

Assertiveness among Nurses in El Fayoum University Hospitals

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Abstract

Background: Assertiveness is a particular mode of communication. It occupies the healthy middle ground between aggressiveness and submissiveness and helps to identify problems and facilitate decision making. **Aim of the study:** this study aimed to assess assertiveness among nurses in EL Fayoum University Hospitals. **Design:** A descriptive design used in this study. **Setting:** This study carried out at EL Fayoum University Hospitals. These hospitals namely, Surgical University Hospital and Medical University Hospital. **Subjects:** Study subjects included staff nurses, head nurse and assistant head nurses who were working in aforementioned two hospitals. Their total number was (200) staff nurse and (42) head nurse and assistants. **Data collection tools:** two tools were used to collect data. First tool Self-administer questionnaire consisted of two parts, the first part is socio-demographic data Sheet and the second part is an assertiveness assessment scale. Second tool assertive behavior inventory. **Results:** the highest mean score of assertiveness dimensions was negotiating the system & active orientation while the lowest mean score was work habits. The majority of nurses were assertive. Also, the highest mean score of factors affecting assertive behavior was human relation factors while the lowest assertive factors score nurse's belief factors. **Conclusion:** there was a highly statistically significant positive correlation between assertiveness and factors affecting assertive behavior. **Recommendation:** Maintain periodical meeting for nurses from different hospitals by seeking their opinions, and exchanging their experiences. Enhance critical thinking abilities & assertive skills through training programs and workshops.

Key words: Assertiveness, Nurse.

Introduction:

Assertiveness is a communication style, which is the key to successful relationships with client, the family, the nurses and colleague. Eventually, a form of peer pressure can emerge that reshapes others and results in an assertive colleague (Harper et al., 2016). Assertiveness is an interpersonal behavior that promotes equality in human by assisting an individual to give expression to their rights, thoughts and feelings in a manner that neither denies or demeans but recognizes and respects those of others (Maheshwari and Gill, 2015).

Assertiveness in the ability to be honest, direct and appropriate expression of opinions, feeling, attitudes and rights, without undue anxiety, in a way that does not infringe on the rights of other. To develop successful communication with patient, families and colleagues. Assertiveness is consider as an important hall mark for being a professional nurse, .Furthermore, assertiveness is the essence of nursing activities, enabling them to be more independent and make decision more appropriately (Ibrahim et al., 2016).

Assertiveness is a state of mind, an attitude, a way of thinking. It is about how

interact with others to be a better manager, colleague, or team member. It enables to use behaviors that and other people value (**Maheshwari and Gill, 2015**). Assertiveness is the art of being confident, and consistently having clear and honest communication while respecting others rights and taking responsibility for one's actions (**Arnold and Boggs, 2015**).

Assertiveness is a behavioral response that strives to maintain a balance between passive and aggressive response patterns with a focus on equality and fairness in interpersonal interaction, which is a result of a positive sense of self-respect for others. Assertive behavior requires a high level of differentiation and solid self (**Maheshwari and Gill, 2015**).

Assertiveness is a key attribute for nurses without which true autonomy, professional status or empowerment cannot be achieved. Equates being assertive with being a good communicator appositive correlation of assertive behavior exists with role clarity, job and career satisfaction. Nursing involves fulfilling several roles, including interacting with clients, peers and other health professionals. These roles are enhanced and carried out with greater effectiveness when nurses are equipped with good communication skills and assertive behavior (**McCabe & Timmins, 2016**).

