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Assertiveness in Nursing Students

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Author Note

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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 sophomore level nursing students and senior level-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 15question survey design and a convenience sample of sophomore and senior level nursing students at a large urban Midwest university. Recruitment, informed consent, and data collection occurred during the sophomore and senior classes. An independent sample T test was used to determine group differences in assertiveness. The results revealed that the sophomore level students were more assertive than the senior level-nursing students.

Introduction

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 & Crokett, 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 to compare the assertiveness scores of sophomore level nursing students with the assertiveness scores of senior level-nursing students at a large midwestern 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.

Review of Literature

Researchers have consistently found that nursing student's perceived assertiveness increased progressively throughout their nursing education and training (McCabe & Timmins, 2005, 2010; Wise, 1980). Using a three-part questionnaire, Ibrahim (2010) studied 207 nursing

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students to see if the level of assertiveness increased or decreased throughout their nursing education. They found that 62.5% felt assertive in the first year of nursing school, and 67.2% felt assertive in the fourth year. The results showed that the senior level students felt slightly more assertive in the hospital and education setting than the sophomore level students. These results are similar to those found by Deltsidou's (2008) whose study looked at the level of assertiveness in nursing students from their sophomore to senior year. The study consisted of 298 nursing students who participated in a questionnaire to rate level of assertiveness throughout their education. The findings showed that the students felt more assertive in their education and in the hospital setting as they progressed throughout the program.

Researchers have also found a positive correlation between the level of assertiveness and assertiveness training throughout their education (McCabe & Timmins, 2005; Kageyama, Kobayashi, Nagami, Shimazu, & Yamagishi, 2007). Kageyama et al. (2007) studied 25 nursing students and had them participate in a three weeklong web-based stress and assertiveness class. They found that the participants felt more assertive after the training (P = 0.031) than before the assertiveness class. Implications were that assertiveness training should become a component in all nursing programs because it may increase students' confidence and it could allow them to feel more comfortable in their education and in the hospital setting.

Few researchers have investigated demographic factors such as age, gender, experience, and nursing education on assertiveness. Unal (2012) examined assertiveness in 79 nursing students and found that age and sex were not related with assertiveness. However, studies show that male or female nursing students may be viewed differently if they are assertive (Hargie & McCartan, 1990; Kilkus, 1993). McCabe and Timmins (2005) studied 27 nurses and found that regardless of gender, age, and amount of education, BSN educated nurses without any assertiveness training were less assertive than those who had assertiveness training. Even the amount of clinical experience did not compensate for the lack of assertiveness training and experience (Hargie & McCartan, 2004). Therefore, there is little known about the relationship between assertiveness and demographic factors in sophomore and senior level students, which supported the need for this study.

Theoretical Framework

The study was guided by Hildegard Peplau's theory of interpersonal relations in nursing. This theory focuses on the nurses' attention away from the internal patient pathology to the therapeutic process between the nurses and patients (Peplau, 1997). By switching this focus, every interaction with patients becomes an important therapeutic opportunity to teach patients and to empower them to make changes (Peplau, 1997). There are three phases to the theory: orientation, working, and termination (Peplau, 1997). The orientation phase is mostly a one-sided conversation, where the nurse identifies him or herself, and explains the purpose, nature, and time of meetings (Peplau, 1997). The nurse will then seek essential information about the patient and also set the tone for future interactions. The working phase is where planning, patient education, and the physical care of the patient. Nurses also provide knowledge to their patients and build on their own previous knowledge as well. The third phase is the termination phase. This phase provides time for summarizing and closure of the work that has been accomplished (Peplau, 1997). Planning for termination begins during the working phase (Peplau, 1997) with nurses carefully guiding all of these phases. This theory also stresses the importance of the nurses' ability to understand their own behavior to help others identify problems they are experiencing (Peplau, 1997).

To provide competent care for patients, nurses must first develop a trusting relationship with the patient. This relationship is established in the orientation phase. Nurses need to establish the framework for what the relationship will consist of and work with the patient to come up with reasonable goals. Assertiveness is defined as 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). Assertiveness is an important quality for nurses in all three phases because it is used to accomplish precise patient care. Establishing the trusting interpersonal relationship allows nurses to make suggestions, communicate openly with patients, and be assertive in their care. Peplau's theory gives nurses guidelines on how to put each phase into practice. Based on this theory, it is expected of nurses to have a good understanding of their own behaviors and attitudes, have a strong trusting relationship with their patients, and have good communication skills. The nurses need to be assertive in their work to provide competent care for their patients. Studying nursing students has allowed the co-investigators to see if the students were learning these skills throughout the nursing program.

Methods

Design

This was a descriptive, comparative study using a survey to collect data. Following study approval from the university institutional review board, data were collected with a 25- item questionnaire measuring assertiveness skills in nursing students at the sophomore level and senior level. The demographic data included: age, gender, years of nursing experience, and basic nursing education.

