

ASSERTIVENESS AMONG UNDERGRADUATE STUDENTS.



**Ms. Supriya Namdev Kadam,*

Final Year M.Sc. Nursing student,
Department of Mental Health Nursing,

***Mr. Vishal R. Naikare,*

Professor, HOD, Sinhgad College of Nursing, Pune.



supriyankadam@gmail.com

ABSTRACT

The problem that this study focused on was that there was minimal evidence on whether or not nursing students become more assertive throughout their academic education. The purpose of this study was to compare the assertiveness scores of nursing students. The study was guided by Hildegard Peplau's theory of interpersonal relations in nursing, which focuses on the therapeutic process between nurses and patients, rather than on internal patient pathology. The descriptive, comparative study used a 20-question survey design and a convenience sample of nursing students. Recruitment, informed consent, and data collection occurred during the classes. An independent sample T test was used to determine group differences in assertiveness. The results revealed that the nursing students are having harmonious way of assertiveness.

PROBLEM STATEMENT

'ASSESSMENT OF LEVEL OF ASSERTIVENESS AMONG NURSING STUDENTS IN SELECTED AREAS, PUNE'.

INTRODUCTION

Today's adolescents are tomorrow's leaders and this naturally calls for the shaping of their behaviour. Many adolescents find it difficult to express themselves effectively in social situations. This undermines their significant role in the development of modern India and also in improving and strengthening the society. They are the pillars of a nation and play an important role in contributing much to its social development. So it is important for an adolescent to be assertive, because being assertive can help them in many ways. It helps them in improving self confidence, self-esteem and also helps them to stand up for their rights without being aggressive and without violating the rights of others. Studies in assertiveness among gender have reported contradictory findings like; that males were more assertive. Other findings like (Chandler et al, 1978) found that women were significantly more assertive than men in some specific situations. To this end, the conducted study was designed by the researcher to find out the assertiveness level among adolescents with reference to their gender, residence and stream of study. This will be helpful in further

identification of the areas of assertiveness to work upon.

BACKGROUND OF THE STUDY

Assertiveness is the ability to express one's feelings, opinions, beliefs, and needs directly, openly and honestly, while not violating the personal rights of others (Ellis & Hartley, 2005). Assertive staff nurses are able to present suggestions in a direct, comfortable way, give and take criticism, assess the rights and responsibilities in a nursing situation, and act on assessments in a thoughtful problem-solving way (Clark, 2010). Lack of assertiveness results in diminished communication efficacy, thus compromising patient care (Poroch and McIntosh, 1995). When nurses express a lack of confidence and a lack of assertiveness, patients may notice. If those patients do not feel that nurses are confident in their work, they will not have a strong trusting relationship. For nurses to empower their patients, they need to be assertive (O'Mara (1995). Assertiveness should not be mistaken for aggressiveness, which involves inappropriate expression of thoughts, emotions and beliefs in a way that violates the rights of others (Lawton and Stewart, 2005). Nurses' development of assertiveness and effective communication skills should begin in nursing education programs, where students are encouraged to express opinions and personal rights with the hopes of encouraging empowerment and enhancing autonomy (Baggs & Spence, 1990; Ibrahim, 2011; Lee & C rockett, 1994). Classroom-based knowledge is not always easily transferred to clinical

practice (Jones, 2007). Therefore, students need to practice their skills through demonstration, role-play, and experience in clinical lab so that they can receive support, direction and feedback from nursing faculty. By doing this students may be able to practice their skills in a non-threatening environment that can be observed by faculty in order to evaluate and give feedback (Zavertnik, Huff, & Munro, 2010). The purpose of this study was university baccalaureate-nursing program. The following questions were answered: Is there a statistically significant difference in assertiveness scores between sophomore level nursing students and senior level nursing students? Is there a relationship between assertiveness and demographic factors, such as age, race, gender, years of nursing experience, employment in a health care setting, and basic nursing education? These questions were important when determining the assertiveness of nursing students and the effect of the nursing curriculum on their assertiveness throughout the program.²

NEED FOR THE STUDY

The Researcher wants to know the level of assertiveness among students because being assertive in this world is too rarely that too in nursing profession is mandatory. As many cases of legal are being issued in this profession. So, to check the level at student nurse period is important.³



OBJECTIVES OF STUDY

To collect the baseline data.

