

A Study of Effectiveness of Assertive Training Module on Assertive behavior and Self-Esteem among Nursing Students

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Abstract - Numerous analyses of nurses' roles in interdisciplinary care have found that nurses are seldom asked for their input during health team meetings or in casual interactions between colleagues. Furthermore, the level of assertiveness deficit needs to be clarified. Nurses require greater training in assertiveness, and the way through which they are educated and taught in this area needs more explanation. The following topics related to assertiveness in communication, handling conflicts, building one's self-esteem, and standing up for one's own rights are of particular interest to the researcher. These concerns all play a part in how nursing is put into practice and assessed. Research on the factors that influence assertive behaviour in nurses might lead to more effective training methods.

Keywords - Effectiveness, assertive training, module, assertive behavior, self-esteem, Nursing Students

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INTRODUCTION

Confidence in expressing oneself and one's rights without infringing on those of others is what we mean when we talk about assertiveness. The skill consists on expressing one's own ideas, desires, and beliefs in a style that is clear, straightforward, and not hostile. Many people misinterpret those who are confident in their own abilities. When compared to aggression and passivity, assertiveness is a whole other animal. The difference between aggression and assertiveness is that aggression entails expressing one's views, feelings, and opinions in a way that is improper and infringes the rights of others, whereas assertiveness seeks to find a solution to the problem (Arslan, 2013). Passive and oblique actions characterize non assertive conduct. Saying "yes" or "no" in an acceptable manner is an example of assertiveness. We're trying to find a way out of this that benefits everyone involved. To find a solution that benefits everyone involved, we should aim for a "win-win" (Bola, 2014). When people check to corporate, it's because an aggressive individual has successfully influenced, listened to, and negotiated with them. One of the most valuable abilities a nurse may possess is the ability to be assertive in the workplace. Doing so can help them deal with interpersonal stress, create stronger bonds within their teams, and deliver better care to patients. An someone who is assertive does

not reject or violate the rights of others while expressing their own beliefs, needs, wishes, and feelings. Poor assertiveness has been linked to reality check, fatigue, leaving intentions, and lack of dedication to work among nurses (Fontaine, 2009).

An assertive person is one who is open and vulnerable about their feelings, who is straightforward and positive about their own development, who is outspoken and secure in their own worth. It teaches them to be respectful of others and to avoid becoming dominant themselves or others. An assertive nurse is one who can maintain composure when working under close scrutiny, who is not afraid to ask for assistance when she needs it, who can both provide and listen to criticism, and who will not shy away from owning up to her own mistakes. In nursing, being assertive is valued because of the many benefits it brings to the profession, including better leadership, more fulfilling work, less problems at work, and more adaptability to change. The capacity to take charge in emergency situations is a lifesaving talent for patients (Mary C, 2015).

RESEARCH METHODOLOGY

The present investigation was conducted using a quantitative methodology. As a matter of fact, this

strategy was voted as the best option. The effects of assertiveness training on GNM students' assertiveness and self-esteem were examined in this study. So, in order to determine whether or not the intervention was successful, a quantitative method of evaluation was adopted.

Research Design:

A researcher's research design is "the whole strategy for answering the study question or evaluating the hypothesis." The researcher is aided by study designs in a number of ways, including subject selection, variable identification, manipulation, and control. The data is interpreted when some sort of observation is made and some sort of statistical analysis is performed on it. In order to measure the improvement in assertive conduct and self-esteem experienced by nursing students who participated in an assertiveness training program, a quasi-experimental, one-group pre- and post-test research design was chosen for this study. So, just one group was watched both before and after the independent variable was implemented.

Quasi-experimental one group pre-test post-test design:

Group	Pre-test	Intervention	Post-test
I	O ₁	X	O ₂

Setting of the study

The institution was chosen because the investigator was already familiar with its staff, the study could be done there, a suitable sample was readily available, and the site was either close by or easily accessible.

Chhattisgarh's Jashpur and Raigargh districts were chosen for the study because they are predominantly tribal and have larger sample sizes from which to draw conclusions.

Population

Population is the entire set of individuals having some common characteristics.

Target population: is the group of people about which the researcher wants to generalize. Nursing students from several tribal schools and colleges in Chhattisgarh are the focus of this research.