Every day within a clinical environment, nursing witness the pain, sorrow and sadness of other people. Special situations in hospitals such as patients' moans and sighs, their sickness and death, sleeplessness, misgivings and interpersonal relationship disorders in all levels lead to an increase in nurses' stress and anxiety. This stress and anxiety also affects other nurses

thus overshadowing the overall performance, caring procedure and quality of the whole system. Factors such as the role of culture, seniority, personality factors, organization management the importance and the effects of this issue on nurses mental health and patient care, the uncertainty in assertiveness (**Omura et al., 2018**)

Moreover, assertiveness is consider as valuable behavior in nursing since it involves positive results, such as enhancing leadership skills, increasing job satisfaction, achieving real independence, professional accomplishment, power and determination, avoiding negligence and overlook during the care giving, decrease job stress, and increased efficiency during the changes in condition .the ability of giving proper assertive response to critical or potentially risky situations is a vital and life-saving skill. Through an assertiveness behavior, it is possible to develop appropriate communication and support patients' rights (**Taghavi et al., 2017**).

Significance of the Study

A nurse work in different situation they have to be assertive in order to meet the challenge and to win cooperation from others. Assertiveness is very important to find best possible solution for all people, increase the chance of nurses needs being met, allowing the nurses to remain in control, bring greater self-confidence and reduce stress among nurses. Leaders often suffer stress and need to be assertive to resist and to cope successfully. Assertiveness is a great tool that makes nurses a leader in any area of life. Assertiveness also means that the leader will speak out in a tone that lets people know leaders are serious about what they have to say (**Sogunro, 2012**).

During the clinical round in Elfayoum University Hospital the researcher noticed that staff nurses unable to express their rights and idea. So, the present study will spilt on staff nurses and head nurses' assertiveness in Elfayoum University Hospital as well as the researcher is eager to assess the assertiveness and factors effecting it.

Aim of the Study:

This study aims to assess assertiveness among nurses in El Fayoum University Hospitals through:-

1. Assessing assertive behavior among nurses.
2. Identifying factors affecting assertive behavior among nurses.

Research Question:

1. What is the nurse's level of assertiveness?
2. What are the factors affecting assertive behavior among nurses?

Subjects and Methods:

I. Technical Design:

The technical design for this study includes the research design, setting, subjects of the study and tools of data collection.

Research design:

A descriptive design was followed in carrying out this study.

Setting

The study was conducted at EL Fayoum University Hospitals, which affiliated to El Fayoum University. It's had total bed capacity 300 which include two Hospitals.

1-Surgical University Hospital:

This hospital concerned with providing care for patients who need surgical intervention. The hospital includes 4- floors. Total numbers of units are 11 units with bed capacity 150 beds the first floor include (ER), x-ray and outpatient clinic .The second floor include OR department and SICU department .Third floor include neurosurgery, urosurgery and CCU. Fourth floor include ENT department, orthopedic and obstetric department

2- Medical University Hospitals:

This hospital concerned with providing care for patients who need medical intervention. The Hospital includes 4-floors Total numbers of units are 8 units. It includes 150 beds. First floor include outpatient clinic and ER Second floor include pediatric department, ICU department, Neonate department and Dialysis department. Third floor include medical department. Fourth floor include special medical department

Subjects:

The subjects of this study consisted of two groups: staff nurses group and head nurses group who working at the above mentioned two settings:

- 1- Staff nurses' group: It included 200 staff nurses out from 400 they are selected by random sampling technique by the following equation.

$$N = \frac{N}{1 + N(e)2}$$

- 2- Head nurses group: It included all available head nurses and assistant their total number 42.

The study subject was 242 nurses divided as follow:

Table (I): Distribution of nurses at two hospitals:

Job position	Medical		Surgical		Total	
	N	%	N	%	N	%
Staff Nurses	10	78.	96	84.	20	81.3
Head nurses and assistant	4	8	2	15.	0	18.7
	26	21.3	16	7	42	
Total	13	10	11	10	24	100.
	0	0	2	0	2	0

D. Tools of data collection:

Two tools were used for data collection.

First tool:

Self-administered questionnaire sheet which consisted of two main parts as follows:

Part I: Socio-demographic sheet to pertain the study subjects' socio demographic data as: age, marital status, nursing qualification, years of experience, and attending training courses.

Part II: An assertiveness assessment scale. It aimed to determine assertiveness level based on the scale which was developed (**Mohamed, 1999**), and modified by the researcher. The scale formed of 47 statements, grouped under six dimensions.