To assess the level of assertiveness.

To correlate between the baseline data and level of assertiveness

RESEARCH QUESTION

What is the level of assertiveness of the college students?

SCOPE OF STUDY

The study can be applied in the clinical setting for spreading the awareness among college students. The study will help the researcher to improve high quality of Assertiveness among eligible clients on voluntary basis.

RESEARCH METHODOLOGY

Design

This was a descriptive study using a survey to collect data. Following study approval from the university institutional review board, data were collected with a 20- item questionnaire measuring assertiveness skills in nursing students. The demographic data included: gender and age.

Setting and Sample

The setting was a nursing college at Pune. There are 150 students at the college. There are approximately 150 students currently enrolled in the college of nursing, and approximately 150 students. The sampling of the population was conducted through convenience sampling. The inclusion criteria included: at least, current enrolment in the traditional undergraduate baccalaureate nursing program. Participants were not excluded based on gender, ethnicity, or age, as long as they were at least 18 years old.

Sampling and Data Collection Procedures

As stated earlier, the sampling of the population was conducted through convenience sampling. The co-investigators obtained permission from two professors in the school of nursing to take approximately 20 minutes of their class time and explained to the subjects the study and asked for participants. The research project was designed to compare assertiveness levels. All students in the class received copies of the informed consent and the survey. The participants filled out the questionnaires during their class time. Once they were completed, the questionnaires and were returned facedown and directly to the co-investigators. Completed questionnaires implied informed consent. Surveys did not include identifying information and were kept in a locked file cabinet. Only the members of the research team had access to the file cabinet. All of the data was entered into a SPSS file for analysis, and only the coinvestigators and sponsor had access. All surveys have been destroyed since the study is completed.

TOOL USED IN THE STUDY

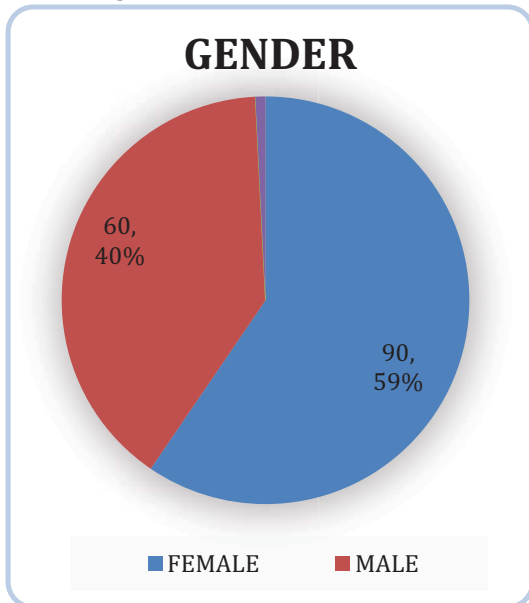
The Modified self-assessment assertiveness questionnaire was used to study the assertiveness of students. It is a tool comprising 20 situational statements for which the subject is asked to answer rather true or rather false and the items of the questionnaire all correspond to an example of a *passive (flight), aggressive (attack), manipulative or harmonious assertiveness*. The tool was administered individually to each student and care was taken to see that the students filled

the questionnaire without discussing. There was no time limit for completion of the tool.

