Original Research Article

Relationship of Assertiveness and Self Esteem among Nurses

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ABSTRACT

Introduction: Non-assertive behaviour and low self esteem have been found to major problem in the nursing profession. Nurses with high assertive behavior and high self-esteem are likely to deliver therapeutic patient care. Purpose of the present study was to examine the relationship of assertive behaviour and self esteem among nurses.

Methods: In a exploratory, co-relational, cross sectional survey, 220 eligible nurses working in selected hospitals of Punjab were identified conveniently and assessed using Socio demographic Data Sheet, Rathus Assertiveness Schedule (RAS) and Rosenberg Self Esteem (RSE) Scale. Data were analyzed using descriptive statistics and Independent t-test, ANOVA and Pearson's correlation.

Results: Assertive behavior has moderate positive correlation with self esteem at 0.01 level of significance (r=.272). Older nurses who are on regular job, studied from Govt. nursing institutions and working in Govt. hospitals were more assertive. Nurses those are older, Christian, belongs to nuclear family and working as PHN had more self esteem as compared to others.

Conclusion: The findings of the present investigation suggested that assertive behaviour and self esteem are positively and significantly correlated. Nurses should regular assess their assertive behaviour as it affects the self esteem of self and communication with in health care system. Assertiveness training or other intervention may be initiated for nurses who are non-assertive and have low self esteem.

Key Words: Assertive behaviour, Self esteem, Nurse.

INTRODUCTION

Assertiveness is an interpersonal behaviour 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. [1-2] Lazarus [3] (1973) defined the assertive behavior as it is:

"the ability to say no, the ability to ask favors or make requests, ability to express positive and negative feelings, the ability to initiate, continue and finish a general conversation."

Assertive behavior demonstrates respect for self and others, promotes self-disclosure, self control and positive appreciation of self-worth. Assertiveness is the most effective way of solving interpersonal problems. Direct communication, openness and honesty allow one to receive messages without distortion, which maintains relations with others. [4]

Assertiveness is a key attribute for nurses without which true autonomy, professional status [5] or empowerment [6] cannot be achieved. Benton [7] (1999) equates being assertive with being a good communicator. A positive correlation of assertive behaviour exists with role clarity, job and career satisfaction. [8] 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 behaviour. McCabe & Timmins [9] (2010) reported that assertive behavior develops the self confidence of nurses which result in effective communication and quality health care services to patients.

Literature reports that trained nurses are less assertive, work passively and behave nicely at their work place as compared to general life [10-12] Non-assertive behavior among nurses results in high stress, [13,14] low self esteem, [15] frustration and mental fatigue. Nurses have burden of other people's work due to inability in saying "no".

Self-esteem is appreciating one's own worth, importance and having the character to be accountable for oneself and to act responsibly towards others. [16] It is an affective or emotional aspect of self and generally refers to how we feel about or how we value ourselves. [17]

Self esteem was defined as "one's general feelings of self worth" from Bong and Clark [18] (1999). Self esteem is a product of one's social interactions and that both others and the person involved contribute to the final image that is projected and perceived.

High self esteem is associated with the close, trusting, supportive relationships within the family. [19] Nurse with low self-esteem relies on the others for its decisions; requests permission to do anything, rarely presents spontaneity or initiative, rarely introduces new activities, is possessive about objects, has excessive demands and is isolated from others. [20]

Furthermore, low self-esteem tends to be associated with elevated levels of hostility, distrust and social isolation of the individual. [21] Moore [22] et al (1997) determined that there is a positive correlation between self-esteem and social intimacy and job satisfaction. In addition, high self esteem result in better handling of stress and reduces anxiety and fatigue. [23,24] Furthermore, high levels of self-esteem are associated with encouraging clinical competence [25] and mainly influence the nursing care of the patient. [26]

The concept of assertive behaviour and self-esteem has not been investigated extensively in the professional field of nurses. Nurses on a daily basis interact with other patients, colleagues, doctors and other staff, because the nature of nursing work require a high degree of personal and group interaction. The main aim of this study is to assess the level of assertiveness and self esteem among nurses of Punjab and to find the relationship between both.