❖ Scoring system:

Assertiveness items were scored 0, 1, and 2 for the response never, sometimes, and always, respectively. For each item, the scores were summed-up and giving a mean score for the item. These scores were converted into a percent score. The nurses considered highly assertive if more than 75%, moderately assertive 60-75% and nonassertive less than 60% (**Khalil, 2011**).

Second tool:

Assertive behavior inventory: this tool adopted from (**Saffy EL-din, 2003; Burns and Grove, 1993**) to assess factors affecting assertive behavior among nurses.

❖ Scoring System:

The nurses responded on 4-Likert scale as follows strongly disagree scored as zero, "disagree scored 1, "agree scored as 2 and strongly agree scored as 3 the scores of the items were summed-up and the total divided by number of the items, giving mean scores for the part these scores were converted into percent scores. The factors were considered high if the percent scores was more than 75%, moderate 60-75% and low if less than 60%.

II: Operational Design:

The operational design for this study was include preparatory phase, pilot study and field work.

Preparatory phase:

This phase was deal with the preparation of the study tools in the period from beginning of March 2019 to end of May 2019 based on reviewing current, past local, and international literatures. This review was conducted through using available textbooks, articles, periodicals, journals and internet search to be acquainted with current relevant tools about study subject.

Tools validity:

Testing validity of the proposed tools included face and content validity. The tools were judged by Jury group consisted of five experts, Three of them were assistant

professors of Nursing Administration at Ain Shims University, two of them were professors of Nursing Administration at Zigzag University and, Their opinions were elicited regarding the tools format, layout and parts and scoring system .According to the jury opinions there no modifications done.

Tools reliability:

Testing reliability of the tools were done by cronbach alpha test. The result was 0.80% for assertiveness assessment scale, and 0, 78% for factors affecting assertive behavior scale.

Pilot Study:

A pilot study was conducted at one month on 24 nurses' divided into 20 staff nurse and 4 head nurse from the previously mentioned hospitals, representing 10% of the study subject. The aim of pilot study was to test the clarity of language, applicability of the designated tools and its feasibility. It also estimated the time needed to fill out the questionnaire, which turned to be 20-30 minutes. No modifications were made after analysis of the answered sheets. The pilot sample study was included in the main study sample.

Field Work:

Data collection of this study was carried out in the period from beginning of May to end of June 2019. After obtaining official permissions from the directors of EL Fayoum University Hospitals and the general director of nursing department. The researcher explained the aim and the nature of the study to the medical and nursing directors of each hospital to obtain their approval and seek their support to determine the available time for collecting data from nurses. Distribution of the study tools were done and collected after completion.

The researcher visited the selected setting two days per week from 10.00 a.m. - 01.00 p.m. for collecting data. Time to fulfill the sheets ranged from 30-40 minutes and the researcher has got 2-4 filled sheets per day.

III. Administrative Design:

An official letter requesting permission to conduct the study was submitted from the Dean of the Faculty of Nursing Ain Shims University to the medical and nursing director of EL Fayoum University Hospitals. This letter included the aim of the study and a photocopy from the data collection tools in order to get the permission and support for collection of data.

Ethical consideration:

The researcher obtained approval from Scientific Research Ethical Committee in Faculty of Nursing at Ain Shims University and took permission from the director of each hospital. The researcher explained the aim of the study to the participants and reassure that information collected will be treated confidentially and will be used only for the purpose of the research. They assured that anonymity and confidentiality would be guaranteed and they have the right to withdraw from the study at any time.

IV. Statistical Design:

Data entry and statistical analysis were done using SPSS 16.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Qualitative categorical variables were compared using

chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. Spearman rank correlation was

Results:

Table (1): 82.0% of staff nurses' had less than twenty five years old, and 53% of them. was married. As regard qualification, 61.0% of the study sample had nursing Technician Institute with 91% of study sample had nursing experience ranged between 5 to 10 years. While 52% of staff nurses' were not attending training courses in management.

