RESEARCH ARTICLE

A Study to Assess the Effectiveness of Assertiveness Training on Assertive Behavior Among Nurses Working in Selected Community Health Setting

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Abstract: Research Approach: Quantitative research approach was being used for the current study. The research was being conducted among staff nurses working in selected community health setting. Research Design: A pre-test post-test control group design was adopted to accomplish the main purpose of the study i.e. to assess the effectiveness of assertiveness training programme on assertive behavior. Sample: Total 220 samples were selected (Experimental group:110 & Control group:110). Sampling Techniques: It was a three steps process. Mixed Sampling techniques (Selection of District, Selection of Talukas, Selection of PHC and SC). Research Tool: A Self Structured Assertiveness Inventory Scale was to used collect data. Self-Structured Assertiveness Inventory Scale was used in this study to assess the assertiveness skills and nurse's impression of one's own assertiveness and frankness. Items are answered on a four-point rating scale from 'Never' to 'Entirely'. It contains 25 items. Results: The training regimen was structured as a two-day program, with sessions spanning four hours each day. Over the course of the training, participants engaged in eight distinct sessions covering topics such as understanding assertiveness, cultivating assertive thinking, learning various assertive techniques, practicing refusal skills for unreasonable requests, managing criticism, and stress reduction techniques. In Experimental group 87.3% of participants showed assertive behavior. Fisher Exact Test value: 217.54, p-value shows 0.000 which is less than 0.05 which indicates a highly significant difference.

Keywords: Assess; Effectiveness; Assertiveness Training; Assertive Behavior; Community Health Setting.

INTRODUCTION

In a Global scenario- At a global level, assertiveness in nursing is essential for ensuring patient safety, effective communication, and professional advocacy. Nurses play a critical role in healthcare systems worldwide, and being assertive allows them to advocate for patients' rights, collaborate effectively with interdisciplinary teams, and maintain ethical standards in practice[1].

In A National Scenario- Assertiveness Training for Nurses in India: Enhancing Assertive Behavior in Healthcare. India's healthcare system is characterized by hierarchical structures, heavy workloads, and cultural norms that emphasize deference to authority. These factors often make it challenging for nurses to assert themselves in patient care and workplace interactions. Assertiveness training can empower Indian nurses to advocate for patient safety, improve communication, and enhance their professional confidence[2,3.]

In A Local Scenario- Assertiveness is a crucial skill for nurses, enabling effective communication, patient advocacy, and professional development. In Western Maharashtra, as in other regions, fostering assertiveness among nurses can lead to improved healthcare outcomes and enhanced job satisfaction [4].

A communication style known as assertiveness is essential for building positive relationships with patients, their families, nurses, and co-workers. Peer pressure eventually has the power to change people and produce an assertive co-worker. By helping a person communicate their rights, opinions, and feelings in a way that acknowledges and respects others' rights while not discounting or demeaning them, assertiveness is an interpersonal behavior that advances human equality [5-7]. Nurses must continue to enhance their assertiveness skills to more effectively deal with coworkers from different specialties, convey bad news to patients and family members, and care for themselves. Everyone benefits from being forceful. It is just the expression of one's viewpoint that upholds an individual's rights without infringing upon those of others. Nursing and assertiveness are intimately tied to one another. A nurse's practice cannot be deemed good if they lack confidence. The nurse's boldness is evident in the care she provides. To protect their rights and the rights of the clients they are caring for, nurses must be sufficiently assertive. An assertive nurse displays behavior that is founded on values such as accountability, equality, respect, and duty. By being assertive, a nurse does not come across as self-serving; rather, it upholds the rights of the client, equality, and fairness in the job description, and most importantly the achievement of efficiency and effectiveness in the practice of nursing[8-10].