Assertive behavior, self esteem, nurse and hospitals were operationally defined in the study. The present study is delimited to nurses willing to participate in the study and working in selected hospitals of Punjab.

MATERIALS AND METHODS

A descriptive cross sectional survey was done to assess the relationship of assertive behavior and self esteem with each other and with other demographic variables among nurses. The present study was conducted in the between November-December 2013 at seven conveniently selected hospitals located in four districts of Punjab. The hospitals were selected on the basis of expected availability of nurses, giving permission to conduct the study and

convenience in terms of distance. The population under study is nurses working in the selected hospitals of Punjab. Sample consisted of staff nurses of various hospitals, those meeting the inclusion criteria were selected by the researcher for the study. The group included only those staff nurses who were present at the time of data collection, registered with nursing council, working full time in Govt or private hospital and willing to participate. A sample of convenience was taken to recruit 220 staff nurses in research group. The tools used for the study were Socio demographic Data Sheet, Rathus Assertiveness Schedule and Rosenberg Self Esteem Scale.

Socio-demographic Data Sheet

Socio-demographic data sheet is used for recording of socio-demographic details of the nurses and developed by researcher. Administration time is approximately 2-5 minutes. This tool had two parts. Part A: It has total eight items related to socio-demographic information of the nurses which are age, gender, marital status, religion, area of residence, type of family, presently staying with and monthly self income (Rs.). Part B: It has total eight items related to professional characteristics of the nurses which includes qualification, joined nursing as professional carrier, type of nursing college/school from where took basic nursing training, years of experience in nursing, designation/position, nature of job, type of hospital and area of work (ward). Appropriate content validity of the tool was established by twelve experts from psychiatry, psychology and nursing and appropriate modifications were made. The reliability was established through test retest method (r =1)

Rathus Assertiveness Schedule [27] **(Rathus, 1973)**

Rathus Assertiveness Schedule was used in this study to assess the assertiveness skills and subject's impression of one's own assertiveness and frankness. It is a standardized, short structured, self administered six point rating scale. Administration time is approximately 10 minutes. It contains 30 items out of which 17 are described as negative/ passive and 13 of them as positive. Six points along with their scoring range from very uncharacteristic of me (-3) to (+3) very characteristic of me. Scores range between -90 to +90. Higher scores indicate that subjects perceived themselves as being high assertive in their relationships with other people. The scale has relatively high internal consistency and stability. The spilt-half reliability was 0.77 and the test–retest reliability 8 weeks later was 0.86 (Rathus 1973). For the present study reliability was calculated by test retest method and Cronbach £=0.86, split half= 0.71 and sperman Brown prophecy 0.91.

Rosenberg Self Esteem Scale [28] **(Rosenberg, 1965)**

Rosenberg Self Esteem Scale was used in this study to measure self esteem and self worth of the staff nurses. The scale is an attempt to achieve a one-dimensional measure of global self-esteem. It is a standardized, short structured, self report 10 items Likert scale. Items are answered on a 4-point scale from strongly agree, agree, disagree and strongly disagree. Items 2, 5, 6, 8, and 9 are negative items and 1, 3, 4, 7 and 10 are positive items. The positive and negative items were presented in random order to reduce the effect of respondent set. Scores range from 0 to 30. The higher the score indicates the high self esteem. Administration time is approximately 5 minutes. The internal Consistency ranges from .77 to .88 with test retest reliability ranges from 0.82 to 0.85. For the present study reliability was; Cronbach £=0.82, split half= 0.73 and sperman Brown prophecy 0.89.

The tools were translated into Punjabi language under the guidance of language experts and amendments were

made according to suggestions. Back translation in English was done to ensure the content and meaning. Try out of the tool was done to ensure the reliability and understanding of the tool. Pilot study was conducted and the study was found to be feasible.