Table (2): 90.48% of head nurses had more than twenty five years old, and 83.33 % of the study sample was married. As regard qualification, 52.38% of the study sample had nursing Bachelor degree. 61.90%, of study sample had nursing experience ranged between 5 to 10 years. While 66% were attending training courses in management.

Figure (1): shows that 46% of staff nurses highly assertive while 36.0% are moderate assertive only 18.0% are low assertive.

Figure (2): shows assertiveness level among staff nurses. As evident from the figure 82.0% of staff nurses are assertive while 18.0% are unassertive.

Figure (3): shows that more than half of head nurses highly assertive 52.4%

used for assessment of the inter-relationships among quantitative variables and ranked ones. Statistical significance was considered at $p\text{-value} < 0.05$.

when 28.6% are moderate assertive only 19.0% are low assertive.

Figure (4): shows assertiveness level among head nurses'. As evident from the figure 80. % of head nurses' are assertive while 20. % are unassertive.

Table (3): Shows that there is a highly statistically significant Correlation between assertiveness and factors affecting assertive behavior among staff nurses' ($p < 0.001$).

Table (4): Shows that there is a highly statistically significant Correlation between assertiveness and factors affecting assertive behavior among head nurses' ($p < 0.001$).

Table (5): shows correlation matrix of assertiveness dimensions. As the matrix shows the dimensions of assertiveness were interdependent on each other and there was statistically significant positive correlation between assertiveness dimensions.

Table (6): shows correlation matrix of factors affecting assertiveness items. As the matrix shows that the dimensions were interdependent on each other and there was statistically significant positive correlation between factors affecting assertiveness items.

Table (1): Socio-demographic characteristics of staff nurses in the study subject (N=200).

Demographic characteristic	N	%
Age		
<25	164	82.00
25 +	36	18.00
Range	19-33	
Mean±SD	23.08±1.95	
Marital Status		
Single	87	43.50
Married	106	53.00
Widow	3	1.50
Divorced	4	2.00
The last nursing qualification obtained by		
Nursing Diploma	12	6.00
Nursing Technician Institute	122	61.00
Bachelor degree	66	33.00
Number of Experience years in nursing		
5- <10	183	91.50
10- <15	15	7.50
15-20	1	0.50
20+	1	0.50
Range	1-22	
Mean±SD	7.15±2.67	
Did you attend training courses in the managerial field		
No	104	52.00
Yes	96	48.00

Table (2): Socio-demographic characteristics of head nurses in the study subject (N=42).

Head Nurse=42	N	%
Age		
<25	4	9.52
25 +	38	90.48
Range	23-48	
Mean±SD	30.9±6.36	
Marital Status		
Single	6	14.29
Married	35	83.33
Divorced	1	2.38
The last nursing qualification obtained by		
Nursing Diploma	10	23.81
Nursing Technician Institute	7	16.67
Bachelor degree	22	52.38
Master degree	2	4.76
Bachelor and Diploma	1	2.38
Number of Experience years in nursing		
5- <10	26	61.90
10- <15	6	14.29
15-20	7	16.67
20+	3	7.14
Range	5-26	
Mean±SD	8.56±3.97	
Did you attend training courses in the managerial field		
No	14	33.33
Yes	28	66.67

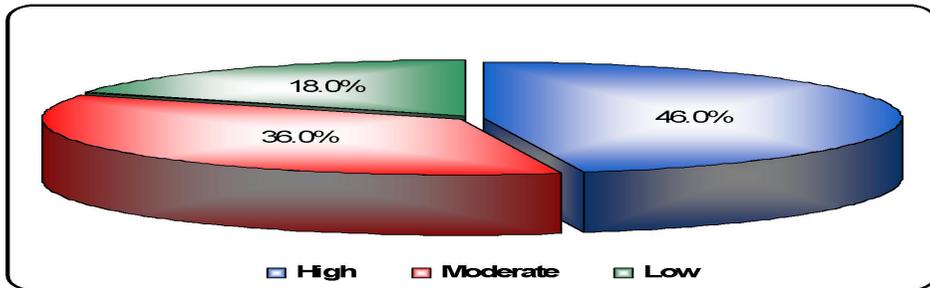


Figure (1): Distribution of Total level of assertiveness among staff nurses' staff in the study setting (n =200).