Assertiveness is a behavioral response that results from an upbeat attitude of self-respect for others. It aims to maintain an equilibrium between submissive and

aggressive reactions with an emphasis on equality and justice in interpersonal contact. In a clinical setting, nurses observe people's suffering, grief, and misery daily. Nurses' anxiety and stress levels rise in hospitals due to unique circumstances such as patients' groans and sighs, their illness and death, insomnia, concerns, and interpersonal connection issues at all levels. Other nurses are also impacted by this stress and anxiety, which overshadows the system's overall quality, care process, and performance. Culture, seniority, personality traits, organizational management, the significance of this issue and its impact on nurses' mental well-being and patient care, and the lack of confidence in assertiveness are some of the aspects involved [11].

Assertive behavior in an organization promotes the expression of ideas and ideals, which boosts the confidence of nurses. The ability to project and communicate the image of a calm, polished professional is made possible by this behavior. By minimizing conflicts between people in their personal and professional lives, assertive nurses can potentially remove a major cause of stress for a large number of individuals.

Furthermore, assertiveness is regarded as a valuable behavior in nursing because it leads to positive outcomes like improved leadership abilities, increased job satisfaction, real independence, professional accomplishment, power and determination, avoiding caregiving neglect and negligence, reduced job stress, and increased efficiency during condition changes. It is essential and potentially life-saving to know how to respond appropriately and assertively in stressful or potentially dangerous situations. It is feasible to establish adequate communication and uphold patients' rights by acting assertively.

In a global setting, professional behaviors that support nursing professionalism are regarded as a crucial part of nursing leadership. Nursing professionals have acknowledged the value of expanding their worldwide knowledge, and as many healthcare concerns transcend national boundaries, there is a greater need than ever for a global flow of information and data. Attitudes, knowledge, and behaviors that exhibit a comprehensive approach to the rules, guidelines, and standards that underpin effective clinical procedures have been used to illustrate nursing professionalism [12-15].

Direct comments can be made comfortably by assertive nurses, who can also offer and accept criticism, evaluate rights and obligations in a nursing setting, and work thoughtfully to solve problems in the hospital. The majority of occupational health professionals are nurses. Furthermore, in addition to applying knowledge, experience, and professional, legal, and ethical norms, nursing is an evolving field that calls for a broad range of behavioral, functional, and clinical abilities, including professional nursing behavior.

Nurses must be forceful to handle challenges and gain others' cooperation because they work in a variety of settings. Being assertive is crucial for finding the best solution for everyone, increasing the likelihood that nurses' demands will be satisfied, enabling them to maintain control, boosting their self-confidence, and lowering stress levels. Leaders must be forceful to resist and manage stress, which they frequently experience. One excellent quality that makes nurses leaders in all spheres of life is assertiveness. Being assertive also entails speaking up in a way that communicates to others that the leader takes their opinions seriously. Being assertive is a mindset, a mindset, and a style of thinking. It focuses on how to work with others to improve as a team player, manager, or co-worker. It makes it possible to employ behaviors that are valued by others. The art of assertiveness includes being self-assured, communicating clearly and honestly, respecting the rights of others, and accepting accountability for one's actions [16].

Objectives of the Study
1. To assess the assertive behavior among nurses before assertiveness training in experimental and control groups.
2. To assess the assertive behavior among nurses after assertiveness training in experimental and control groups.
3. To compare the pre-interventional and post-interventional assertive behaviour within experimental and control groups.
4. To determine the effectiveness of assertive training on assertive behaviour between experimental and control groups.
5. To find the association between pre-interventional assertive behaviour and selected demographic variables.

METHODOLOGY

A research design refers to the comprehensive strategy devised to investigate a research query, encompassing specific measures to ensure the study's credibility and reliability. A pre-test post-test control group design was adopted to accomplish the main purpose of the study i.e. to assess the effectiveness of assertiveness training programme on assertive behavior.

Sampling technique and sample
Sample
In research studies, a sample comprises individuals or objects selected to participate in the study. Sampling is the method used to choose a representative subset of the population under study.

For instance, in a study involving nurses from community health setting, the researcher selected participants based on specific inclusion criteria. Only those nurses present during the data collection period were included in the study, ensuring a focused and relevant sample."

Inclusion criteria
➢ Qualification as ANM and GNM
➢ Having minimum of 6 months & above experience

Exclusion criteria
➢ Those nurses who have already undergone Assertiveness training.
➢ Not willing to Participate.