Ethical considerations

Prior to administration to tools, subjects were given information verbally and in writing about the nature of the study and informed of their right not to participate, to withdraw at any time without explanation. Subjects were not under any obligation to give consent for participating in this study. A letter explaining the purpose of the study was readout and handed over to the subject. All the questions and queries were discussed and sort out before actual data collection. An informed written consent form was signed by the subject before data collection. All the subjects were ensured that confidentiality and anonymity was maintained throughout the study. Permission was obtained from Institutional Ethical Committee to carry out the study. Written permission was also obtained from various Civil Surgeons, Medical Superintendent or Director of the respective hospitals before data collection.

Statistical Methods

The data was analyzed by Statistical Package for Social Sciences (SPSS) version 16. The $p<0.05$ level was established as a criterion of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were employed to analyze data as per objectives of the study. Frequency and %age distribution of sample characteristics was computed. Mean (SD) of assertive behavior and self esteem of the nurses was calculated. Correlation between assertive behavior and self esteem was determined by Carl Pearson's method. ANOVA or t-test was used to determine the relationship of selected socio-demographic characteristics with assertive behavior and self esteem score.

RESULTS

Table 1: Distribution of Subjects as per Socio-demographic Characteristics (N=220)

Socio-demographic characteristics		f (%)
Age in Years	Mean (SD)	32.42 (7.59)
Age in Category	21-30 yrs	120 (54.5)
	>30-40 yrs	61(27.7)
	>40-50yrs	36 (16.4)
	>50 yrs	3(1.4)
Gender	Male	11 (5)
	Female	209 (95)
Marital Status	Married	141 (64.1)
	Unmarried/Single	67 (30.4)
	Divorced/widow/Sep	12 (5.5)
Religion	Hindu	57 (25.9)
	Christian	16 (7.3)
	Sikh	147 (66.8)
Area of residence	Rural	71 (32.3)
	Urban	149 (67.7)
Type of family	Nuclear family	149 (67.7)
	Joint family	71 (32.3)
Presently you are staying	With family/ member(s)	157 (71.4)
	With friends	42 (19.1)
	Alone	21 (9.5)
Monthly self income (Rs)	Mean (SD)	26345.45 (10236.64)

Socio-demographic characteristics

As shown in table 1, the mean age of the subjects was 32.42 (SD-7.59) years and little over half (54.5%) was in the 21-30 years age group category. Maximum of the subjects were female (95%), married (64.1%) and belong to Sikh religion (66.8%). Two third of the subjects (67.7%)

were residing in rural area where as same number of subjects belong to nuclear family. Majority (71.4%) of the subjects were presently staying with their family members. Mean monthly income of the subjects was Rs. 26345.45 (10236.64).

Professional characteristics

As shown in table 2, half of the subjects were qualified up to GNM. Half of the subjects (53.2%) joined nursing voluntarily. A little over half studied basic nursing from Govt. institutions. Mean years of experience in nursing profession was 8.58 (7.54) years. Maximum of the subjects (85.5%) had staff nurse designation and three fifth of them (61.14%) were working on regular basis. Majority of the subjects (84.1%) were working in Govt hospital. Half of the subjects (50%) were working in general ward.

**Table 2: Distribution of Subjects as per Professional Characteristics (N=220)**

Professional characteristics		f (%)
Qualification	GNM	122 (55.5)
	GNM with 1 yr diploma	5 (2.3)
	B.Sc.Nursing/PB BSc	86 (39.1)
	PG or above (in nursing)	7 (3.2)
Joined nursing as professional carrier	Voluntarily	117 (53.2)
	By force of parents/ friends	103 (46.8)
Type of nursing school/college from where trained nursing	Govt.	119 (54.1)
	Private	101 (45.9)
Years of experience in nursing	Mean (SD)	8.58 (7.54)
Designation	Staff nurse	188 (85.5)
	PHN	10 (4.5)
	Nursing sister / Ward Incharge	22 (10)
Nature of job	Regular	135 (61.4)
	Contractual	85 (38.6)
Type of hospital	Govt	185 (84.1)
	Private	35 (15.9)
Area of work (ward)	General ward	110 (50)
	Intensive ward	80 (36.4)
	OPD	30 (13.6)

