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The Effect of Assertiveness Training Program on Improving Self-Esteem of Psychiatric Nurses

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Abstract

Assertiveness is one of the essential skills in the modern working environment, there are many benefits of being assertive such as; better time management, increased self-esteem and the ability to negotiate more effectively. Psychiatric mental health nurses are confronted with the daily responsibility of assessing, intervening and evaluating client responses to stress and client interactions. They need to identify the meaning of their own stress and develop strategies that increase personal and professional growth. Some nurses may have learned to express their needs honestly to use anger constructively, to improve personal and work relationships and to build self-confidence through assertive behavior. But others still struggle with being assertive, perhaps because they don't believe they have the right to be assertive, they are anxious about asserting themselves or they don't know how to be assertive. Learning assertive techniques are considered as tools for coping skills with a variety of life stressors. Increasing assertive behavior becomes an expression of person's feelings. So the aim of this study was to assess the effect of assertiveness training program on improving self-esteem of psychiatric nurses. Subjects and methods: The study was conducted at The Psychiatric and Addiction Treatment Hospital in Mit-Khalf at Menoufia, Egypt. The subjects of the study were 30 nurses. Data were collected using two tools, (1) Garas, Ahmed and Bader Arabic version of Rosenberg's Global self-esteem scale, (2) Assertive behavior inventory tools (ABIT). The collected data were analyzed by means of SPSS (version 16) *Parametric tests were one a way ANOVA (F test), Paired t test. A non-parametric test was Mann-Whitney test.* Results: The study showed that there were statistically significant difference between measure 1 and measure 2 intervention program regarding assertiveness skills and self esteem score level of psychiatric nurses; also there was positive significant correlation between total assertiveness skills and total self esteem score level and there was positive significant correlation between age & experience and total assertiveness skills and total self esteem score level among psychiatric nurses measure 1 and measure 2 intervention program. Conclusion: Implementation of assertiveness training program with psychiatric nurses has a positive effect on improving their self-esteem. Recommendation: Implementation of assertiveness training program for all nurses and for undergraduate nursing students.

1. Introduction

Self-esteem reflects a person's overall evaluation or appraisal of his or her own worth.

Individuals with high self-esteem feel they are worthwhile despite their errors and flaws. Self-esteem is widely recognized as a central aspect of psychological functioning during adolescence. It plays a significant role in the development of a variety of mental disorders [1] and [2]. Self-esteem has been found to be the most dominant and powerful predictor of happiness and life satisfaction [3]. Self-esteem is an important factor in mental health that affects human functions, especially job performance. The number of nurses with low self-esteem is increasing and this is mostly due to role conflict.

In addition, self-esteem has long been identified as an important predictor of adjustment to stress, high levels of self-esteem are considered important in terms of both managing the demands placed on nurses during their training and for developing a strong and therapeutic relationship with a patient [4]. Furthermore, self-esteem influences how nurses think, feel, and motivate themselves and act which undoubtedly impacts on the care patients receive. It was reported that nurses with low self-esteem have an effect on the level and the quality of patient care in a negative direction. Nurses' with high level of self-esteem are confident, take pride in their work, and demonstrate respect and concern for patients and colleagues [5].

Assertiveness is a substantial communication style that enhances successful relationships with patients, families, and colleagues [6]. Assertiveness is an expression of self-esteem. Studies have shown that individuals who have assertive behaviors generally have higher self-worth and are more successful in life. Assertive persons maintain self-respect and respect for others by Assertive behavior which directly expresses one's true, basic feelings, needs, desires, opinions and personal rights in a positive, productive way without denying the rights of others. 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 individuals' lives easier and experience positive responses from others. This in turn can decrease anxiety and increase confidence in interpersonal relations [7] and [8].

Assertiveness is thought to be a healthy form of behavior. Becoming more assertive can lead to increased respect and recognition as a person and as a nurse. It can get individual more of what his/her want [9]. Assertiveness is considered to be an essential skill for nurses. It is a key attribute for nurses without it true autonomy and personal empowerment cannot be achieved [10]. Assertive behavior demands control over outbursts of anger, crying or other behavior patterns that exhibit lack of professionalism. Assertiveness skills can be seen as "valuable component" for successful professional nursing practice, with which many conflicts in a nursing situation can be successfully ruled out [11].