Reliability
Reliability was calculated by test-retest method 2 weeks apart by administrating the tool to 30 nurses and Spearman's correlation coefficient (r) was calculated. The r value is 0.86 and it is found more than 0.7. Hence, the tool was found reliable.

Intervention (Assertiveness Training Programme)
Development of Intervention
Drawing from behavioral learning theories and social learning theories, the researcher conducted an extensive literature review to gain insights into assertive behavior. Utilizing a range of resources including print and electronic literature, videos, input from subject matter experts, and supervised institutional training, an assertiveness training programme was formulated. This programme encompassed cognitive, affective, and behavioral elements, comprising eight sessions covering various aspects of assertiveness.

The training sessions incorporated a blend of instructional methods, including brief lectures accompanied by discussions, and behavior modification techniques such as demonstrations, role-playing, group activities, feedback mechanisms, reinforcement strategies, modelling of assertive behavior, repetition of desired behaviors, peer feedback, logical analysis to address misconceptions, utilization of "I" statements, and training in assertive body language.

Content validity of intervention
Content validity of the assertiveness training programme was done by Mr. Ashish K, Endorphin Training Center, Pune. On the whole, the expert opined that assertiveness training programme was comprehensive and systematic and all sessions were well planned and structured. As per their given views, the content of assertiveness training was better tailored; these were subsequently incorporated into the programme before proceeding with pilot study.

Assertiveness training procedure
A cohort of 22 nurses from each district within a selecting PHC and SC setting underwent assertiveness training facilitated by the researcher. The training regimen was structured as a two-day program, with sessions spanning four hours each day. Over the course of the training, participants engaged in eight distinct sessions covering topics such as understanding assertiveness, cultivating assertive thinking, learning various assertive techniques, practicing refusal skills for unreasonable requests, managing criticism, and stress reduction techniques. Each session last approximately one hour, with concise session notes provided to participants beforehand to prepare them for the upcoming content.

Data Analysis
The data analysis was conducted using Statistical Package for Social Sciences (SPSS) version 21. A significance level of $p < 0.05$ was set for all statistical procedures. The collected data underwent thorough review for completeness and consistency, both within individual data forms and across forms. A master data sheet, along with its coding was prepared. To ensure accuracy, data coding was validated by comparing computerized data with the original data for a random sample (20%) of the database.

Descriptive and inferential statistics were applied according to the study's objectives and hypotheses. Sample characteristics were analyzed for frequency, range, and percentage distribution. Mean (SD) values of pre-test and post-test assertive behavior scores for both groups were computed. Independent t-tests were employed to compare outcome variables between the experimental and control groups at baseline. Paired t-tests were used to compare baseline and post-test four scores within each group.

The association between assertive behavior scores with selected demographic variables at baseline was determined using Pearson's correlation method. Tables, figures, and diagrams (such as bar, pie, and scatter plots) were employed to visually represent the data.

Table 1 Pre-test and Post-test score comparison in Experimental Group.

	Mean	SD	Wilcoxon signed rank test value	p-value	Remarks
Pre-Test	40.16	1.493	-	-	-
15th Day (Post Test-1)	35.75	1.672	19025.5	0.00	Significant
1st Month (Post Test-2)	31.23	2.643	10296		
2nd Month (Post Test-3)	26.97	2.436	20449		
3rd Month (Post Test-4)	23.36	1.938	10296		

There is a significant and progressive improvement in assertive behavior over time in the experimental group. The intervention was effective in reducing passive behavior and promoting more assertive communication, as demonstrated by steadily decreasing mean scores and the significant Wilcoxon test result at the 15th day.

Table 2 Post-test score comparison between Experimental and Control Group.