Setting and Sample

The setting was a nursing school at a large urban public university in the Midwest of the United States. There are 27,000 students at the university. There are approximately 450 students currently enrolled in the school of nursing, and approximately 150 students per level.

The sampling of the population was conducted through convenience sampling. The inclusion criteria included: at least 18 years of age, current enrollment in the traditional undergraduate baccalaureate nursing program and sophomore and senior level students. 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. Sophomore students completed a total of 79 surveys, and senior students completed a total of 116 surveys. 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 between sophomore and senior students. All students in the class received copies of the informed consent (see Appendix B) 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 in the sponsor's locked university office. 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.

Measures

The Rathus Assertiveness Schedule (RAS, see Appendix C) was used to measure assertiveness and was modified slightly by the co-investigators for the purpose of focusing on nursing students alone. The tool contained 20 items, which were scored on 6-point Likert scales with response options ranging from "very much unlike me" (coded as -3) to "very much like me" (coded as 3). Sample items include:

1. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured.

	-3	-2	-1	1	2	3		
2.	When I am	asked to do sor	nething, I insist	upon knowin	g why.			
	-3	-2	-1	1	2	3		
3.	Most people	e seem to be mo	ore aggressive a	and assertive th	nan I am.			
	-3	-2	-1	1	2	3		
4.	4. To be honest, people often take advantage of me.							
	-3	-2	-1	1	2	3		

Ratings from all items were coded so that higher scores indicate a higher level of assertiveness. Item ratings will be summed with scores ranging from -60 to 60. The RAS has shown to have moderate to high test-retest reliability (r= .78; p<.01) and split-half reliability (r= .77; p<.01) (Elsevier, 1973). The co-researchers also used the Cronbach alpha tool, which measured the internal consistency of the study. Validity was established based on the terms of the impressions respondents made on other people ($.33 \le r's \le .62$; p's<.01) and in terms of their indications of how the respondents would have behaved in specific situations in which assertive, outgoing behavior could be used with profit (r= .70; p<.01) (Elsevier, 1973). The survey used for the study

on nursing students was modified from the original RAS. Therefore, the reliability and validity of this study may vary from the original RAS. The survey also contained five items dealing with the demographic variables: age, gender, ethnicity, years of nursing experience, and basic nursing education.

Data Analysis

The data was analyzed using SPSS, a statistical analysis program. Descriptive statistics were used to describe the sample, the variables, and the levels of assertiveness. Independent sample t-tests were used to determine group differences in assertiveness mean scores. Pearson correlation coefficients were used to determine the relationship between assertiveness and age. If the alpha or p value was less than 0.05, then the variables were significantly different. If the p value was greater than or equal to 0.05, then the variables were not significantly different.

	Variables	Sophomore	Senior
Ν		79	116
Age		22.3	23.8
Sex	Male	21(26.5%)	28 (24.2%)
	Female	57 (73.5%)	88 (75.8%)
Race	Black	1 (1.4%)	4 (3.4%)
	Caucasian	72 (91%)	106 (91.3%)
	Asian	3 (3.7%)	3 (2.65%)
	Hispanic	2 (2.5%)	3 (2.65%)
	Other	1 (1.4%)	0
Employn	nent	43 (54.4%)	57 (49.1%)
Healthca	re Employment	31 (72%)	43 (75.4%)

Table 1. Descriptive statistics

Table 1 shows descriptive statistics for the sample. More seniors (116) than sophomores (79) participated in the study, possibly because senior student have a better understanding of the importance of research and are more willing to participate. The mean age for both groups was nearly the same. This could be explained by the current trend of people seeking a second career and choosing health care, resulting in the students being older since they may already have

completed a degree. The demographics showed that the majority of the sophomore and senior level-nursing students were Caucasian. Less than half of the sophomore students were employed, and of those students, 72% of them were employed at a health care facility. More than half of the senior nursing students were employed, and of those, 75.4% of those students worked at a health care facility. Pearson Correlation showed only a very weak, positive (.113) correlation between age and assertiveness scores and this was not significant (p=.116) in this study.

t-test	Mean	Mean	T value	P value
Sex	(F) 5.41	(M) 11.30	-2.243	.033
Employment	(Y) 4.69	(N) 9.21	-1.976	.049
Healthcare Employment	(NHC) 6.39	(HC)156	1.332	.028
Rank	(So) 7.5	(Sr) 6.48	.431	.667

Table 2. Comparison of Means

Table 2. Shows the comparison of mean assertiveness scores. Scores for males were higher than females and this was a significant difference (p=.033). This tool measures the participants perception of assertiveness and it is not surprising to find men report perceiving themselves significantly more assertive than females. A significant difference (p=.049) was found between assertiveness scores for students who were employed (4.69) and those who were not (9.21). The co-investigators suspect that the students who were not employed may not be aware of the degrees of knowledge and effective communication skills essential for successful assertiveness.