Accessible population: used to describe the total number of samples that fit the predetermined requirements and are available to the researcher for use as the pool of subjects or object. All GNM students enrolled in specific Jashpur and Raigargh districts of Chhattisgarh are eligible to participate in this study.

SAMPLIG DESIGN

Sample: GNM students

Sampling technique: Sampling technique used for this study is Non-random sampling –Purposive sampling technique.

Sample size: 500 nursing students from 2 districts. (GNM)

Development of research tool

Tools are the procedures or instruments which are used by the researcher to collect data. The tool used for the study is Rathus Assertiveness Schedule, Rosenberg Self-Esteem Scale.

The Tool consisted of three sections:

Section-I (Socio demographic data): This section includes socio demographic variables such as age, Sex, religion, cast, Education-Nursing course, type of family, order of birth, monthly family income, residential area, father's education, mother's education, father's occupation, and mother's occupation.

Section II: The Rathus Assertiveness Schedule: assertiveness questionnaire developed by [Begley and Glacken \(2004\)](#) consists of 30 statements describing assertive behaviour. Subjects respond on a 6 point scale from -3 (very much unlike me) to +3 (very much like me) yielding a total assertiveness score between -90 (least assertive) and + 90 (most assertive). The assertiveness 'score' was calculated by allocating -3 to +3 points to the answers to each question. The higher the students scored the more assertive they perceived themselves to be.

Section-III: Rosenberg Self-Esteem scale: a 10 item questionnaire completed by an individual with each answer scored on scale of 0 to 3 which consist of positive and negative questions designed to measure the level of Self-Esteem. In this questions 1, 3, 4, 7, and 10 have positive scores and the questions 2, 5, 6, 8, and 9 have negative scores. The Likert scale is as follows: Strongly agree, agree, disagree, and strongly disagree.

DATA COLLECTION METHOD

The researcher will secure approval from the relevant Nursing schools and colleges. The researcher will use many measures to gauge students' assertiveness and sense of self-worth before the actual test. The researcher will then introduce the assertive training module through a workshop, role playing, feedback, modelling, behaviour modification, scenarios, debate, homework assignments, self-improvement, self-reinforcement, self-monitoring techniques, etc., for two hours per day for one month, at times and locations most convenient for nursing students and educational institutions. After a month of training, provide a post exam to evaluate how well your assertiveness course has worked.

The investigator will need more than a year to collect data, what with the samples being in different places and the training program taking so much time.

DATA ANALYSIS PLAN

The purpose of data analysis is to organize and synthesize research data in a systematic way and to use those data to evaluate research hypotheses. Both descriptive and inferential statistics will be used to examine the data based on the goals:

- The collected data was arranged and tabulated to represent the findings of the study. Both descriptive and inferential statistics was used.
- Frequency, percentage distribution was used to analyze demographic variables.
- Mean and standard deviation was used to analyze the level of assertive behavior and self esteem.
- Paired-t test was used to find out the difference between pre test and post test score of level of assertive behavior and self esteem of the group.
- Chi square test was used to find out the association with assertiveness, self esteem with their selected demographic variables.
- Collected data will be presented by tables and diagrams

RESULTS

In order to find solutions to research issues and verify hypotheses, analysts must first organize and synthesize data (Polit 2008). The data acquired throughout the research effort must be transformed into a usable format for testing, evaluating, interpreting, and communicating the hypothesized relationship of the study topic.

In the preceding chapter, we laid out the specifics of the methodology that was used to choose the sample, as well as the instruments that were used, the procedure that was followed, the statistical methods that were utilized, etc. Data acquired for the current investigation are presented, analyzed, and interpreted here. The goal of this research was to determine whether or not an intervention might boost assertiveness and self-esteem. In all, data from before and after 500 GNM exams were gathered. Descriptive and inferential statistics were applied to the data after collection. When applicable, visual representations of the results were included as well.