DATA ANALYSIS AND INTERPRETATION

DEMOGRAPHIC VARIABLES:

Graph 3.1: Gender Distribution



Graph 3.2: Distribution of Samples according to Place of Natives

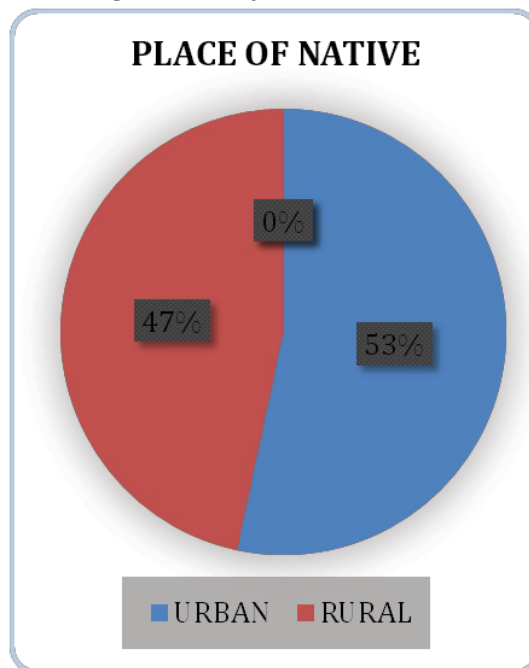


Table 3.1: Level of assertiveness Female Vs Male Samples.

LEVEL OF ASSERTIVENESS	FEMALE	MALE
MANIPULATIVE	30	10
FLIGHT	20	30
HARMONIUS	40	10
ATTACK	0	10
TOTAL	90	60

Graph 3.4: Level of assertiveness Female Vs Male Samples.

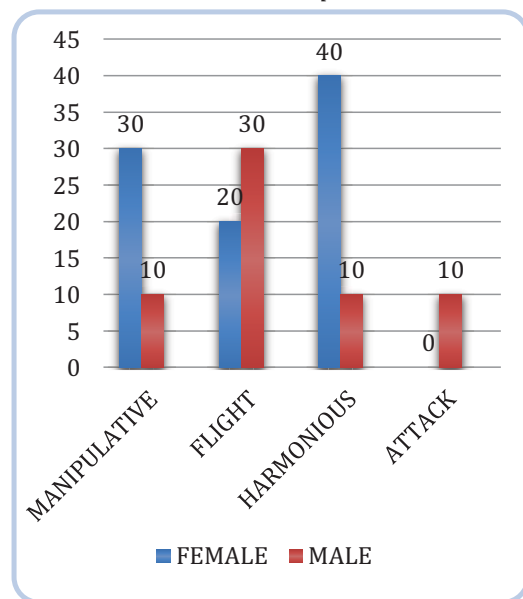
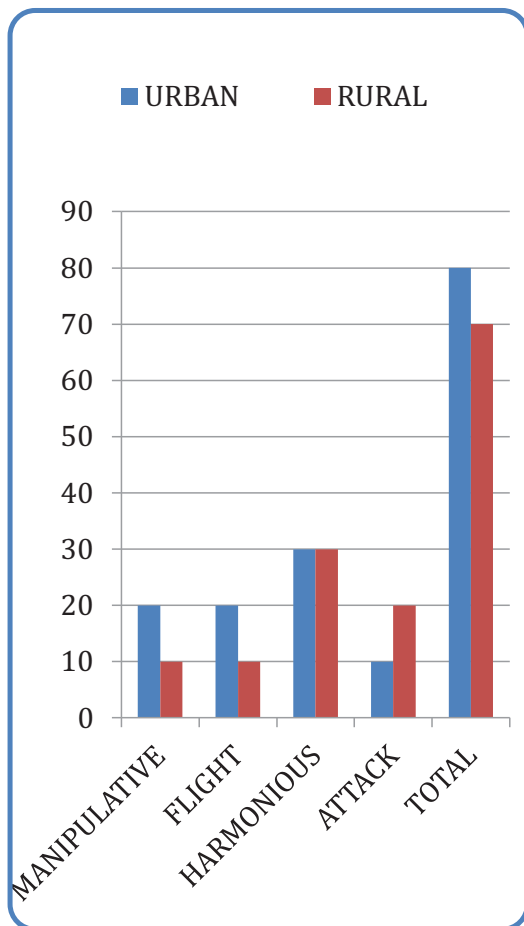