Assessment	Group	Mean	SD	Mann-Whitney U test value	p-value	Remarks
15th Day (Post Test-1)	Control Group	41.67	2.595	86	0.001	Significant
	Experimental Group	35.75	1.672			
1st Month (Post Test-2)	Control Group	41.77	5.024	65	0.001	Significant
	Experimental Group	31.23	2.643			
2nd Month (Post Test-3)	Control Group	42.13	2.776	00	0.001	Significant
	Experimental Group	26.973	2.436			
3rd Month (Post Test-4)	Control Group	42.19	3.854	00	0.001	Significant
	Experimental Group	23.364	1.938			

A statistically significant difference was found ($p < 0.05$), with the experimental group showing a lower mean score, indicating less passive behavior compared to the control group. The intervention had an early positive impact. The difference between the two groups remains statistically significant, suggesting continued improvement in the experimental group's behavior due to the intervention. The control group shows no meaningful change. A highly significant difference was observed, with the experimental group showing marked improvement. The U-value of 0 suggests maximum difference in ranks, highlighting the strong effect of the intervention. The difference remains highly significant, indicating the intervention's cumulative and long-lasting impact. The control group remains unchanged, while the experimental group exhibits a high level of assertive behavior with reduced passivity.

Across all post-test time points (15th day to 3rd month), there were statistically significant differences between the control and experimental groups (all p-values = 0.001). The experimental group consistently showed greater improvement, confirming the effectiveness of the intervention in promoting assertive behavior and reducing passive tendencies. The control group exhibited no meaningful behavioral change over time

Table 3 Association between pre interventional and selected demographic variables.

Sr.No	Demographic Variables	Behavior Pattern				Chi-square value	p-value	Remarks
		Passive Behavior	Percent (%)	Aggressive Behavior	Percent (%)			
1.	Age (In Years)					1.081	0.782	Not Significant
	20-30	36	16.36	16	07.27			
	31-40	38	17.27	15	06.81			
	41-50	34	15.45	16	07.27			
	51-60	41	18.63	24	10.90			
2.	Gender					0.002	0.962	Not Significant
	Male	15	06.81	07	03.18			
	Female	134	60.90	64	29.09			
3.	Monthly family income (In Rupees)					5.7	0.162	Not Significant
	25,000 to 50,000	08	03.63	06	02.72			
	51,000 to 1,00,000	50	22.72	33	15			
	1,00,001 to 1,50,000	45	20.45	13	05.90			
	1,50,001 to 2,00,000	46	20.90	19	08.63			

4.	Qualification					0.003	0.968	Not Significant
	A.N.M	96	43.63	46	20.90			
	G.N.M	53	24.09	25	11.36			
5	Years of experience in nursing					4.029	0.402	Not Significant
	5 to 10	28	12.72	14	06.36			
	11 to 15	29	13.18	21	09.54			
	16-20	30	13.63	10	04.54			
	21 to 25	35	15.90	17	07.72			
	25 & above	27	12.27	09	04.09			
6	Place of work					0.003	0.958	Not Significant
	S.C	96	43.63	46	20.90			
	P.H.C	53	24.09	25	11.36			

None of the demographic variables, including age, gender, income, qualification, years of experience, or place of work, showed a statistically significant association with passive or aggressive behavior (all p-values > 0.05). This suggests that these behavior patterns were uniformly distributed across different demographic groups, indicating that other factors (e.g., intervention, environment, or psychological influences) may play a more significant role.

DISCUSSION

In this part, the researcher shares the practical implications observed during the study. These implications are explained for different areas of nursing, such as Nursing Administration, Nursing Practice, Nursing Education, and Nursing Research. The details are as follows:

Nursing Administration

In recent years, nursing has grown beyond traditional care and has started to include alternative methods, such as social skills training. To support this change, nurse administrators need to create policies and care standards that fit the Indian healthcare setting. Some of the important administrative responsibilities for introducing and promoting assertiveness training in nursing services are:

1. Assertiveness training has been shown to improve assertive behavior, boost self-esteem, enhance communication skills, and reduce stress among nurses. Therefore, nursing educators and administrators should regularly arrange training programs, workshops, or conferences on assertiveness and encourage nurses to take part in them.
2. Senior nurses can conduct short formal or informal education sessions in the ward on useful topics like how to say "no," practicing meditation, and handling criticism effectively.
3. Assertiveness training sessions can be arranged for nurses and other healthcare professionals working in community settings, with the involvement of local leaders and community representatives.
4. Professional evaluation tools, such as the ACR, should be updated to include assertive behavior as a criterion and reward it positively in promotions and career growth.
5. Nurse administrators should work in collaboration with healthcare staff, government agencies, language canters, and voluntary organizations to conduct assertiveness training programs for nurses.
6. Workplace guidelines should be developed to encourage nurses to practice assertiveness.
7. Nursing administrators and other authorities should support nurses who demonstrate assertive behavior in the correct and professional manner.
8. Nurse administrators should quickly address the challenges faced by nurses while applying assertive techniques, to ensure effective practice.