Demographical details of the selected sample

Table 1: Frequency and percent distribution of the selected respondents by their demographic details

Variables	Sub variables	Frequency	Percent	Test Statistics
Age	18	115	23.0	X ² = 25.900 P= .001
	19	180	36.0	
	20+	205	41.0	
Religion	Hindu	50	10.0	X ² = 320.00 P= .001
	Christian	450	90.0	
Caste	ST	460	92.0	X ² = 775.60 P= .001
	SC	10	2.0	
	OBC	30	6.0	
Education	GNM-Y1	150	30.0	X ² = 10.00 P= .007
	GNM-Y2	150	30.0	
	GNM-Y3	200	40.0	
Family type	Joint	181	36.2	X ² = 38.088 P= .001
	Nuclear	319	63.8	
Residence	Urban	49	9.8	X ² = 323.208 P= .001
	Rural	451	90.2	
Mother's education	No formal	140	28.0	X ² = 25.60 P= .001
	Primary	140	28.0	
	High School	220	44.0	
Father's education	No formal	74	14.8	X ² = 195.616 P= .001
	Primary	90	18.0	
	High School	260	52.0	
	Dip/UG/PG	76	15.2	
	Sub variables	Frequency	Percent	
	> 3000	23	4.6	
	3001-5000	156	31.2	
	5001-7000	164	32.8	
	>7000	157	31.4	
	Private	50	10.0	
Self employed	215	43.0		
	Government	35	7.0	
	Unemployed	200	40.0	
	Private	74	14.8	
	Self employed	270	54.0	
	Government	94	18.8	
	Unemployed	62	12.4	
	First	206	41.2	
	Second	109	21.8	
	Third	75	15.0	
	3+	110	22.0	
	1	136	27.2	
	2	110	22.0	
	3 and more	254	50.8	

Age: There were 23% of the respondents who were 18 years old, while 36% of them were 19 years old and 41% of them were 20 years and above. The chi-square test showed a significant difference (X²= 25.900; p= .001) which indicates that majority of the participants were 20 years and above.

Religion: A majority of 90% of the respondents were Christians while 10% of them were Hindus. The chi-square test showed a significant difference (X²= 320.00; p= .001) confirming that majority of the participants were Christians.

Caste: A majority of 92% of the respondents were ST's while only 2% of them were SC's and 6% belonged to OBC caste. The chi-square test revealed a significant difference ($X^2= 775.60$; $p= .001$) indicating the majority of the participants were ST's.

Education: We find 30% each of the respondents who had an education of GNM-Y1 and GNM-Y2 while the remaining 40% were GNM-Y3. The chi-square test revealed a significant difference ($X^2= 10.00$; $p= .007$) indicating that majority of the participants were from GNM-Y3.

Family type: 36.2% of the participants were from Joint family while the remaining 63.8% of them were from Nuclear family. The chi-square test showed a significant difference ($X^2= 38.088$; $p= .001$) confirming that majority of the respondents had nuclear family type.

Residence: A majority of 90.2% of the respondents were from rural area while the remaining 9.8% were from Urban area. The chi-square test revealed a significant difference ($X^2= 323.208$; $p= .001$) confirming that majority of the respondents were from rural area.

Mother's education: We find that 28% each of the respondents had opined on mother's education as 'no formal' and 'primary' educational qualification. The remaining 44% of the respondents' mothers had high school education. The chi-square test revealed a significant difference ($X^2= 25.60$; $p= .001$) indicating that majority of the respondents had reported high school as mother's education.

Father's education: A majority of 52% of the respondents had opined that their father had high school education while 15.2% of the opined they had diploma/UG/PG levels of education. The chi-square test revealed a significant difference ($X^2= 195.616$; $p= .001$) confirming that majority of the respondents fathers had High school education.

Family Income: We find 32.8% of the respondents having income within 5001-7000 rupees, while 31.2 and 31.4% of them had 3001-5000 and 7001 and above respectively. Only 4.6% of the respondents had below 3000 rupees income. The chi-square test showed a significant difference ($X^2= 111.208$; $p= .001$) indicating the difference between respondents with different income.

Mother's Occupation: There were 43% of the respondents who reported that their mother were self-employed, while 40% of the m were unemployed. There were 7% who were government employees and 10% of them were private employees. The chi-square test revealed a significant difference ($X^2= 219.600$; $p= .001$) which indicates that majority of the mothers were self-employed.