Table 3: Mean (SD) score of assertive behavior and self esteem and their correlation (N=200)

Variable	Range	Mean (SD)	df	r	p value
Assertive behaviour	-36-14	-10.76 (8.69)			
Self esteem	10-25	17.1 (3.11)	199	.272**	.01

** correlation is significant at the 0.01 level(2 tailed)

Table 3 states that the mean (SD) of assertive behavior is -10.76 (8.69) and it range from -36 to 14. Similarly, mean (SD) of self esteem is 17.1 (3.11) and it range from 10 to 25. The correlation between assertive behavior and self esteem was calculated with Pearson's product moment correlation and it was found that assertive behavior has positive correlation with self esteem at 0.01 level of significance (r=.272**), indicating that as the assertive behavior increased, self esteem increased. (Figure 1)
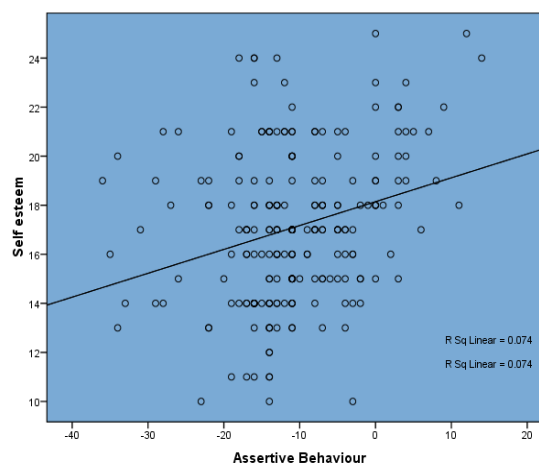
Figure 1: Correlation between Assertive behavior and Self esteem

Table 4: Relationship of selected socio-demographic characteristics with assertive behaviour score (N=220)

Socio-demographic characteristics		N	Mean	SD	t/F	df	p value
Age in Years	21-30 yrs	120	-12.72	7.65	15.8	3	.000**
	>30-40 yrs	61	-11.95	8.20			
	>40-50yrs	36	-2.81	8.20			
	>50 yrs	3	-3.67	10.21			
Gender	Male	11	-12.36	3.6	-.628	218	.531
	Female	209	-10.67	8.8			
Marital Status	Married	141	-10.11	8.97	1.835	2	.162
	Unmarried/Single	67	-12.42	8.05			
	Divorced/widow/Sep	12	-9.17	8.05			
Religion	Hindu	57	-11.49	8.77	1.337	2	.265
	Christian	16	-7.50	7.55			
	Sikh	147	-10.83	8.74			
Area of residence	Rural	71	-11.01	7.6	-.30	218	.765
	Urban	149	-10.64	9.18			
Type of family	Nuclear family	149	-10.06	9.22	1.73	218	.084
	Joint family	71	-12.23	7.29			
Present stay with	With family/family member(s)	157	-9.95	9.16	3.029	2	.050
	With friends	42	-13.62	7.50			
	Alone	21	-11.10	5.86			

As shown in table 4, subjects who were in age group of >50 yrs were more assertive as compared to subjects who were younger (p<.001). Gender, marital status, religion, residence, type of family and present staying with has no relationship with assertive behavior.

