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*Effectiveness of Assertiveness Skills in the Promotion of Assertive Behaviors in the Nurses in Vasei Hospital in Sabzevar, Iran*

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**ABSTRACT**

**Background & Objective:** The present study aimed to evaluate the effectiveness of assertiveness skills in promoting assertive behaviors among the nurses in Sabzevar, Iran.

**Materials and Methods:** This practical, experimental study was conducted on 60 nurses in Vasei Hospital in Sabzevar, Iran in 2015. Subjects were selected via stratified random sampling and divided into two groups of intervention and control. Level of assertiveness skills was measured using the Bar-on assertiveness questionnaire in both groups before and 50 days after the intervention. Data analysis was performed using Chi-square, Fisher's exact test, t-test, and Mann-Whitney U test.

**Results:** After the intervention, a significant difference was observed in the mean score of assertiveness ( $23.3 \pm 2.8$ ) in the intervention group ( $P=0.0001$ ).

**Conclusion:** According to the results, training interventions could be effective in the improvement of assertiveness skills among nurses. Therefore, it is recommended that training on assertiveness be provided as in-service programs for nurses.

## **Introduction**

Assertiveness is defined as the verbal and nonverbal behaviors that help individuals to act in accordance with their interests, so that they would become self-sufficient and express their thoughts and emotions. Moreover, assertiveness leads to honest thinking and prevents anxiety as a result of considering one's rights along with the rights of others (1). Assertive individuals respect themselves and others. They are not passive and do not allow others to abuse them. On the other hand, they respect the needs and demands of others and can communicate tactfully (2).

Assertiveness has four main components, including the rejection of requests, attracting the support of others and making requests, expressing positive and negative emotions, and ability to initiate, continue, and terminate conversations (3). To date, several studies have denoted the lack of assertiveness skills in nurses (4, 5). Considering its positive outcomes, assertiveness is considered a valuable behavior in the nursing profession. In this regard, some of the beneficial outcomes associated with assertiveness include improved leadership skills, increased job satisfaction, achieving independency,

professional opportunities, and authority, avoiding negligence in patient care, decreased job stress, enhanced efficiency under changing circumstances, and improved knowledge and insight regarding the essential factors in response styles (6).

Assertiveness could be used against the commands of others, improve stressful conditions, and enhance the authority of nurses. Furthermore, a positive association has been denoted between assertiveness and job satisfaction (7). In the nursing discipline, the ability to make an appropriate assertive response in critical or potentially dangerous situations is considered to be an essential skill, which may save the life of patients. In order to be employed, promoted, and achieve self-esteem, nursing graduates need a high level of assertiveness, so that they could establish effective communication with patients and support them through assertive behaviors without challenging the professional relationship (6). Training is one of the most effective approaches to the promotion of assertiveness. Assertiveness training is a multi-level approach consisting of various components, such as guidance, role play, feedback, modeling, practice, and review of learned behaviors (8). Training on assertive behaviors has been widely used as a behavioral technique, especially in

individuals with problematic interpersonal relationships, such as nurses (7, 9). However, assertiveness training could benefit all people since everyone may face challenges in this regard (10).

According to Nota and Soresi (11), assertiveness training could influence assertive behaviors and improve the ability to collect useful data for decision-making. In another research, Lin et al. (12) applied the self-expression method in a training intervention, and the results were indicative of increased self-esteem and assertiveness after the training program. Moreover, in a study by Sahib al-Zamani et al., self-esteem and assertiveness were reported to increase in the intervention group (10).

Few studies have been focused on the effects of assertiveness training on nurses. Effective training requires workshops and use of collaborative learning methods in order to transfer educational contents from the short-term to the long-term memory (5, 9).

With this background in mind and considering the contradictory findings in this regard, the present study aimed to evaluate the effectiveness of assertiveness skill training on the assertive behaviors of nurses.

## **Materials and Methods**

This random clinical trial was conducted with a pretest-posttest design on all the nurses employed in the wards of Vasei Hospital in Sabzevar, Iran in 2015. Inclusion criteria were score of less than 24 in the Bar-on assertiveness questionnaire and no previous participation in the educational programs for assertiveness skills.

Sample size was determined at 21 participants per each group (total: 42) by conducting a pilot study on 20 nurses using the comparison of means formula with 95% confidence interval and test power of 0.80. By predicting possible withdrawal, 30 participants (total: 60) were enrolled in the study. Research units were selected via convenience sampling and allocated to two groups of intervention (assertiveness training) and control.