The statistics indicate that students employed in non-health care positions reported themselves as being more assertive than those who were employed in a health care facility. This might be explained by the fact that non-health care jobs may not require as much responsibility and knowledge as those who care for and maintain the lives of others. Therefore, these employees may be more assertive in their workforce due to the lack of responsibility as those who work at a health care facility. Nurses encounter stressful workloads, high standards of job performance, and long hours with limited breaks in the health care setting. Since nurses are held to these high standards, new graduates may appear less assertive since they have not mastered these difficult skills yet. Although the data also indicated that the sophomore level students were more assertive than the senior nursing students, this result was not statistically significant. It is speculated that these results may be due to the fact that sophomores feel like they have a longer period of time to master the difficult skills that senior level students are expected to have achieved in the school of nursing. In contrast to this, the senior level students are preparing to graduate and they are expected to be knowledgeable enough to practice as a registered nurse. This can be extremely intimidating and overwhelming for new graduates. The process of becoming a nurse is difficult and these students are held to very high standards compared to other professions, which may lead nursing students to become less assertive.

Conclusion

Sophomore level-nursing students describe themselves as slightly more assertive than the senior level-nursing students at the large midwestern university baccalaureate-nursing program. 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 straightforwardly, 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.

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Appendix A

ROL Summary Table

*Author(s). (Year). Title of article	**Problem Research Purpose &/or Research Question	Theoretical Framewor k What is it and how is it used?	Design of Study ***Sample and sampling procedure	Variables and Measures/ tools. Reliability and validity of measures/ tools	Findings and conclusions	Implication s	**** Limitations
1).	Purpose- to	N/A	Design-	The Patterns	Regarding	No	Limited to the
Margaret	compare the		Comparative	of Social	research	implication	female
Walter	assertiveness		survey	Adaptation	question-	s are	graduate
Wise	scores of		methodology	Scale (PSA)	1.The	necessary	student
(1980).	graduate		was	was used to	results that	because	population at
Title-	nursing		employed	measure	while there	there were	the University
А	students with		using data	assertivenes	was a	no	of Utah. The
comparativ	other women		from an 85-	s.	consistent	significant	findings cannot
e study of	graduate		item self-	Reliability-	trend for	differences	be generalized
assertivene	students at		report	Based on	nurses,	between	to a general
SS	the		questionnaire	the results	social	each	population or
characteris	University of		designed to	obtained	workers	sample	used in the
tics among	Utah to		measure	from 100	and	group	future because
female	determine if		assertiveness	undergradua	business		women are
nursing	there was any		skills.	te nursing	students to		always
graduate	significant		Demographic	students,	be very		changing.
students	difference.		al data	and 52	slightly		
and other	Questions-		collected	faculty	above the		
female	1.Is there a		included:	members, it	mean in		
graduate	statistically		age, marital	was	assertivenes		
students at	significant		status,	concluded	s scores,		
the	difference in		graduate	that the PSA	and law		
University	assertiveness		school, sub-	is a reliable			
of Utah	scores		specialty, and	tool to			
(P)	between		number of	measure	and		
(QUAN)	nursing and		years subject	assertivenes	medical		
	other women		has been in	S.	students to		
	graduate		grad. School.	Validity- A	be very		
	students at		Sample/	study was	slightly		
	the		Procedure-	done in	below the		
	University of		Women	1976 with	mean,		
	Utah?		currently	16PF and it	there was		
	2. Is there a		enrolled in	indicated	no		
	significant		graduate	that the PSA	significant		
	difference		programs.	has some	difference		

	1		· .			r	
	among		Total sample:	validity as a	though		
	graduate		39 nurses, 23	measure of	2.		
	nursing		business	assertivenes	Inadequate		
	students in		women, 17	s. Results	size of		
	different		law students,	showed that	subgroups		
	pathways of		18 social	assertion	within the		
	nursing,		workers, and	(measured	nursing		
	perinatal		25	by PSA)	responses		
	nurses, family		physicians.	correlated	prohibited		
	nurse		The subjects	significantly	reliable		
	clinicians,		were given a	with four	analysis of		
	physiological		Sixteen	source traits	the data.		
	nurses,		Personality	of the 16PF:	This		
	gerontologica		Factor	outgoing,	hypothesis		
	l nurses, or		Questionnair	assertive,	was neither		
	psycho-social		\underline{e} (16PF) at	venturesom	accepted		
	nurses?		the beginning	e, and self-	nor		
	3. Is there a		of their	assured.	rejected.		
	significant		classes and	According	3. A T- test		
	difference in		they were to	to this study	indicated		
	assertiveness		return it to	it was	that there		
	scores of		the College	concluded			
	women 35		of Nursing	that	was no significant		
			when they	assertivenes	difference		
	years old and above as		•		in the		
			were finished.	s was	assertivenes		
	opposed to		minsheu.	significantly related to			
	women				s scores of		
	between 21			personality	women 20		
	and 34?			traits	to 34 years		
	(IV) Nurses			attributed to	of age and		
	and faculty			assertive	women 35		
	(DV)			individuals	years of age		
	Assertiveness			as described	and older.		
	Population-			by the			
	100 Faculty			literature.			
	members						
	52 nursing						
	students		.				·
2). Sanaa	The study	Theoretical	Design- A	The	The fourth	Nurse	The study was
Abd El	investigated	framework	descriptive	questionnair	year	educators	limited to
Azim	the factors	-Problem	analytical	e was used	student's	must	those 207
Ibrahim	affecting	based	design was	to collect	recorded	motivate	students at
(2010).	assertiveness	learning	used	data on the	the highest	their	Port-Said
Title-	among		Sample/	personal	percentage,	students to	University,
Factors	student	The faculty	Procedure-	characteristi	while	express	Egypt. The
affecting	nurses by:	will find a	student	cs of the	second year	their	results could

