

Assertion behavior of Nursing Managers'

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Abstract: Assertion is considered to be healthy and desirable behavior for all people who interact in a group situation. This study aimed to assess assertion behavior among nursing managers at Mina University Hospitals & Ministry of Health Hospitals. **Subjects and Methods:** This study was designed as a descriptive design. Assertiveness measurement scale composed of 56 items was utilized for data collection. The study conducted on all nursing managers "50" working at Minia University Hospitals N=19 and Ministry of Health Hospitals N=31, (Maternal & child health, Minia General, Minia chest, Masr Elhora, Fever and Oncology Hospitals). They recruited in the study, according to the following inclusion criteria; who's had a bachelor degree in nursing or more and from both genders. **Results:** The vast majorities (92%), (98%) of nursing managers were female and had bachelor degree respectively. As regards total assertion 54% of them had high level compared with 46% had low levels of assertion. There were statistical significant differences between nurse manager's age, Gender and year's experiences and total assertion behavior. **Conclusion:** It was ascertained that there were fair positive correlations between "communication and conflict", "rights and responsibilities and self-confidence", and "conflict with self-confidence". **Recommendation:** Staff development as a program assertiveness training program needed for all nurse managers to improve and enhance their self-esteem and assertiveness.

Key words: Assertion- Nursing Managers - Personality Characteristics

I. INTRODUCTION:

Assertiveness is a style of communication that enables nurses to build effective team relationship. Collaboration with other team members needs both a high level of assertion (meeting the own need) and a high level of cooperation; meeting the other's need.⁽¹⁾ Assertiveness is described as expressing thoughts and feelings without denying the rights of others.⁽²⁾

According to assertive people inform others of their needs and feelings and communicate their message effectively without causing offense to others. Nurses who act assertively, they are more likely to provide patients appropriate care, and in doing so, improve the quality of nursing care to patient.⁽²⁾ Nurses are expected to show clinical leadership at the patient bedside to provide direction and support to the patients and the health care team for integrating the care they provide to achieve positive patient outcomes.⁽³⁾

Assertiveness is one of the modifiable aspects of interpersonal relationships. This skill can help individuals for a good behavior with inferior and superior co-workers. Assertiveness is defined as a verbal and non-verbal behavior and help individual's act based on their interests, to hang on and to state their opinions, feelings, and attitudes honestly without anxiety.⁽⁴⁾

In addition, Assertiveness is considered as a valuable behavior in nursing leading to positive results such as the promotion of leadership skills, an increase of job satisfaction, avoidance of compromising when caring patients, reduction of work stresses and increase of effectiveness of nurses in changes. The ability of responding assertively to crises or dangerous situations is patient's life rescuing skill.⁽⁵⁾

It is believed that Nurse Managers in current health care environments need to become to be more and more aware of how to use assertiveness effectively in their workplace to become brighter in managing the challenges when dealing with other health team members. In nursing, Managers are traditionally regarded as being in subservient roles and as having to live up to public expectations. Rasetoske⁽⁶⁾ believed that very assertive managers can control problems and stresses and have better behavior with nurses and patients. Assertiveness is a set of skills that everybody will attain them by practice.

Nurse's ability to be assertive when they are concerned about medical procedures, the treatment of patients, or symptoms of patients are key in reducing risk and preventing major medical errors.⁽⁷⁾ Although there have been some changes in recent years in the nursing profession as a result of the feminist movement and demands for female equality, as well as employment legislation that has allowed most nurses to pursue clinical, education or management career pathways, many professional nurses and nurse managers working in nursing units retain a submissive role and do not assert themselves sufficiently.⁽⁸⁾

One of the most important parts of nursing staff is the managers of nursing in any specific unit, it is crucial to identify the factors that can block their assertive behavior. Although some research has been done into barriers

which may reduce the nurse's assertiveness, there is little information about factors that can facilitate and develop assertive skills. Thus, there is a considerable issue to realize the factors which can enhance or inhibit the assertive behavior for nurses.⁽⁹⁾

II. SIGNIFICANCE OF THE STUDY

There are many studies of nurses' contributions to multidisciplinary care revealed that they rarely ask for their opinions during health team meeting and conversations with other health team members. Besides, there is a need to explain the degree of assertiveness deficiency. Also, the method of educating and teaching nurses needs more explanation in the assertiveness area as well increasing nurses training about assertiveness in their units. The investigator is interested in the following items about assertive communication, conflict management, self-confidence, and rights of people. Each of these issues has an important role in the implementation and evaluation of nursing profession.⁽¹⁰⁾ From the practical aspect, the results of this study regarding correlates of assertiveness may help in developing training skills to improve nurse's assertiveness.