Table 5: Relationship of selected professional characteristics with assertive behaviour score (N=220)

Professional characteristics		N	Mean	SD	t/F	df	p value
Qualification	GNM	122	-11.72	9.22	1.788	3	.15
	GNM with additional one year diploma	5	-6.2	7.12			
	B. Sc. Nursing (including Post basic)	86	-9.47	7.87			
	Post graduation or above (in nursing)	7	-13.14	7.86			
Joined nursing as carrier	Voluntarily	117	-11.45	7.94	-1.26	218	.207
	By force of parents/ friends	103	-9.97	9.44			
College of basic nursing education	Govt.	119	-8.54	8.68	4.27	218	.001**
	Private	101	-13.38	7.98			
Designation	Staff nurse	188	-11.22	8.22	1.965	2	.143
	PHN	10	-7.00	13.22			
	Nursing sister / Ward Incharge	22	-8.50	9.81			
Nature of job	Regular	135	-7.97	7.5	6.54	218	.001**
	Contractual	85	-15.19	8.64			
Type of hospital	Govt	185	-9.15	7.82	6.989	218	.001**
	Private	35	-19.29	8.16			
Area of work (ward)	General ward	110	-11.02	8.62	2.011	2	.136
	Intensive ward	80	-11.49	8.58			
	OPD	30	-7.87	8.94			

Table 5 shows that nurses who studied nursing from Govt. nursing schools/colleges were more assertive than private schools/colleges (p<.001). Subjects working on regular basis were more assertive than contractual nurses (p<.001). Nurses working in Govt. hospitals were more assertive than private hospitals (p<.001).

Qualification, joined nursing as professional carrier, designation/position and present area of work (ward) has no relationship with assertive behavior.

As shown in table 6, nurses those are older, Christian, belongs to nuclear family had more self esteem as compared to others where as gender, marital status, area of residence, present stay with has no relation with self esteem.

Table 6: Relationship of selected socio-demographic characteristics with self esteem score (N=220)

Socio-demographic characteristics		N	Mean	SD	t/F	df	p value
Age in Years	21-30 yrs	120	16.79	3.26	3.122	3	.027*
	>30-40 yrs	61	16.84	2.76			
	>40-50yrs	36	18.47	2.95			
	>50 yrs	3	18.33	1.15			
Gender	Male	11	17.09	2.74	-.010	218	.992
	Female	209	17.10	3.13			
Marital Status	Married	141	17.08	3.14	.450	2	.638
	Unmarried/Single	67	17.00	2.99			
	Divorced/widow/Sep	12	17.92	3.58			
Religion	Hindu	57	17.28	3.59	3.758	2	.025*
	Christian	16	19.00	3.67			
	Sikh	147	16.82	2.77			
Area of residence	Rural	71	16.94	3.13	-.514	218	.608
	Urban	149	17.17	3.11			
Type of family	Nuclear family	149	17.44	3.05	2.347	218	.020*
	Joint family	71	16.39	3.13			
Presently you are staying	With family/family member(s)	157	17.11	3.13	1.440	2	.239
	With friends	42	16.60	2.70			
	Alone	21	18.00	3.61			

Table 7: Relationship of selected professional characteristics with self esteem score (N=220)

Professional characteristics		N	Mean	SD	t/F	df	p value
Qualification	GNM	122	17.12	3.04	1.812	3	.146
	GNM with additional one year diploma	5	20.20	1.79			
	B. Sc. Nursing (including Post basic)	86	16.92	3.03			
	Post graduation or above (in nursing)	7	16.71	5.02			
Joined nursing as carrier	Voluntarily	117	17.08	3.09	-.117	218	.907
	By force of parents/ friends	103	17.13	3.15			
College of basic nursing education	Govt.	119	17.43	2.93	1.709	218	.089
	Private	101	16.71	3.28			
Designation	Staff nurse	188	16.92	3.12	3.396	2	.035*
	PHN	10	19.40	3.44			
	Nursing sister / Ward Incharge	22	17.59	2.48			
Nature of job	Regular	135	17.24	3.10	0.868	218	.386
	Contractual	85	16.87	3.13			
Type of hospital	Govt	185	17.05	3.12	.562	218	.575
	Private	35	17.37	3.11			
Area of work (ward)	General ward	110	17.21	3.08	1.11	2	.331
	Intensive ward	80	16.74	3.17			
	OPD	30	17.67	3.06			

As shown in table 7, Public health nurses had more self esteem than others. Qualification, joined nursing as professional carrier, type of nursing college/school from where took basic nursing training, nature of job, type of hospital and area of work (ward) has no relationship with self esteem.