assertivene	1.Determinin	problem	nurgas wara	individuals.	students	opinion	not be used to
		problem among the	nurses were selected from	The RAS	recorded	and	determine
ss among	g student	student	different		the least		assertiveness
student	nurses level of			was used to		personal	
nurses		body and	scholarly	determine	percentage.	rights. It is	of any other
(\mathbf{P})	assertiveness	learn about	levels from	the	Findings	also	program or at a
(QUAN)	2. Identifying	it in order	first to fourth	assertivenes	showed	important	different
	the	to fix the	year. The	s. Lastly the	that, about	to	University
	psychological	issue.	calculated	12- item	half of the	introduce	
	empowermen	During this	sample size	scale was	students	specific	
	t among	process,	was 207	used to	were	courses	
	student	the	student	measure	empowered	aiming to	
	nurses	students	nurses who	empowerme	. There was	enhance	
	3. Finding out	have a	were chosen	nt	a positive	acquisition	
	the relations	chance for	from	Reliability-	relationship	of	
	between	open	different	Alpha	between	assertivene	
	students,	communic	scholarly	Crombach	student	ss skills in	
	personal	ation and	levels using	test was	assertivenes	student	
	characteristic	expression	systematic	used to test	s and	nurses.	
	s,	throughout	random	the	psychologic	They also	
	psychological	the	sample.	reliability of	al	need to pay	
	empowermen	debriefing	A three-part	the	empowerm	attention	
	t and student	sessions. It	questionnaire	questionnair	ent. There	for	
	nurses	is used to	was used for	e and the	was also a	students'	
	assertiveness	evaluate	the study.	12-item	positive	empower-	
	Questions-	and solve	1.The first	scale to	relation	ment and	
	1.What is the	issues	part was to	prove that	regarding	enhance	
	student	among the	collect data	empowerme	family	student	
	nurses level	students	related to	nt and	income,	autonomy.	
	of	within the	personal	assertivenes	student	It would	
	assertiveness?	college of	characteristic	s was	assertivenes	also be	
	2. Do student	nursing.	s of student	measured	s, and	good to	
	nurses have	nursing.		correctly.	psychologic	conduct	
	psychological		nurses 2.The second	Alpha	al	further	
				scores for		research on	
	empowermen		part used "Rathus		empowerm		
	t 2 Is the set			the	ent	the impact	
	3.Is there a		Assertiveness	assertivenes		of learning	
	correlation of		Schedule"	s and		styles on	
	student's		which	empowerme		students'	
	personal		determined	nt were		patient .	
	characteristic		the level of	(0.79, and		communic	
	S,		assertiveness	0.81)		a-tion	
	psychological		3.The third	respectively,			
	empowermen		part used a	which			
	t and student		12-item scale	indicates			
	nurses'		to measure	that the tool			
	assertiveness?		empowermen	is reliable			

s (A F 2	(IV) Nursing students (DV) Assertiveness Population- 207 nursing students		t				
3). AnnaTDeltsiduo0(2008).wTitle-thUnder-agraduateinnursingsstudents'thlevel ofthassertivenecss in(0)Greece: Asquestionna(0)ire surveyA(P)F(QUAN)2	The purpose of this study was to assess the level of assertiveness in nursing students throughout their curriculum (IV) Nursing students (DV) Assertiveness Population- 298 nursing students	Theoretical framework - quantitativ e study This type of study is the explanatio n of a phenomena by collecting numerical data that is analyzed using mathemati cally based methods- in this study statistics was used in order to conclude the study	Design- A questionnaire was given that incorporated three dimensions of assertiveness: positive assertion, and self-denial. There was also a collection of demographic data in a different questionnaire , which asked the age, semester, employment status and nationality of the student. The population that was studied was composed of nursing students in different semesters at one school in Central	An assessment tool of assertive behavior in nurses was used to gauge how assertive the students were. The questionnair e included 28 questions with always, often, rarely, and never as the choices to answer the questions. Validity/rel iability- The questionnair e was translated into Greek and back translated into Greek and back translated by another bilingual expert in order to ensure the accuracy of the translation. It was then	The study concluded that nursing students' perceived assertivenes s grew progressive ly throughout their training. It is critical that student nurses need to acquire assertivenes s skills just as much as registered nurses. Despite this need, there is a lack of literature concentrati on on the mechanism s necessary to ensure that nursing students will become assertive nurses.	Assertive behavior should be encouraged through learning methods. Nursing instructors need to develop an assertive- ness training curriculum for under- graduate nursing students. Assertive- ness training students. Assertive- ness training should be implement- ed among students and qualified staff.	This study involved only one school of nursing and did not carry out any sort of intervention. Therefore, the results cannot be generalized or deemed to apply to other nursing schools. It also must be accepted that the assessment scale used may be liable to elicit socially desirable responses.