Data collection tools were the research unit selection form, demographic questionnaire, and Bar-on assertiveness questionnaire. Bar-on assertiveness questionnaire is one of the subscales in Bar-on emotional intelligence, which consists of five items that are scored based on a five-point Likert scale (Strongly Agree, Agree, Partially Agree, Disagree, and Strongly Disagree). The maximum and minimum scores of the scale are six and 30,

respectively; accordingly, score six shows the lowest level of assertiveness skills, and score 30 denotes the highest level of assertiveness skills. In addition, average assertiveness skills are represented by the mean score of 18 (13).

Validity of Bar-on assertiveness questionnaire was confirmed using content validity and based on the opinion of 10 experts. Necessary changes were also made in the scales in accordance with the comments provided by the panel of experts. In addition, the reliability of the questionnaire was confirmed by conducting a pilot study on 20 participants, in which the Cronbach's alpha was estimated at 0.66.

A research unit selection form was used to select the subjects through coordination with relevant authorities. The objectives and procedures of the research were orally explained to the participants, and informed consent was obtained from all the subjects prior to participation. Afterwards, the Bar-on assertiveness questionnaire was completed by the participants in an early work shift when the workload of the research units was low (before the training intervention), and they were allowed to enquire about possible ambiguities.

With prior coordination with all the research units, assertiveness training was carried out on the intervention group in the form of a three-day workshop (15 hours). A training package was prepared based on the assertiveness skill training package developed by Mutaby and Kazem Zadeh, which has been approved by the Ministry of Health and Medical Education. Additionally, we used another educational package entitled "Assertiveness Skill Workshop Training", which has been approved by the University of Texas. Modifications were made in this package accordance with the Islamic-Iranian Culture, focusing on communicative based on the recommendations of the panel of experts. The training workshop consisted of lecture, question and answer, group discussions, case presentations, and practical exercises. In the present study, no training was provided for the control group, while the research units in this group were monitored. With regard to the posttest phase, Bar-on assertiveness questionnaire was completed again by the research units in the intervention and control groups 50 days after the assertiveness training workshop.

Data analysis was performed in SPSS version 19 using descriptive statistics (mean, standard deviation, frequency distribution),

Chi-square, Fisher’s exact test, t-test, and Mann-Whitney U test at 95% confidence interval.

**Results**

In total, 60 participants were enrolled in the study and equally divided into two groups of intervention and control. Mean age of the subjects in the intervention and control groups was 39.1±7.2 and 36.4±5.4 years, respectively. The majority of the research units were female (intervention: 29; 96.7%,

control: 28; 93.3%). Mean work experience as a nurse was 15.2±7.2 years in the intervention group and 12.2±5.8 years in the control group.

According to the results of Chi-square and Fisher’s exact test, the study groups were homogenous in terms of the mentioned variables, as well as marital status, organizational position, job satisfaction, and interest in the nursing profession before the intervention ( $P>0.05$ ) (Table 1).

**Table 1.** Frequency Distribution of Nurses in Intervention and Control Groups in Terms of Demographic Variables

Variable		Intervention N (%)	Control N (%)	Total	Results of Chi-square and Fisher’s Exact Test
Gender	Female	29 (96.7)	28 (93.3)	57 (95)	P*=0.77
	Male	1 (3.3)	2 (6.7)	3 (5)	
Marital Status	Married	21 (70)	23 (76.7)	44 (73.3)	P=0.79
	Single	9 (30)	7 (23.3)	16 (26.7)	
Organizational Position	Clinical	24 (80)	22 (73.3)	46 (76.7)	P=0.486
	Staff	0 (0)	3 (10)	3 (5)	
	Head Nurse	4 (13.3)	5 (16.7)	9 (15)	
	Supervisor	2 (6.7)	0 (0)	2 (3.3)	

Interest in Nursing Profession	Low	2 (6.7)	1 (3.3)	3 (5)	P=0.181
	Medium	9 (30)	18 (60)	27 (45)	
	High	19 (63.3)	11 (36.7)	30 (50)	
Job Satisfaction	Low	4 (13.3)	4 (13.3)	8 (13.3)	P=0.253
	Medium	15 (50)	21 (70)	36 (60)	
	High	11 (36.7)	4 (13.3)	5 (25)	

\*P-values as reported by Fisher's exact test

In the pretest phase, the results of Mann-Whitney U test showed no significant difference in the mean score of assertiveness skills between the intervention and control groups (P=0.417), which confirmed that the study groups were homogeneous in this regard. However, in the posttest phase, the results of Mann-Whitney U test were indicative of a significant difference between the groups in terms of the mean change in the score of assertiveness skills compared to the pretest phase (P<0.001).