Nursing Practice

Nurses should interact assertively with patients as well as with other members of the healthcare team. At every level, nurses play an important role in encouraging and supporting assertive behavior among patients. Regular practice of assertiveness techniques, proper stress management, and effective handling of related challenges are essential parts of nursing practice. The key implications for nursing practice are as follows:

1. Nurses should be encouraged to use assertiveness techniques such as saying "no," fogging, meditation, and thought stopping. These methods help reduce stress, improve self-control, and support positive well-being for both patients and themselves.
2. Nurses must be trained to develop strong skills in assertive communication. This will allow them to report errors more openly, speak up for their rights, and communicate more effectively in clinical practice.
3. Nurses should motivate patients and other healthcare team members to practice assertiveness. They can also encourage them to share feedback on improvements they notice after using assertiveness techniques.
4. Nurses should guide and support patients in applying assertive techniques. They can explain the risks of non-assertive behavior and

help patients identify personal barriers that prevent assertive communication.

5. Online training programs or mobile apps with videos on assertiveness techniques can be designed for the Indian context, making them easily accessible for nurses and patients.

6. Modern nursing now focuses more on stress prevention, health promotion, and holistic care. Therefore, nurses are expected to apply assertiveness principles and techniques while supporting the client's health, healing, illness management, and recovery.

Nursing Education

The findings indicate that nursing students and practicing nurses should be properly educated about assertive behavior. The main implications for nursing education are as follows:

1. Nursing students should be taught the basics of assertive communication and behavior, such as how to say "no" to unrealistic patient demands in a respectful way.

2. Nursing teachers should actively encourage students to practice assertive communication in their daily interactions.

3. Well-organized websites on assertiveness techniques can be used as online resources to support self-learning.

4. Nursing students can be given practical exposure by being placed in communication enhancement centers to learn assertive communication skills.

5. Formal and well-funded continuing education programs on assertiveness should be designed and conducted by professional nursing bodies.

Nursing Research

Assertiveness training is still a less explored and underused area in nursing research, particularly in our context. The main implications for nursing research are as follows:

1. Objective tools can be used to measure assertive behavior and related variables for research purposes.

2. Studies should be conducted to evaluate nurses' knowledge, skills, and attitudes toward practicing assertive techniques. Nurses themselves can take an active role in such research.

3. The impact of different assertiveness techniques on psychological factors can be examined.

4. Research should determine how effective assertiveness training is in managing various psychological problems.

5. Studies can help health professionals better understand the basic principles of assertiveness training.

6. Research can also explore nurses' feelings and experiences related to using assertive techniques.

In conclusion, nurses can play an important role in providing assertiveness training and applying assertive techniques with their patients. Making use of their skills in this area would mark a positive shift from the traditional approach to patient care. This change would also help in strengthening nursing services and promoting nursing research in India.

CONCLUSION

This study demonstrated that assertiveness training is effective in improving assertive behavior, self-esteem, interpersonal communication, and in reducing stress among nurses. It is one of the first efforts in India to examine these important issues in nursing practice.

Assertiveness is a key social skill that strengthens relationships, supports professional success, and contributes to personal growth. It is essential to equip nurses with the knowledge and skills needed to choose effective and appropriate patterns of behavior. Training nurses in assertiveness helps them avoid unhelpful behaviors, improves open communication, reduces stress, and supports both personal and professional development.

REFERENCES:

1. Bannur S. Assertiveness in nursing-increasing the level of confidence among nursing professionals: A review. World Journal of Biology Pharm Health Sci. 2023;14(1):261-5.