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awareness	and	collect data.	form aimed	techniques	adopted in	As a result, the
and	communicati	Form 1.	at the	course	the nursing	results of this
communic	on techniques	Asked	determinatio	significantl	curriculum	study cannot
ation	course on	questions on	n of	y increased		be generalized
techniques	assertiveness	age, gender,	students'	the	•	to any other
on nurses'	and self-	and whether	socio-	assertivenes		nursing
assertivene	esteem in	or not the	demographi	s and self-		schools. Also,
ss and self-				esteem of		data was
	nursing	person was	c characteristi			
esteem	education.	mentally ill.		nursing		collected only
(\mathbf{P})	(IV) Nursing	Form 2. Used	cs 2. The	students. It		before and
(QUAN)	students who	the SEI,	Coopersmit	provides		after the
	participated	which asked	h Self-	satisfactory		course.
	in the study	25 questions	Esteem	approaches		Follow-up
	(DV)	about the	Inventory	to assess		measure-ments
	Assertiveness	person's	(SEI) was	these		of assertive-
	Population-	outlook on	used to	factors and		ness and self-
	79 nursing	life, family	determine	gives		esteem were
	students	relationships,	their level	students a		not conducted
		and strength	of self-	learning		after the end of
		of resistance.	esteem 3.	environmen		the course.
		The last form	The RAS	t in which		
		used the RAS	was used to	practice		
		to determine	determine	enhances		
		the person's	their level	self-		
		level of	of	awareness,		
		assertiveness.	assertivenes	communica		
		Sample/	s.	-tion skills,		
		Procedure-	Validity/Re	assertivenes		
		79 students	liability-	s and self-		
		participated	The SEI test	esteem. In		
		in a course on	was tested	addition to		
		self-	by Turan	pre-test and		
		awareness	and Tufan	post-test,		
		and	for validity	follow-up		
		communicat-	and	measureme		
		ion	reliability.	nt is		
		techniques	The tool	recommend		
		during the	was found	ed in future		
		second year	to have a	studies after		
		of a 4-year	test-retest	the end of		
		undergraduat	reliability of	the course.		
		-	r=0.76.	It can be		
		e nursing				
		degree. The	Therfore,	concluded		
		mean age of	the Turkish	that the		
		students in	SEI has	self-		
		the course	been proven	awareness		

r		1					1
			was 20, the	to be a	and		
			youngest	reliable and	communica		
			being 19 and	valid	-tion		
			the oldest age	instrument.	techniques		
			of 25. All of	The RAS	course		
			the students	was tested	increased		
			enrolled in	by Voltan	nursing		
			the course	for validity	students'		
			volunteered	and	assertivenes		
				reliability.	s and self-		
			to participate				
			in the study.	The test's	esteem.		
			The students	reliability			
			took a pretest	coefficient			
			at the	was found			
			beginning of	to be			
			week one of	r=0.92.			
			the class and	Therefore,			
			a final test at	the tool was			
			the end of	proven to be			
			week 14. The	reliable and			
			results of	valid.			
			these two	,			
			tests were				
			used to				
			compare their				
			assertiveness				
			and self-				
			esteem before				
			and after the				
			course to see				
			if there was a				
			change.				
5). Stephen	The purpose	N/A	Design- A	The RAS	The nurses	According	The biggest
P. Kilkus	of this study		simple	was used to	reported	to the	limitation of
(1993).	was to		descriptive	measure	being more	statistical	the study was
Title-	determine the		correlational	assertivenes	assertive	findings, it	the fact that
Assertiven	assertiveness		design was	s. It was	than the	is proven	self-reports
ess among	levels of a		used for the	composed	literature on	that	may not reflect
profession	population of		study. They	of 30	nursing	assertive-	actual
al nurses	nurses using a		also tested	situational	assertivenes	ness	behavior.
(P)	large random		demographic	statements	s. The	training	Another
	-		factors	for which		e	limitation
(QUAN)	sample of				majority of	helps	
	subjects.		including	the subject	the nurses	nurses feel	stemmed from
	Questions-		age, gender,	was asked	believed in	more	the 64%
	1.How		years of	to rank the	themselves	comfortabl	questionnaire
	assertive are		nursing	degree to	and their	e and	return rate. It