Assertiveness training is a structural intervention which is used for social relationship improvement, anxiety disorder therapy, and phobias in children, teenagers and

adults. [12] This training is a multi-content method which includes guidance, role playing, feedback, modeling, practice and the review of trained behaviors [13]. Assertive training program is a systemic approach to more assertive self-expression, based on a balance between achieving one's own goals and respecting the needs of others. It is a psychological intervention which helps participants learns to integrate assertive behavior skills into their daily lives. It deals with attitudes, beliefs, and cognitions about assertiveness as well as specific, overt assertive behaviors. The assertiveness training is based on the assumption that individuals do not behave assertively because they have not had the occasion to learn assertive responses in given situations, the aggression and non assertive behavior are both learned response that can be replaced by an assertive response [14].

Assertiveness training programs help the individual to self-actualize without abusing the rights of others. Therefore, it is more appropriate to assist nurses to learn assertion skills through assertive training program to work with them as practitioners [15]. Previous researches on assertiveness training have supported that attainment of assertiveness skills has been linked to increased assertiveness, and self esteem [16].

Nurses interact with patients, colleagues and other health care professionals on a daily basis; such an interaction is improved when nurses have good communication skills. The potential benefits of assertive behavior to nurses are enormous where it enhanced self awareness, improved staff performance, improved patient care and interdisciplinary collaboration and cohesiveness [17].

2. Significance of the Study

The current trend in health care settings is inclined towards team working with a multidisciplinary approach. The nurse within a multidisciplinary team can play a pivotal role in providing quality care to the patients under his / her care. There are several misconceptions about assertiveness but nurses need to be assertive in order to be an effective patients' advocate and empower them. Non assertiveness can lead to stress, low self esteem, helplessness and poor job satisfaction leading to poor job retention and high staff turnover. It is therefore very crucial that nurses are taught and encouraged to be assertive in their practice [18]

Nurses who have poor self-esteem and poor interpersonal skills without a doubt exhibit negative professional attitudes and behaviors. In order for nurses to become more influential in the improvement of health care delivery system, more competent in the provision of quality patient care, more comfortable in their communication within society and more effective in using their professional knowledge and skills, it is necessary for them to be more assertive and have high self-esteem [19]. Accordingly, it is significantly important to enhance assertiveness and self-esteem of nurses through implementing an assertiveness skills training.

3. Subjects and Methods

3.1. The Aim of the Study

The aim of the study is to assess the effect of assertiveness training program on improving self-esteem of psychiatric nurses

3.2. Research Hypothesis

- Self-esteem of psychiatric nurses in general will be improved by the effect of assertiveness training program
- Assertiveness level of psychiatric nurses in general will be improved by the effect of assertiveness training program.

3.3. Research Design

- Quasi-experimental design (one group pre test -post test design or measure 1 and measure 2) was used to achieve the aim of the study.

3.4. Research Setting

The study was conducted at the psychiatric and addiction treatment hospital in Mit-Khalf at Menoufia, Egypt.

3.5. Subjects

The subjects of the study include all available nurses at the beginning of the study which consisted of 30 nurses 19 female and 11 male, eight of them had a baccalaureate degree and work as a head nurse, eight of them had associative degree, eleven of them had a diploma of nursing and three of them had health technical institute.

3.6. Instruments of the Study

The instruments consisted of the following:-

Instrument (1) Rosenberg's Global Self-esteem Scale:

Garas, Ahmed and Bader Arabic version of Rosenberg's Global self-esteem scale was used (1991). The scale was designed to measure the global negative and positive self attitudes. Rosenberg's Global Self-esteem Scale tested for its content validity by group of five experts in the psychiatric and community medicine and nursing. The required modification was carried out accordingly. Then test-retest reliability was applied. The tool proved to be strongly reliable ($r = 0.7222$). It consists of 10 statements (5 statements are phrased positively and 5 statements are phrased negatively). These statements are rated on a 4-point scale, which are: (4) strongly agree, (3) Agree, (2) disagree, (1) strongly disagree. According to these answers, scoring ranges from 1 to 40, with 40 indicating the highest possible score. Scoring for negative answers was reversed, i.e., 1 for strongly agree and 4 for strongly disagree, and so on. Total scores were graded as follows:

- Low: below 20
- Moderate: 20- less than 25.
- High: From 25 to more than

Instrument (2): Assertiveness Scale

Assertive behavior inventory tools (ABIT) developed by

Clarck& Shea (1990) and it was used before in Egypt by Safey EL-Din (2003). The questionnaire aimed to measure assertive behavior after translated into Arabic language to accommodate our community. Assertiveness Scale tested for its content validity by group of five experts in the psychiatric and community medicine and nursing. The required modification was carried out accordingly. Then test-retest reliability was applied. The tool proved to be strongly reliable ($r = 0.8222$). The questionnaire contains questions were 46 questions constructed to collect data on verbal and non verbal communication style, control of anxiety and fear, active orientation, work habits, questions related to co-workers and negotiating the system.

Scoring system

The score response for questions include always (5), usually (4), sometimes (3), seldom (2) and never (1). Despondences had total score less than 90 were considered low assertive, despondences had total score from 90-135 were considered moderately assertive and despondences had total score more than 135 were considered high assertive.

-In addition to socio-demographic data of the nurses such as age, sex, occupation, level of education.

3.7. Procedure

An official approval was obtained from the director of the psychiatric and addiction treatment hospital in Mit-Khalf. The questionnaire used in the study was administered by the researchers. The nurses were briefed about the study, encouraged to participate and motivated to express their experiences. The nurses give fully informed verbal consent to participate. It was emphasized that all data collected was strictly confidential and the data would be used for scientific purposes only. Data collection for this study was carried out in the period from October 2013 to December 2013. The researcher collected the data during the morning at two days/week from 10 AM to 12 AM. The subjects were divided into 6 groups; each of them consisted of 5 nurses. The period of implementation was 2 months.

Implementation of the study passed into three phases (measure 1 assessment phase, implementation phase and measure 2 assessment phase).

3.7.1. Measure 1 Assessment Phase

Subjects were interviewed individually at their places where pre assessment was done using Rosenberg's Global Self-esteem Scale: and Assertiveness Scale.

3.7.2. Implementation Phase

The training program aimed at enhancing the assertive skills of nurses. This training program has a set of specific objectives for each of the 8 sessions. This was achieved through several teaching methods such: lectures interweaved with group discussion, brainstorming, and examples from real life, modeling, role playing / behavioral rehearsal, getting participants' feedback, providing feedback, providing corrective feedback, and assigning homework.

The content of the training program sessions was as follows:

1. Introduction about the concept of assertiveness; the importance of the assertiveness for nurses and nursing students; and the comparison of passive, aggressive, passive-aggressive and assertive behavior.
2. The individual's basic rights of assertive behavior.
3. How to say "No" assertively.
4. How to make a request assertively.
5. How to respond and give criticism assertively; and give constructive criticism.
6. Handle and express anger assertively.
7. How to give and accept compliments assertively; and how to make apology assertively.
8. How to promote self-esteem.

Various techniques were used to effectively help the participants in the process of becoming an assertive person. Such techniques include responding as a broken record to repeat in a calm voice the simple statement of refusal. Also, agreeing assertively on negative aspects about oneself when accepting constructive criticism. Another technique is negative inquiring which consists of requesting further, more specific criticism about the negative aspects. Moreover, defusing/delaying assertively by putting off further discussion with another angry individual until one is calmer. Clouding/fogging technique when one can respond to destructive criticism without becoming defensive and without agreeing to change by agreeing with a small part of what an antagonist is saying. Finally, using of "I" statement instead of "You" to express one's feelings and wishes from a personal position.

3.7.3. Measure 2 Assessment Phase

Evaluation was done using Rosenberg's Global Self-esteem Scale: and Assertiveness Scale

3.8. Data Processing and Analysis

Analysis was performed using SPSS, version 16.0. Parametric tests were one a way ANOVA (F test), Paired t test. A non-parametric test was Mann-Whitney test. Post hoc test was used to show any significant difference between the measure 1 and measure 2 for studies subject. Pearson correlation was used to show the relation between quantitative variables.

4. Results

Table 1 show that as shown in the above table it was found that the majority of studied patients were in age group (21-51) years, 63.3% were female. regarding residence 63.3% were from rural area, The highest frequency (83.3%) were married, 70% of them were nurse, according to qualification 36.7% had nursing diploma.