2. Krstić A, Kekuš D. Assertive communication in health care. In: Book of abstracts. 2023 May. p. 20.

3. Eid Ahmed O, Mostafa Shazly M, Saleh Hassan H, El-Hanafy E, El Sayed Shaheen M. Effect of assertiveness training program on nursing students' knowledge, self-esteem, and assertiveness. Int J Novel Res Health Nurs. 2021;8(3):524-35.

4. Ali HA, El-Sayed KA, El-Hosany W, Abdeen HA. Effect of assertiveness training program on psychological well-being and work engagement among novice psychiatric nurses. Egyptian Nursing Journal. 2020;17(3):225-37.

5. Wulandari D, Yasin R, Rahmawati S, Puspitasari Y. Assertive communication training to increase knowledge and motivation among associate nurses in Southeast Sulawesi, Indonesia. Indian J Forensic Med Toxicol. 2022;16(3):243-9.

6. Boileau E, St-Pierre I, St-Pierre C, Giguère C, Dufour É. The impact of assertiveness training programs on nurses: A systematic review. J Nurs Educ Pract. 2019;9(7):1-10.

7. O'Daniel M, Rosenstein AH. Professional communication and team collaboration. In: Hughes RG, editor. Patient safety and quality: An evidence-based handbook for nurses. Rockville (MD):

Agency for Healthcare Research and Quality; 2008. p. 2-271.

8. Gaikwad V, Patil S, Kshirsagar S. Effectiveness of assertiveness training on communication skills among staff nurses in Western Maharashtra. J Commun Healthc. 2021;14(2):115-22.

9. Joseph A, Panicker V. Impact of assertiveness training on self-confidence and job satisfaction among nurses. Indian J Contin Nurs Educ. 2022;23(1):45-50.

10. Ageiz M, Elshrief H, Bakeer H. Developing a professionalism manual for nurse managers to improve their perception regarding professionalism and professional identity. SAGE Open Nurs. 2021; 7:23779608211026174.

11. Ahakwa I, Yang J, Agba Tackie E, Atingabili S. The influence of employee engagement, work environment, and job satisfaction on organizational commitment and performance of employees: A sampling weight in PLS path modelling. SEISENSE J Manag. 2021;4(3):34-62.

12. Alshahrani S, Paulsamy P, Qureshi A, Venkatesan K, Lobelle EE, Mohamed S, et al. Determination of professional behaviours among nurses working at a selected teaching hospital in India. J Pharm Res Int. 2021;33(43B):361-7.

13. Hargie O. Skilled interpersonal communication: Research, theory and practice. 6th ed. Abingdon: Routledge; 2021.

14. Hopkins J. Nursing assertiveness and human needs. 4th ed. USA; 2016. p. 204-5.

15. Hanson J, Walsh S, Mason M, Wadsworth D, Framp A, Watson K. 'Speaking up for safety': A graded assertiveness intervention for first year nursing students in preparation for clinical placement: Thematic analysis. Nurse Educ Today. 2020; 84:104252.

16. Li M, Dylan LMH. China's fluid assertiveness in the South China Sea dispute. In: Security and conflict in East Asia. 2020. p. 91-101.

17. Wehabe MA, Faisal Fakhry S, Abd ELazeem Mostafa H. Assertiveness and leadership styles among head nurses. Egypt J Health Care. 2018;9(1):205-20.

18. Burnard P. Assertiveness and clinical practice. Nurs Stand. 1991;5(33):37-40. doi:10.7748/ns.5.33.37. s42.

19. Robinson PJ. Basics of behavior change in primary care. Cham: Springer International Publishing; 2019.

20. Ata A, Ahmed A. Effect of assertiveness training program on nurse interns' self-esteem and stress at El-Fayoum University Hospitals. Am J Nurs Res. 2018;6(6):568-75.

21. Kanade A. The effect of assertiveness training program on nurses. Indian J Psychiatr Nurs. 2018;15(2):19-23. doi: 10.4103/ijpn.ijpn_15_19.