	the	experience,	which each	abilities.	assertive in	was difficult to
	professional	basic nursing	statement is	Questions-	the clinical	know whether
	nurses in this	education,	characteristi	1.The mean	setting.	the simple
	population?	clinical	c and	RAS score	Therefore,	request to take
	2.Are	nursing	descriptive	for all	training	part in the
		e	of his/her		should be	-
	younger	specialty,		respondents	made	study resulted in self-
	nurses more	type of	behavior $(-3$	was +17 28		
	assertive than	employer,	to $+3$)	with a	available	selection of
	older nurses?	highest	yielding a	range of	to nurses	more assertive
	3.Are male	educational	total	155 from a	so that they	nurses or not.
	nurses more	level, and	assertivenes	minimum	can	This could
	assertive than	prior	s score	score of -	become	have inflated
	female	assertiveness	between -90	740 to a	more	the results and
	nurses?	training.	and +90.	maximum	assertive.	perhaps the
	4.Are nurses	There was a		of +810.		most assertive
	with more	questionnaire	Validity/	2. Age was		nurses chose
	experience	composed of	Reliability-	categorized		not to take the
	working as a	the RAS	Several	into five		time to
	nurse more	model and a	authors	10-year age		respond and
	assertive than	personal and	provide data	groups,		offset the facts.
	nurses with	professional	to support	beginning		
	less	data form to	the reliable	with the 20-		
	experience?	test	and valid	29 years		
	5.Are there	assertiveness	use of the	group. The		
	differences m	of nurses.	RAS for	oldest		
	assertiveness	Sample/	nursing	respondent		
	levels based	Procedure-	populations	was 76. The		
	on the type of	А	(Walkbek,	statistical		
	institution in	questionnaire	Gordon,	analysis		
	which the	was mailed to	Michelson,	indicated		
	nurse works?	a sample of	McCartan,	that nurses		
	6.Are there	800	& Hargie).	60 years of		
	differences in	registered		age and		
	assertiveness	nurses chosen		older were		
	levels based	randomly		significantl		
	on the clinical	from a list of		y less		
	specialty in	2500 names.		assertive		
	which the	500 of the		than any of		
	nurse works?	800 nurses		the other		
	7.Are there	responded		age groups.		
	differences in	and were		3. There		
	assertiveness	used as the		was no		
	levels based	sample. The		significant		
	on the type of	nurses		difference		
	nursing	completed		according		
	education the	and returned		to RAS		
L						

	nurse	the	scores
	received?	questionnaire	4. The most
	8. Are there	for it to be	experienced
	differences m	reviewed.	nurses had
	assertiveness		the lowest
	levels based		assertivenes
	on the highest		s score.
	educational		5. None of
	level that the		the
	nurse has		statistical
	attained?		findings
	9.Are nurses		were
	who have		significant
	received		in their
	specific		differences
	assertiveness		6.
	training more		According
	assertive than		to the one-
	nurses who		way
	have not?		ANOVA
	(IV) Nurses		there were
	(DV)		significant
	Assertiveness		differences
	Population-		in the
	500 Nurses		assertivenes
			s levels of
			nurses
			working in
			different
			clinical
			specialties
			7. There
			were no
			statistically
			significant
			differences
			in
			assertivenes
			s levels of
			nurses
			when
			differentiat
			ed by
			nursing
			entry level.
			8. There
L	I		

6) Timmins, F. &	To outline the development and results of	N/A	Researchers used a 44- item	A 44-item questionnair e based on	were no significant differences in assertivenes s based on the highest level of education. 9. Nurses who had received some prior assertivenes s training reported higher mean assertivenes s scores. The questionnai re revealed	Assertive behavior is a skill and	Small convenience sample may
McCabe, C. (2005).	an instrument that describes		questionnaire to collect	themes derived	that participants	can be supported	indicate that the findings
How assertive	the assertive behavior of		data from 27 registered	from literature on	most often show the	or prevented	are not representative.
are nurses in the	nurses. IV: Nurses who		nurses.	the subject was used.	following behaviors:	by factors such as	A self-report questionnaire
workplace ? A	participated in the			The questionnair	allowing others to	colleagues and	was used to gather data, so
preliminar y pilot	research study. DV:			e was assessed by	express opinions,	atmosphere	participants may have
study.	Assertiveness . Population:			five international	compliment ing others,		responded in a socially
(P)(QUAL)	27 registered			experts and	and saying		desirable
	nurses attending a			minor alterations	no. These findings		manner. This study assumes
	one-year			were made	suggest that		that
	nursing			before it	nurses behave in a		assertiveness is
	degree program at			was used for research.	more		an easily understood
	the same			Reliability:	passive		concept,
	university.			Reliability	than		although
				was	assertive		participants
				assessed by	manner.		may have