Figure 1: illustrated that there were statistically significant difference between measure 1 and measure 2 intervention program regarding assertiveness skills and self esteem score level.

Table 2 illustrated that, there was positive significant correlation between total assertiveness skills and total self esteem score level; also there was positive significant correlation between age & experience and total assertiveness

skills and total self esteem score level among studied subject measure 1 and measure 2 intervention program.

Table 3: shows that there were statistically significant differences between Qualifications and (total assertiveness skills & total self esteem score level) measure 1 and measure 2 intervention program

Table 4: shows that there were no statistically significant difference between sex and total assertiveness skills and self-esteem measure 1 and measure 2 intervention program.

Table 5: shows that there were no statistically significant difference between job and (total assertiveness skills & total self esteem score level) measure 1 and measure2 intervention program.

Table 6: shows that there were no statistically significant difference between marital statuses and (total assertiveness skills & total self-esteem score level) measure 1 intervention program while there was statistically significant difference after program regarding total assertiveness skills only

Table 1. Socio-demographic characteristics of the psychiatric nurses (where N refere to number of tudy subjects and SD refere to standered deviation)

	Participants (N=30)	
	Mean \pm SD	Range
Age	33.86 \pm 10.18	21-51
Years of experience	14.0 \pm 10.76	1-32
Number of children	2.80 \pm 1.29	1-5
	No	%
Sex		
Male	11	36.7
Female	19	63.3
Residence		
Urban	11	36.7
Rural	19	63.3
Job		
Nurse	21	70.0
Head nurse	9	30.0
Marital status		
Single	5	16.7
Married	25	83.3
Qualifications		
Nursing bachelor	8	26.7
Health technical institute	3	10.0
Associative degree	8	26.7
Nursing diploma	11	36.7
Workshops		
Yes	17	56.7
No	13	43.3

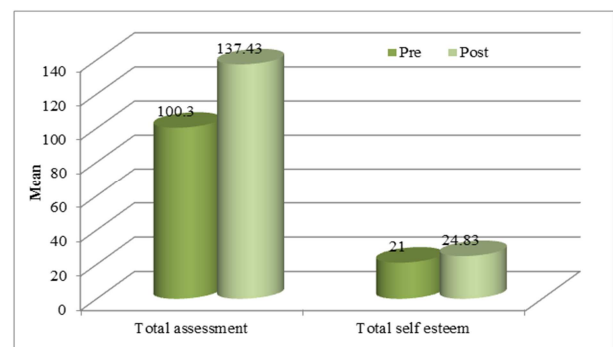


Figure 1. Assertiveness skills and self esteem score level s before and after program among psychiatric nurses (where pre and post means measure 1 and measure 2)

Table 2. Correlation between total assertiveness skills, total self esteem score level, age and experience among psychiatric nurse's pre and post intervention program (where r refers to Pearson correlation and pre and post means measure 1 and measure 2)

Variables	assertiveness skills Measure 1		assertiveness skills Measure 2		Self-esteem Measure 1		Self-esteem Measure 2	
		P value	r	P value	r	P value	r	P value
assertiveness skills Measure 1	-	-	-	-	0.95	<0.001(HS)	-	-
assertiveness skills Measure 2	-	-	-	-	-	-	0.70	<0.001(HS)
Age	0.49	0.005(S)	0.39	0.029(S)	0.58	0.001(S)	0.55	0.002(S)
Experience	0.42	0.019(S)	0.33	0.073	0.50	0.005(S)	0.47	0.008(S)

Table 3. Relationship between Qualifications, total assertiveness skills and total self esteem score level of psychiatric nurses

	Qualifications				F test	Post hoc
	Nursing bachelor ¹ (N = 8)	Health technical institute ² (N = 3)	Associative degree ³ (N = 8)	Nursing diploma ⁴ (N = 11)		
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD		
Total assertiveness skills Measure 1	100.88±25.55	86.66 ±20.20	117.12±17.15	91.36 ±16.29	3.17 0.041	<0.05 (2,3-3,4)(S)
Total assertiveness skills Measure 2	144.62±9.54	137.33 ±2.30	146.25±4.43	125.82 ±22.92	3.61 0.026	<0.05 (1,4-3,4) (S)
Paired t Test	7.17	4.90	5.44	6.38		
P value	<0.001(HS)	0.039(S)	0.001(S)	<0.001(HS)		
Total self-esteem Measure 1	21.25±3.24	18.33 ±4.04	24.0±2.07	9.36 ±3.07	4.63 0.010	<0.05 (2,3-3,4) (S)
Total self-esteem Measure 2	25.0±2.87	23.0 ±3.46	27.50±0.92	23.27 ±3.79	3.50 0.029	<0.05 (2,3-3,4) (S)
Paired t Test	7.12	14.0	7.56	10.61		
P value	<0.001(HS)	0.005(S)	<0.001(HS)	<0.001(HS)		