Father's occupation: 14.8% of the fathers were private employees and 54% of them were self-

employees. The remaining 18.8% of them were government employees and 12.4% of them were unemployed. The chi-square test showed a significant difference ($X^2= 228.448$; $p= .001$) which indicates that majority of the fathers were self-employed.

Birth order: We find 41.2% of the respondents were firth born, while 21.8% of them were second born. There were 15% of them who were third born and the remaining 22% of them fourth born or more. The chi-square test revealed a significant difference ($X^2= 76.336$; $p= .001$) indicating more number of children were first born.

No of sibling: a majority of 50.8% of the respondents had 3 and more siblings while 27.2% of them had only one sibling and the remaining 22% had two siblings. The chi-square test revealed a significant difference ($X^2= 70.672$; $p= .001$) which indicates that majority of the respondents had 3 or more siblings.

Table 2: Mean pre and post test scores of the selected sample on the assertiveness variable and results of paired samples t test

Variables	Test type	Mean	Std. Deviation	Test Statistics
Assertiveness	Pretest	-0.02	11.767	t' = -144.820 P = .001
	Post test	84.20	5.676	

Assertiveness: On the pre-test the mean score of the respondents were -0.02 with a standard deviation of 11.767. While on the post-test, the mean score was 84.20 and the standard deviation was 5.676. The t-test revealed a significant difference ($t= -144.820$; $p=.001$) which indicates that post-test mean score was significantly higher than the pre-test scores.

Table 3: Frequency and percent respondents in various levels of assertiveness in pre and post test sessions and results of chi-square test

Variable	Levels		Sessions		Test Statistics
			Pre	Post	
Assertiveness	Low	F	4	0	$X^2= 980.198$ P = .001
		%	0.8%	0.0%	
	Average	F	491	0	
		%	98.2%	0.0%	
	High	F	5	500	
		%	1.0%	100.0%	

Assertiveness: On pre-test 98.2% of the respondents had average level of assertiveness while 0.8% had low and 1% had high level of assertiveness. However, on the post-test we find that 100% of the respondents had high level of assertiveness. The chi-square test revealed a significant association ($X^2= 980.198$; $p= .001$) indicating that majority of the respondents had

average level of assertiveness in pre-test and high level in post-test.

Table 4: Mean pre and post test scores of the selected sample on the self-esteem variable and results of paired samples t test

Variables	Test type	Mean	Std. Deviation	Test Statistics
Self-esteem	Pretest	17.35	2.787	t' = -101.086 P = .001
	Post test	29.90	0.300	

Self-esteem: The pre-test score on self-esteem was 17.35 and standard deviation was 2.787. The mean score on post-test was 29.90 and the standard deviation was 0.30. The t-test revealed a significant difference (t= -101.086; p=.001) confirming that the mean score was higher in the post-test.

Table 5: Frequency and percent respondents in various levels of self-esteem in pre and post-test sessions and results of chi-square test

Variable	Levels		Sessions		Test Statistics
			Pre	Post	
Self-esteem	Low	F	69	0	X ² = 1000.0 P=.001 ^{FET}
		%	13.8%	0.0%	
	Average	F	431	0	
		%	86.2%	0.0%	
	High	F	0	500	
		%	0.0%	100.0%	

Self-esteem: The chi-square test revealed significant association (X²= 1000.00; p= .001) indicating that 86.2% and 13.8% of the participants had average and low level of assertiveness respectively in the pre-test while 100% of the respondents had high level of assertiveness in the post-test.

CONCLUSION

Effective nurse-patient communication is a cornerstone of providing safe, effective care, thus student nurses must learn to speak up for themselves. The goals of the current investigation are so framed. In nursing school programs, students should be encouraged to voice ideas and personal rights in an effort to empower and enhance autonomy, with the ultimate goal of developing nurses who are assertive and able to communicate effectively with patients. However, it is not always simple to put what has been learned in the classroom into practice in the clinic. Therefore, students need to have guidance, direction, and feedback from nursing teachers while they practice their abilities through demonstration, role-play, and experience in the clinical lab. This allows teachers to see children practising in a safe setting while also providing comments and evaluation. The researchers set out to examine whether or not nursing students from tribal communities benefitted from receiving assertiveness training.

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