				a taat mataat			confused it
				a test-retest,			confused it
				which			with .
				revealed no			aggression.
				significant			Also, this
				differences			study only
				in			measures the
				participant			participants'
				responses			views on their
				on two			assertive
				separate			behavior as
				occasions.			opposed to
							measuring
							their actual
							assertive
							behavior.
7)	To describe	N/A	A descripted	A 44-item	Sixty-two	Nurses and	The response
Timmins,	the assertive		self-report	questionnair	percent of	midwives	rate was low at
F. &	behavior of a		survey design	e based on	the sample	need to	27%. A self-
McCabe C.	group of		was adopted,	themes	said they	learn how	report
(2005).	professional		and data were	emerging	did not find	to behave	questionnaire
Nurses'	nurses and		collected in	from the	it difficult	assertively.	was used,
and	midwifes and		2003.	literature.	to behave	Assertiven	which poses
midwives'	explore			Content	in an	ess training	the risk of
assertive	potential			reliability	assertive	should be	socially
behavior in	barriers and			was ensured	manner in	included in	desirable
the	facilitators to			by	the	both pre-	responses.
workplace.	the use of			presenting	workplace.	and post-	Although it
(P)(QUAN	assertiveness			the	However,	registration	was assumed
)	skills in the			questionnair	most had	education	that
	workplace.			e to a panel	not	programs.	assertiveness is
	IV: Nurses			of six	received	1 0	an easily
	who			international	assertivenes		understood
	participated			experts.	s training.		concept, and a
	in the study.			Alterations	Respondent		definition was
	DV:			were made	s frequently		provided, it is
	Assertive			in response	compliment		possible that
	behavior.			to	ed their		misinterpretati
	Population:			suggestions	colleagues		on occurred.
	A random			and in	and let		Also, this
	sample of			response to	them		study only
	nurses and			the pilot	express		measures the
	midwives			study done	their		participants'
	registered			in 2003. A	opinions,		views on their
	with the			test-retest	but did not		assertive
	National			was done	express		behavior as
	Nursing			and revealed	their own		opposed to
L			1				-rp

r		T	1	ſ			· ·
	Board of			no	opinions or		measuring
	Ireland.			significant	make		their actual
				differences	requests		assertive
				in	often.		behavior.
				participant	Responsibil		
				responses	ity to		
				on two	patients		
				separate	emerged as		
				occasions.	a		
				Also, using	supporting		
				the pilot	factor for		
				study data,	using		
				the internal	assertive		
				consistency	behavior.		
				of items in	Managers,		
				the	the work		
				questionnair	atmosphere,		
				e was	and fear		
				assessed by	were		
				using	viewed as		
				Cronbach's	obstacles to		
				coefficient			
					using assertive		
				alpha, which			
					behavior.		
				reached a			
				satisfactory			
				level at			
		27/4		0.88.			
8)	To explore	N/A	Correlational	The Caring	One	The	The sample
McCartan,	the		and cross-	Assessment	significant	findings	group and size
P.J. &	relationship		sectional	Instrument	result	suggest	were not
Hargie,	between		study.	and the	between the		representative.
O.D.W.	assertion and			assertion	assertion	presence of	1
(2004).	caring skills.			inventory	measureme	caring	that 'reactivity'
Assertiven	Two study			were used to	nts and	attributes	occurred due
ess and	objectives			collect self-	caring skill	can not be	to video
caring: are	sought to			report data.	scores was	offered as	recording. The
they	determine			Reliability:	noted. This	a possible	camera may
compatible	whether both			A test-retest	suggests a	reason for	have provoked
?	positive and			was done,	relationship	non-	anxiety in
(P)(QUAN	negative			which	between	assertion in	subjects, which
)	assertive			showed high	negative	nurses.	may have
	behaviors			test	assertion		influenced
	were related			reliability.	and the		their
	to caring				caring		responses.
	skills. IV:				'accessible'		L
L		1	1	1		1	1

	ſ	ſ	1	ſ	1	1	
	Nurses				subscale.		
	participating				Overall, the		
	in the study.				findings		
	DV: the				suggest that		
	relationship				positive and		
	between				negative		
	caring and				assertive		
	assertiveness				behaviors		
	skills.				are not		
	Population:				related to		
	94 trained				caring		
	nurses				skills.		
	undergoing a						
	part-time						
	program						
	leading to an						
	advanced						
	degree in a						
	large school						
	of nursing						
	and						
	midwifery						
	from a						
	university in						
	Northern						
	Ireland.						
9)	To assess the	: N/A	Cross-	The Rathus	The Rathus	More than	The population
McCartan,	assertiveness	• IN/A	sectional	Assertivene	Assertivene		is not large or
,						one	0
P.J. &	of nursing		study.	ss Schedule	ss Schedule	assessment	diverse enough
Hargie	students. IV:			(RAS), a	accurately	method is	to be
O.D.W.	Nursing			Semantic Differential	reflected	needed	representative.
(1990).	students. DV :				what the	when	Only 19
Assessing	assertive			Measureme	student	assessing	students were
assertive	behavior.			nt, a	nurses felt	assertivene	assessed, and
behavior in	Population:			behavioral	about their	ss in	13 of the 19
student	19 student			test, and	own levels	student	students were
nurses: a	nurses.			observer	of	nurses.	female.
compariso				ratings.	assertivenes	Limiting a	
n of				Reliability:	s. Having a	study to	
assertion				Because	positive	one	
measures.				there is	relationship	assessment	
(P)				negative	with the	method	
(QUAN)				stigma	RAS would	may lead	
				attached to	suggest that	to	
				females	subjective	inaccuracie	
				behaving	reports	s with	