Table 3.2: Place of Native Urban Vs Rural and Pattern of response

PLACE OF NATIVE	URBAN	RURAL
MANIPULATIVE	20	10
FLIGHT	20	10
HARMONIUS	30	30
ATTACK	10	20
TOTAL	80	70



Graph 3.5: Place of Native Urban Vs Rural and Pattern of response

CONCLUSION

It is crucial that nurses and students develop assertiveness skills so that they can provide safe and effective care for patients. Expressing positive and negative feelings honestly and straight forwardly, without anxiety or intimidation, can empower assertiveness and better the communication in the health care environment. This can also allow the nurses to improve their care to their clients, peers, and even themselves. Nurse educators are the leaders of the next generation of nurses, and it is vital that they motivate their students to express their opinion and personal rights. Educators could improve student

assertiveness skills by implementing classes that focus primarily on assertiveness skills and training, more simulation exercises throughout the program, and more clinical time rather than classroom learning. Their job is also to empower their students and enhance their autonomy throughout their education and career. Conducting further research on the impact of learning styles on students' patient communication is also recommended.

REFERENCES

1. Alberti, R. E., & Emmons, M. L. (1990). *Your perfect right: A guide to assertive living* (6th edn). San Luis Obispo, CA: Impact Publishers.
2. Arrindell, W. A., & Van der Ende, J. (1985). Cross-sample invariance of the structure of self-reported distress and difficulty in assertiveness. *Addictive Behaviour Research and Theory*, 7, 205-243.
3. Bouvard, M., Arrindell, W. A., Guerin, J., Bouchard, C., Rion, A. C., Ducottet, E., & Cottraux, J. (1999). Psychometric appraisal of the Scale for Interpersonal Behavior (SIB) in France. *Behaviour Research and Therapy*, 37, 741-762.
4. Bishop, S. (2010). *Develop your Assertiveness*. New Delhi: Replica Press Private Limited.
5. Constance, Z., & Richard, L. (2010). *Asserting Yourself at Work*. American Management Association.
6. Eskin, M. (2003). Self-reported assertiveness in Swedish and Turkish adolescents: A cross cultural comparison. *Scandinavian Journal of Psychology*, 44, 7-12.

7. Galassi, M. D. & Galassi, J. P. (1978). *Assertion: A critical review*. *Psychotherapy: Theory, Research, and Practice*, 46, 537-546.
8. Peneva, I., & Mavrodiev, S. (2013). *A Historical Approach to Assertiveness*. *Psychological Thought*, 6(1), 3-26.
9. Prakash, N. R., & Devi, S. N. (2015). Assertiveness behaviour of undergraduate students. *Scholarly Research Journal for Interdisciplinary Studies*, 3, (16), 2566, 2575.
10. Qadir, A. S., & Sugumar, V. R. (2013). A study on assertiveness among adolescents. *Golden Research Thoughts*, 3, (4), 1, 4.
11. Rathee, I. (2015). Assertiveness among degree college students in relation to Gender and level of education. *International Level Multidisciplinary Research Journal*, 2 (7), 1-6.
12. Uzaina. & Parveen, A. (2015). Study of relationship between Mental Health and Assertiveness among Adolescents. *The International Journal of Indian Psychology*, 3, (1), 98, 103.
13. Hersen, M., Eider, R. M., & Miller, P. M. (1973) Development of assertive responses: Clinical, measurement and research consideration. *Behav. Res. and Ther.*, 11, 505-521.
14. Apgebaum, A. S. & Ifathus. (1976). Assertiveness Schedule: Sex differences and correlation with social desirability. *Behav Ther*, 7, 699-700.
15. Chandler, T. A., Cook, B. & Doguvics, D. A. (1978). Sex differences in self-reported assertiveness. *Psychol. Rep.*, 43, 395-402.