Table 4. Relationship between sex, total assertiveness skills and total self esteem score level of psychiatric nurses

	Sex		Mann-Whitney test	P value
	Male (N=11)	Female (N=19)		
	Mean ±SD	Mean ±SD		
Total assertiveness skills				
Measure 1	105.45±22.41	97.31 ±21.50	1.36	0.172
Measure 2	133.27±24.83	139.84±10.78	0.13	0.895
Paired t Test	7.62	10.11		
P value	<0.001(HS)	<0.001(HS)		
Total self esteem score level				
Measure 1	21.54 ±3.47	20.68 ±3.55	0.76	0.447
Measure 2	25.27±3.63	24.57±3.25	0.76	0.447
Paired t Test	9.16	13.66		
P value	<0.001(HS)	<0.001(HS)		

Table 5. Relationship between Job, total assertiveness skills and total self esteem score level of psychiatric nurses

	Job		Mann-Whitney test	P value
	Nurse (N=21)	Head nurse (N=9)		
	Mean ±SD	Mean ±SD		
Total assertiveness skills				
Measure 1	98.28±21.87	105.0 ±22.22	0.93	0.350
Measure 2	134.38±19.05	144.56±8.98	0.87	0.381
Paired t Test	8.70	8.10		
P value	<0.001(HS)	<0.001(HS)		
Total self esteem				
Measure 1	20.47 ±3.72	22.22 ±2.68	1.21	0.226
Measure 2	24.33±3.62	26.0±2.39	0.94	0.347
Paired t Test	14.29	8.12		
P value	<0.001(HS)	<0.001(HS)		

Table 6. Relationship between marital status, total assertiveness skills and total self esteem score level of psychiatric nurses

	Marital status		Mann-Whitney test	P value
	Single (N=5)	Married (N=25)		
	Mean \pm SD	Mean \pm SD		
Total assertiveness skills				
Measure 1	89.0 \pm 10.24	102.56 \pm 22.93	0.95	0.340
Measure 2	121.20 \pm 23.97	140.68 \pm 13.96	2.18	0.029
Paired t Test	4.90	10.56		
P value	0.012(S)	<0.001(HS)		
Total self esteem				
Measure 1	18.80 \pm 2.04	21.44 \pm 3.03	1.51	0.130
Measure 2	22.80 \pm 3.03	25.24 \pm 3.32	1.87	0.060
Paired t Test	8.94	14.36		
P value	0.001(S)	<0.001(HS)		

5. Discussion

Assertiveness training programs help the individual to self-actualize without abusing the rights of others. Therefore, it is more appropriate to assist Psychiatric nurses to learn assertion skills through assertive training program. Previous researches on assertiveness training have supported that attainment of assertiveness skills has been linked to increased assertiveness, and self-esteem. Psychiatric nurses who have poor self-esteem and poor interpersonal skills without a doubt exhibit negative professional attitudes and behaviors. In order for nurses to become more influential in the improvement of health care delivery system, more competent in the provision of quality patient care, more comfortable in their communication within society and more effective in using their professional knowledge and

Skills, it is necessary for them to be more assertive and have high self-esteem. Accordingly, it is significantly important to enhance assertiveness and self-esteem of psychiatric nurses through implementing an assertiveness skills training program [20]

Our study showed that the studied patients were in age group (21-51) years. This result was congruent with [21] who reported that (56.9%) of the sample were in the age group 20<30 years. The current study revealed that about two third were females. This result was congruent with [21] who found that 63.8% of the sample was married, while very few nurses 1.7% were widows of the sample. The present study findings revealed that the high percentage of nurses under study had diploma, this results was in line with [22] who mentioned in their studies that nurses holding nursing diploma were predominant. In other hand [21] stated that 81 of the sample had a diploma of nursing and worked as staff nurse. The current study showed that the high percentages of the sample were females, and this reveals that nursing having a high percentage of females.