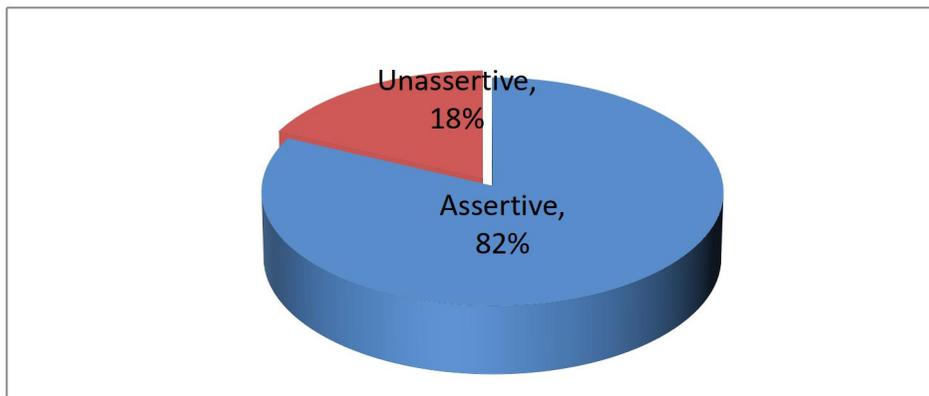


Figure (2): Assertiveness level among staff nurses in the study setting (n=200).

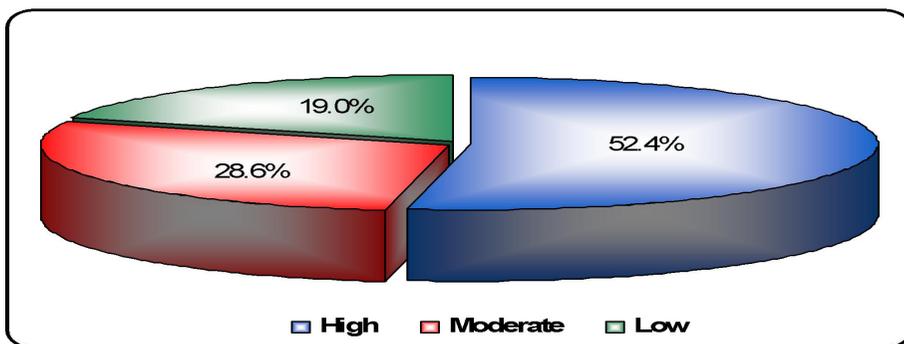


Figure (3): Distribution of Total level of assertiveness among head nurses (n =42).

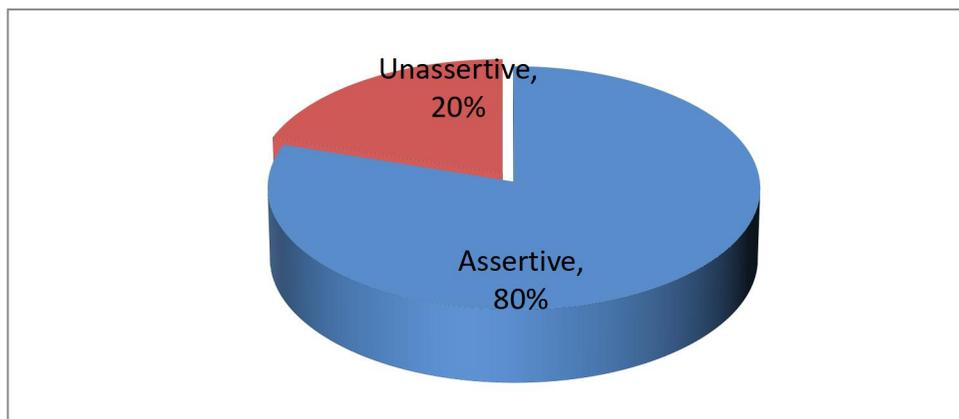


Figure (4): Distribution of assertiveness level among head nurses.

