant improvement ($F = 186.17, p = 0.001$) at the 0.01 level. In the control group, the baseline mean score of assertiveness was 11.41 ± 9.144 , post-test 1 had a

mean score of 10.84 ± 9.071 , and post-test 2 had a mean score of 11.76 ± 8.901 , showing no significant improvement ($F = 0.214, p = 0.808$) at the 0.05 level. Consequently, assertiveness training effectively enhanced assertiveness levels in the experimental group of nursing students, while there was no significant improvement in the control group after the intervention.

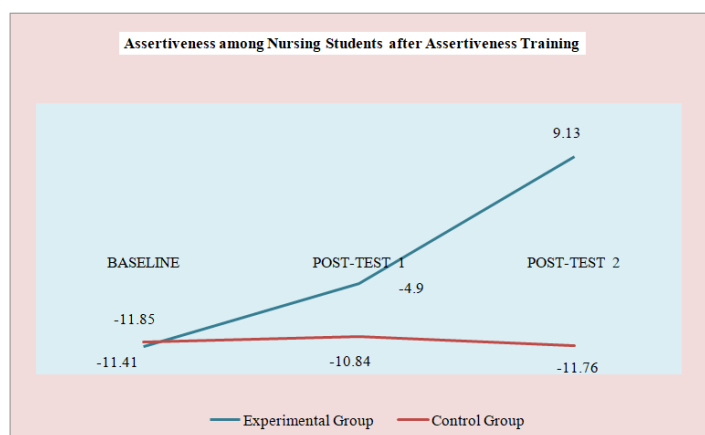


Fig. 1. Comparison of assertiveness scores among nursing students after assertiveness training.

The objective of this investigation was to evaluate the assertiveness quotient among nursing students. The results unveiled that the mean assertiveness index in the experimental group stood at 11.85 ± 7.335 , while for the control group it was 11.41 ± 9.144 . These outcomes infer that nursing students predominantly attained a diminutive score on assertiveness. Such findings resonate with preceding scholarly research carried out by Larijani, Aghajani *et al.* (2017); Arslan *et al.* (2013); Rezayat and Dehghan Nayeri (2014). In a sectional

survey conducted at Tehran University in Iran, it was discerned that 55.6% of B.Sc. nursing students possessed average or below average assertiveness indices.

The study orchestrated by Nishina and Tanigaki (2013) disclosed the prevalence of attenuated assertive behavior among nursing students, with scores of 7.0 for the intervention group and 10.5 for the control group as per the Rathus Assertiveness Scale (RAS). Conversely, the outcomes of the current study demonstrate that the

experimental group exhibited a substantial enhancement in assertiveness ratings compared to the control group, indicating that assertiveness training has a beneficial impact on assertive behavior. These findings echo the conclusions of prior studies conducted by Thakur *et al.* (2016); Hojjat *et al.* (2015); Eslami *et al.* (2016); Hamoud *et al.* (2012) which too corroborated that assertiveness training significantly bolsters assertive behavior.

CONCLUSIONS

In conclusion, assertiveness training plays a vital role in enhancing communication and self-assurance among nursing students. The findings of this study serve as a guiding light, urging the integration of such training programs into nursing education. The evidence presented clearly indicates that more comprehensive training interventions have the potential to cultivate assertive, competent, and confident future nurses, thereby elevating the overall quality of healthcare delivery. Developing assertiveness skills in nurses and student nursing is essential for enhancing patient care. The ability to express thoughts and feelings openly and fearlessly, regardless of their nature, can foster assertiveness and contribute to improved well-being.

FUTURE SCOPE

This study emphasizes the future role of nurse educators in promoting assertiveness among students through training and further research to identify effective factors. Such efforts have the potential to enhance nursing education and improve patient care.

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Conflict of interest. None.

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