assertively,	have strong	subsequent	
female	predictive	failure of	
observers	abilities,	training	
may have	however	programs	
viewed	other	in	
assertivenes	findings of	communic	
s in others	the study	ation skills.	
negatively.	fail to	Greater	
Also, if the	support	emphasis	
students	this.	must be	
used	uns.	given at	
assertive		the	
behavior			
		beginning of training	
verbally		of training	
during the		programs	
behavioral		to how	
test, this		student	
may have		nurses	
not been		perceive	
reflected in		themselves	
their		with regard	
nonverbal		to	
communicat		assertivene	
ion and		ss and	
therefore		other	
not seen by		communic	
the		ation skills.	
observers.			
Students			
may believe			
themselves			
to be			
assertive			
and act			
assertively			
in other			
situations,			
but may not			
have acted			
assertively			
in the			
particular			
situation			
presented			
for the			
study.			

10)	The purpose	N/A	Twenty-five	The web-	Results	Since all of	This research
Kageyama	of this study	1.071	nurses from	based	showed that	the	was not a
T.,	was to		and urban	assertion	assertion	participant	randomized
Kobayashi	examine the		tertiary	program	knowledge	s assertion	controlled trial,
T., Nagami	effects of		hospital in	that was	and	knowledge	so the effects
M.,	web-based		western	used to see	voluntary	and	of the training
Shimazu	assertion		Japan	if	behavior in	voluntary	might not all
	training		completed	assertivenes	assertive	behavior	be attributable
A., Yamagishi	U		the 70-minute	s would	behavior	subscales	on the direct
•	programs for						
M. (2007).	Japanese		assertion	increase	had	of the ACL	effects of the
Effect of	hospital		program	over the	increased as	increased	training.
web-based	nurses based		during a 3-	study was	post-	at post-	Participants
assertion	on their		week period.	the Internet	training and	training	were
training for	assertion		The changes	Navigware:	remained	and	volunteers and
stress	knowledge,		between pre-	Assertion in	higher a	remained	so it might be
manageme	attitude,		training and	the	month later.	high 1	easy to
nt of	behavior, job		post-training	Workplace.	With regard	month	improve their
Japanese	stress, and		and between	They	to job	after, it	assertion
nurses. (P)	depression.		pre-training	completed a	stress,	suggests	because such
(QUAN)	The study		and 1 month	questionnair	mental	that	volunteers
	was also used		after the	e that	workload	assertion	would have a
	to gauge how		training were	included	decreased.	training	high interest
	assertive		tested	items on the	The results	should be	level and be
	these students			demographi	also	incorporate	motivated for
	felt after the			с	showed the	d into	the training.
	class was			characteristi	effects of	hospital	Also, the
	completed			cs of the	web-based	training.	participants
	IV: nurses			participants	assertion	The	were few in
	who			(assertion,	training on	student's	number and all
	participated			knowledge,	assertion	assertivene	from one
	in the study			assertive	skills and	ss also	hospital.
	DV: assertive			attitudes and	stress	increased	noopium
	behavior			behavior,	managemen	after the	
	Population-			job stress	t for	class.	
	25 Nurses			and	Japanese	C14 55.	
	25 1 101505			depression).	hospital		
				The	nurses.		
				Assertive	Lastly, the		
				Mind Scale	students		
					were also		
				measured assertive			
					more		
				attitudes and	assertive		
				the	and		
				Assertion	confident in		
				Check List	the hospital		
				measured	once the		

		assertive	class was	
		behaviors.	completed	
		The Job	_	
		Stress Brief		
		Questionnai		
		re measured		
		job stress		
		and		
		depression		
		was		
		measured by		
		a part of the		
		Brief Job		
		Stress		
		Questionnai		
		re. The		
		values are		
		reliable		
		because in		
		the		
		statistical		
		analyses,		
		the changes		
		of the scores		
		were tested		
		both		
		between		
		pre-training		
		and post-		
		training and		
		between		
		pre-training		
		and 1 month		
		after the		
		training.		
		Lastly,		
		changes in		
		the		
		participants		
		response		
		divided by		
		the medians		
		of each		
		assertion		
		subscale		
		were tested		

fan
for
reliability.
Assertion
knowledge
and
voluntary
behavior of
the ACL
significantly
increased at
post-
training
(+1.32, P <
0.001;
+0.14, P 1/4
0.011), and
remained
significantly
high 1
month later
(+0.96, P <
0.001;
+0.12, P 1/4
0.031)