DISCUSSION

The current study is an attempt to understand the relationship of assertive behavior with self esteem among nurses. Result revealed that there is moderate positive relationship between assertive behaviour and self esteem. This is in consistent with previous research which reports that self esteem has positive relationship with assertiveness. Yamagishi M [14] (2007) reported that self esteem has positive relationship with assertive behavior. Unal S [29] (2012) reported that self esteem can be enhanced by assertive behaviour and both of these have a positive relationship. Karagozoglu S [15] (2008) measured the level of self esteem and assertiveness of last year nursing students and found that the nursing students had the highest scores on self esteem and assertive behavior. Lin Y R [30] (2004) reported that self-esteem were significantly improved in nursing students

after assertiveness training. Similarly, Solaf A [31] (2011) concluded that assertive behaviour and self-esteem can be learned and nurses can significantly benefit from an assertiveness training program to increase their self-esteem. [23] In Indian setting, Promila S and Mahija M [32] (2010) reported that assertive behaviour training was effective to enhance self esteem of adolescents by 30.25%.

The possible reason for positive relationship between assertive behavior and self esteem may be that assertive persons are likely to experience a higher level of psychological well being and a lower level of emotional deficit than persons, who possess a low level of assertive behavior. Assertive persons are able to maintain positive mental states due to their capability to efficiently manage their situations. [12] When a person accepts his/ her faults and simultaneously recognizes his/ her strengths and positive qualities, the person will experience strong self worth and high self esteem.

Present study revealed that older nurses who are on regular job, studied from Govt. nursing institutions and working in Govt. hospitals were more assertive where as gender, marital status, religion, residence, type of family and present staying with has no relationship with assertive behavior. On the contrary, Kilkus [33] (1992) reported younger nurses as the most assertive.

Nurses those are older, Christian, belongs to nuclear family and working as PHN had more self esteem as compared to others where as gender, marital status, area of residence, present stay with has no relation with self esteem. Qualification, joined nursing as professional carrier, type of nursing college/school from where took basic nursing training, nature of job, type of hospital and present area of work (ward) has no relationship with self esteem. These findings are in consistent with the other available literatures. However, most of the studies with nurses and with other population have reported positive correlations between levels of education with assertiveness levels. (Gerry, [11] 1989; Kilkus, [33] 1992; Onyeizuigbo [20] (2003).

Implications And Recommendations

Nurses should regular use assertive behaviour and communication which may result in high self esteem. Assertiveness and its training program can be included in graduate nursing program and in nursing curriculum, so that sufficient emphasis can be given to understanding of assertiveness. Findings of the study will act as a catalyst to carry out more extensive research in a large sample and in other settings and such research work enforces evidence based practice.

Study recommends that assertiveness training or other such techniques may be given to the non assertive nurses to build their self concept and self esteem. A longitudinal study may be conducted on large sample to assess the effects of assertive training on assertive behaviour and self esteem with comparison of the different interventional strategies.

CONCLUSION

The findings of the present investigation suggested that assertive behaviour and self esteem are positively and significantly correlated. Nurses should be regularly assessed for their assertive behaviour as it affects the self esteem and other variables of individual. Assertiveness training may be included in curriculum to manage non assertive behaviour nurses.

Further researches can be done to investigate the socio-cultural circumstances that may hinder or enhance the individual to be assertive.

Limitations

Lack of large sample size may result in lack of representativeness and

generalizability to the whole population, however data were collected from selected hospitals of four districts of Punjab. The data in the present study may subject to selection bias as the nurses were conveniently selected. In order to make findings generalizable, a large geographical area based study based on random sampling technique is recommended to assess assertive behaviour and self esteem. Finally, researcher acknowledges the limitation of cross sectional design with respect to temporal relationship and imputation of causality of study findings.

Conflicts Of Interest: None

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