Table (3): Correlation between assertiveness and factors affecting assertive behavior among staff nurses'

Assertiveness dimensions	Personality traits		Administrative factors		Human relation factors		Nurse's belief factors	
	r	P-value	R	P-value	R	P-value	R	P-value
Verbal and non-verbal style	-0.358	<0.001**	-0.517	<0.001**	-0.375	<0.001**	-0.457	<0.001**
Active orientation	-0.415	<0.001**	-0.628	<0.001**	-0.244	<0.001**	-0.562	<0.001**
Work habits	-0.565	<0.001**	-0.257	0.048*	-0.504	<0.001**	-0.286	<0.001**
Control of anxiety and fear	-0.157	0.146	-0.124	0.320	-0.124	0.113	-0.264	<0.001**
Relating co-workers	-0.631	<0.001**	-0.715	<0.001**	-0.356	<0.001**	-0.528	<0.001**
Negotiating the system	-0.418	<0.001**	-0.125	0.375	-0.224	0.015*	-0.125	0.076

(**) High significant at $p < 0.01$

(*) Statistically significant at $p < 0.05$

Table (4): Correlation between assertiveness and factors affecting assertive behavior among head nurses'

Assertiveness dimensions	Personality traits		Administrative factors		Human relation factors		Nurse's belief factors	
	r	P-value	R	P-value	R	P-value	R	P-value
verbal and non-verbal style	-0.274	<0.001**	-0.152	0.125	-0.126	0.096	-0.457	<0.001**
Active orientation	-0.564	<0.001**	-0.423	<0.001**	-0.257	0.023*	-0.362	<0.001**
work habits	-0.350	<0.001**	-0.267	0.031*	-0.356	<0.001**	-0.527	<0.001**
control of anxiety and fear	-0.157	0.137	-0.143	0.107	-0.124	0.128	-0.289	<0.001**
relating co-workers	-0.178	0.263	-0.726	<0.001**	-0.426	<0.001**	-0.627	<0.001**
negotiating the system	-0.354	0.022*	-0.534	<0.001**	-0.124	0.087	-0.134	0.092

(**) High significant at $p < 0.001$ (*) Statistically significant at $p < 0.05$ **Table (5):** Correlation matrix of assertiveness dimensions.

Assertiveness dimensions	Spearman's rank correlation coefficient					
	1	2	3	4	5	6
1.verbal and-nonverbal style						
2.Active orientation	.330**					
3.Work habits	0.17	.363**				
4.Control of anxiety and fear	.343**	.264**	.346**			
5.Relating co-workers	.342**	0.16	0.17	.362**		
6.Negotiating the system	.247*	.277**	.216*	.388**	.526**	

(*) Statistically significant at $p < 0.05$ (**) statistically significant at $p < 0.001$ **Table (6):** Correlation matrix of factors affecting assertive behavior.

factors affecting assertive behavior	Spearman's rank correlation coefficient					
	1	2	3	4	5	6
1. Personality traits						
2. Administrative factors	.296**					
3. Human relating factors	.244*	.364**				
4. Nurses believe factors	0.17	.553**				
	.205*	0.00	0.14			

(*) Statistically significant at $p < 0.05$ (**) statistically significant at $p < 0.001$

Discussion:

The present study was carried out to assess assertiveness among nurses in El Fayoum University Hospitals through: Assessing assertive behavior among nurses and Identifying factors affecting assertive behavior among nurses. The results indicate the high level of assertiveness among staff nurse El Fayoum University Hospitals and the main factor which affecting on staff nurses assertive behavior was human relation factor. Which indicate the staff nurses are effective members in health team and able to face and handle difficult situations.