The present study indicated that there were statistically significant differences between measure 1 and measure 2 intervention program regarding assertiveness skills. This result was congruent with [21] where their studies showed that a significant change was found in level of assertiveness responses. Also the present study indicated that there was statistically significant difference between measure 1 and

measure 2 intervention program regarding self esteem. This result agrees with [23] who found self-esteem of the experimental group was significantly improved in nursing and medical students after assertiveness training. Also, in ref. [20] found that a statistical significant difference was found between both of assertiveness skills and self-esteem mean scores of study and control groups immediately post and one month after program.

The present study illustrated that, there was positive significant correlation between total assertiveness skills and total self esteem score level i.e. when assertiveness skills improved self esteem will improve this result agree with [20] Who found that a negative statistical significant correlation was proved between assertiveness skills and self-esteem, i.e., as students' assertiveness skills score increases (becomes better); students' self-esteem score decrease (becomes better).

The result of the present study supported the hypothesis of the study where self-esteem of psychiatric nurses improved by the effect of assertiveness training program. This result was in line with [24] who found that subjects who attended the assertiveness training programme had significantly higher levels of self esteem than the subjects who did not have the training. In other hand [25] illustrated that the assertiveness training caused a significant increase in the self-esteem level. In addition [26] reported assertiveness training is effective to increase self-esteem.

Regarding age the present study indicated that was positive significant correlation between age and total assertiveness skills score level among studied subject pre and post intervention program i.e. total assertiveness skills increasing with increasing age. The finding was in line with [27] illustrated that older nurses whose age ranged from 35 years to 55 years had higher degree of assertiveness than younger whose age ranged from 15 years to less than 25 years. Also These results were supported by the study' results done by [28] who indicated that nurses' age ranged from 25 years to 40 years had higher level than the younger whose age ranged from 17 years to less than 25 years. In addition [29] indicated that older nurses had higher assertiveness level than younger ones.

Regarding years of experience, the result of the present study indicated that there was positive significant correlation between years of experience and total assertiveness skills i.e. the nurses, which had highest degree of assertiveness, had

more years of experience. These finding was supported by [30] who found that oldest and most experienced nurses were had the highest assertive level. Additionally, the current result was in line with [31] who added that, age maturity and increase numbers of years of experience are important in development of assertiveness, because the old nurses had ability to solve problem and negotiate work situations. On the contrary [32] who reported that the oldest and most experiences nurses are least assertive ,because the old nurses continue to practice nursing in most dependent roles and least influenced by present change in women roles in general, and mentioned that supportive working condition help young nurses to established assertive behaviors.

Regarding nursing qualification, the present study showed that there were statistically significant differences between Qualifications and total assertiveness skills score level pre and post intervention program i.e. Nurses holding bachelor degree and associated degree had higher degree of assertiveness than nurses with diploma in health technical institute and diploma in nursing. The finding was in line with [28] who found that baccalaureate degree nurses had higher level of assertiveness than associate degree and diploma school of nurses. The higher the educational level, the greater the degree of assertiveness on part of nurses. Assertiveness is not a talent. Assertiveness is a skill that is developed through practice; no one is born knowing how to be assertive Pugh and Smith (1998). Furthermore [33] demonstrated that those with master degree or doctoral (Ph. D) report more assertive than any other groups including the baccalaureate holder.

Concerning gender the present study illustrated that there was no statistically significant difference between sex and total assertiveness skills pre and post intervention program. This may be due to decrease the sample size. In the contrary [27] revealed that the male nurses had high degree of assertiveness compared to female nurses. Also [29] concluded that in general girls were found to be skilled in expressing and dealing with personal limitation and more assertive than boy.

6. Conclusion

Implementation of assertiveness training program with psychiatric nurses has a positive effect on improving their self-esteem and assertiveness.

Recommendation

Assertiveness is an important behavior for today's professional nurse. So we recommend use of assertiveness training program for all nurses to improve and enhance their self-esteem and assertiveness. Also the concepts of assertiveness, assertiveness technique should be included in basic undergraduate nursing curriculum. Nurse educators have an important role in the development and implementation of assertiveness training/education program for undergraduate nursing students.

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