In the intra-group comparison, the results of Wilcoxon test showed that the mean score of assertiveness skills was significantly higher in the posttest phase compared to the pre-intervention phase. However, the mean change in the score of assertiveness skills was not considered significant in the control group (P=0.66) after the intervention (Table 2).

**Table 2.** Mean Score of Assertiveness Skills in Nurses before and after Training in Intervention and Control Groups

Group			
	Intervention	Control	Inter-Group Test Results
<b>Mean±SD</b>			
<b>Pretest</b>	19.6±3.5	19.2±2.9	X <sup>2</sup> =0.8 P=0.417

<b>Posttest</b>	23.3±2.8	19.6±3.0	X <sup>2</sup> =4.2 P<0.0001
<b>Changes before and after Intervention</b>	3.6±2.5	0.4±1.2	X <sup>2</sup> =5.4 P<0.0001
<b>Intra-Group Test Results</b>	Z=4.5 P<0.0001	Z=1.8 P<0.066	

## Discussion

According to the results of the present study, the level of assertive behaviors significantly increased in the nurses who received assertiveness skill training after the intervention. Subjects in the interventions and control groups were homogenous in terms of assertiveness before the training. Therefore, it could be concluded that the intervention enhanced the assertive behaviors of nurses. These findings are consistent with the study by Lien et al. (12) entitled the “Effects of Assertiveness Training on Assertiveness, Self-esteem, and Satisfaction with Interpersonal Communication in Nursing Students and Other Medical Science Students”. The mentioned research was performed on 69 students in Taiwan, and the assertiveness score was reported to be less than 50%.

Furthermore, Noto and Soresi, carried out an assertiveness training intervention entitled the “Assertiveness Training Program for the Students without the Power of Decision-making”, which was reported to enhance the assertive abilities of the subjects and increase their average assertive reactions from 10.55 to 13.88.

In another study conducted on 40 secondary school students, Lizarraga et al. (15) stated that training based on the portfolio approach could improve assertiveness in the subjects. Similarly, in a research by Paezi et al. (16) entitled the “Effects of Assertiveness Training on Assertiveness, Sense of Goodness, and Success at University”, the findings indicated that assertiveness training promoted the assertive behaviors in the intervention group. These findings are in line with the studies by Alai et al. (17), Sahebo-Zamani et al. (10), Sharifirad et al. (8), and Mahmoudi et al. (18). In a research aiming to investigate the effects of

assertiveness, problem-solving, and self-respect on emotional intelligence, Akbari (19) claimed that assertiveness skill training had a significant effect on the emotional intelligence of the subjects. Since some studies have suggested that individuals with high emotional intelligence tend to be comparatively more assertive, it could be inferred that this finding is consistent with the present study. Contradictory results have also been proposed in some of the studies in this regard. For instance, the findings of Rosenberg (20) and Rezayi et al. (9) in students have demonstrated that assertiveness skill training has no significant effect on improving assertiveness and reducing anxiety. This discrepancy could be due to the differences in the methods of assertiveness skill training; the method of choice in the current research was participatory-interactive in addition to an educational workshop to train nurses on assertiveness skills. Workshops are classified as a participatory learning method (15) and have been claimed to be the most effective approach to assertiveness skill training in several studies (21). One of the limitations of the present study was the restriction of the length of the intervention. Behavioral changes occur in a gradual process, and more time is needed to obtain

accurate results from the behavioral training of nurses. Moreover, various factors might have affected our findings, which could not be controlled by the researcher; such examples were the differences in the religious beliefs, sociocultural issues, personal views, and prior experience of the participants in training interventions.

### **Conclusion**

Assertiveness or self-expression is one of the foremost social skills. The ability to provide an appropriate assertive response to critical or potentially dangerous situations is a vital and life-saving skill in dealing with patients, which also increases confidence in the progress of the nursing profession. Therefore, it is recommended that authorities attempt to conduct a series of training sessions for teaching assertive behaviors in the form of workshops or curriculum units for the nurses who have not been received such training in order to enhance their mental health. In addition to emphasizing on the importance of providing training interventions to improve interpersonal communication among nurses, our findings could contribute to the promotion of assertive behaviors at the workplace. Therefore, it is recommended that relevant training be implemented on

interpersonal communication skills, anger management, and conflict management for nurses prior to employment, as well as in the form of in-service briefing sessions.

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