The present study finding was consistent with, **Maheshwari and Gill, (2015)** who found that older nurses who are on the regular job, nursing institutions and working in university hospitals were more assertive. On the same line **Kilkus, (2014)** who found that, nurses were more assertive which works in a university hospital.

The results of the present study demonstrated that, there was a significant relation between head nurses' total assertiveness level and nursing qualifications. This might be due to increase self-confidence which increased with level of education lead to be more assertive. Also with more qualification the head nurses equip with more experience that, help them to deal with different situation effectively and with assertive manner.

In agreement with this finding **Ilyas et al. (2018)** found the highest assertiveness mean scores present at the baccalaureate nurses followed by associating degree, while the lowest mean scores were present in diploma school degree. This finding was inconsistent

with **Green (2016)** who found that there was no statistical significance between level of education and level of assertiveness.

The current study has identified a significant positive correlation between assertiveness dimensions. However the correlation was strong between the relating co-workers and negotiating the system.

The current study has also identified a significant positive correlation between factors affecting assertive behavior. However, the correlation was strong between the Human relation factors and administrative factors. This result may be due to the good relationship between staff and their administrator based on social relation rather than administrative relation lead to an increase of self-confidence which reflects on assertive behavior.

These findings are supported by the **Maheshwari & Gill, (2015)**, reported that interpersonal behavior that promotes equality in human relationships by assisting an individual to give expression to their rights, thoughts and feelings in a manner that neither denies or demeans but recognizes and respects those of others.

The result of this study demonstrated that, the majority of head nurses' and staff nurses of study sample agree with the item. 'Stand for their rights all the way'. This indicated to the nurses more aware of their rights and the ability to attain it.

This result consists with the study of **(Ahmed et al., 2015)** In Pakistan, who, founded that, Professional nurses, and head nurse in the hospital had no fear of showing their thoughts regarding the rights of the patients and the rights and responsibilities of the professional nurses.

Professional nurses, and the head nurse have ability to standing up for their own rights, the rights of other nurses and showing their personal and professional needs, values, and concerns without denying the rights of the others.

The results of the current study showed that, minority of nurses perceived that negative motivation and lack of nurses' training and staff development are most administrative factors not affecting on assertiveness behavior. This finding was in consistence with **Eslami et al. (2016)** and **McCabe and Timmins (2015)** concluded that the assertiveness training program is administrative factor affecting assertiveness behavior.

Finally, study results revealed that slightly more than half of nursing had high assertiveness and the less half had low assertiveness. This finding indicates that assertive training programs are needed for these nurse. Meanwhile, there was a significant percentage of nursing had a high assertiveness regards communication, but there was low assertiveness with personal/ professional rights and responsibilities, conflict and self- confidence.

Actually, improving assertiveness will reveal in productivity and efficiency. Being assertive allows individuals to work with people to achieve tasks, solve problems, and grasp solutions. Assertiveness is one of adjustable aspects of interpersonal relationships. This skill can help individuals for a moral behavior with inferior and superior coworkers. These results supported by **Larijani et al. (2013)** who found that a nearly third of nurses had average level of assertiveness. Also **Stojčić et al. (2014)** found that majority of nurses had moderate assertiveness level.

Conclusion:

- The highest mean score of assertiveness dimensions was negotiating the system& active orientation while the lowest mean score was work habits and the majority of nurses' in different hospitals at Elfayoum University Hospitals were assertive. The highest mean score of factors affecting assertive behavior was human relation factors while the lowest mean score was nurse belief factors.
- There were statistically significant positive correlations between assertiveness and factors affecting assertive behavior.

Recommendations:

- Maintain periodical meeting for nurses' from different hospitals by seeking their opinions, and exchanging their experiences during the different situations.
- Enhance critical thinking abilities &assertive skills through training programs and workshops.
- Professional organizations should take a higher profile in supporting and enhancing managerial skills of their head nurse.
- provide adequate supplies and equipment facilities for nurses' to facilitate ability to being assertive.

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