III. AIM OF THE STUDY

To assess assertion behavior among nursing managers at both Minia University Hospitals and Ministry of Health Hospitals.

Research question:

Are there relationships between nursing manager's assertion behavior and both of personal characteristics and affecting factors; assertive communication, self-confidence, conflict management and personal rights?

IV. SUBJECTS AND METHODS

Study Design:

A descriptive research design was utilized in the current study. Such design fits the nature of the problem under investigation and is frequently used in nursing researches.

Setting:

The current study was conducted at Minia university hospitals and Ministry of health hospitals (Maternal & child health, Minia General, Minia chest, Masr Elhora, Fever and Oncology Hospitals) at Minia Governorate. All nurse managers were recruited in the current study.

Subjects:

A purposeful sample were composed of 50 nursing managers, who are working on duty during a period of the study from all departments at Minia University Hospitals N=19 and Ministry of Health Hospitals N=31. The inclusion criteria for the selected nurse managers; who had a bachelor degree in nursing or more and from both genders.

Study tool

Data for this study was collected by using self-administrated questionnaire sheet. The first part covers personal characteristics data a Nursing Manager Age, gender, educational qualification and years of experience. While the second part was assertiveness measurement scale, it was developed by Rasetsoke, R.L. (2013).⁽⁶⁾ Adopted from Aylin Gamneril & Cheryl Ricky's assertiveness questionnaire (1998).⁽¹¹⁾

The scale composed of 56 items that measure 4 dimensions of assertiveness which classified as follows: communication skills factor (16 items), personal and professional rights and responsibilities factor (12 items), conflict factor (14 items) and self-confidence factor (14 items). Distribution of the questionnaire was conducted by the researchers after approval was taken from participants. The required time was about 15 – 25 minutes to complete.

Scoring system

The response to each item in the questionnaire was assessed by using a five-point Likert scale where 1 = Never, 2 = often, 3 = neutral, 4 = always, 5 = usually. The scale scoring system ranged from 56 to 280) less than 168 (60%) considered low assertiveness and above that high assertiveness level.

A-Pilot study

A pilot study was applied on five nursing managers to ensure they have applicability, clarity and validity of the study tool. Results of the pilot study did not lead to any modifications of questions. Subjects included in the pilot study were excluded from the total studied sample. Reliability of assertiveness questionnaire was estimated 0.90 by Cronbach alpha.

B- Field work

The actual field work was carried out for two months for data collection from 1st June to 31st July 2016. Nursing Managers interviewed individually in their workplace either in Minia University Hospitals and Ministry of health hospitals. The purpose of the study was explained and tools' data were collected. Each interview lasts about 15-25 minutes, the average number of 5-8 nursing managers interviewed weekly.

Ethical considerations

Ethical approval was granted by the research ethics Committee was obtained prior to conducting the study. Participant's informed consent to participate was obtained after informing them about their rights to participate or refuse. Total confidentiality of any obtained information was ensured. The study maneuver could not entail any harmful effects on participants.

Statistical analysis:

Add statistical tests for data analysis as mean, standard deviation, Chi square, and Spearman's rank correlation Coefficient; Pearson Product Moment Correlations were used to analyze the data for this research. All data of the study were fed into an IBM-Compatible personal computer.SPSS.20 versions.

Analyses were performed for the whole sample. Pearson’s product-moment correlation coefficient determined the strength and direction of the relationship between scores on the assertiveness and assertive communication, self-confidence, conflict management and personal rights. Independent samples ANOVA -tests, and oneway- analyses of variance tested for possible effects of demographic variables on assertiveness.

V. RESULTS:

Table 1: Personal characteristics of Nursing Managers in the study sample (n=50).

Personal characteristics	Frequency	Percent
1.Age:		
->25	34	68.0
-25+	16	32.0
Range	25.0-45.0	
Mean ± SD	33.1±3.5	
Median	33.0	
2.Gender:		
-Male	4	8.0
-Female	46	92.0
3- Educational qualification:		
-Bachelor	49	98.0
-Master	1	2.0
4-Experience years:		
->5	9	18.0
-5- 10	24	48.0
-10+	17	34.0
5-Setting		
-Minia University Hospitals	19	38
-Ministry of health hospitals	31	62

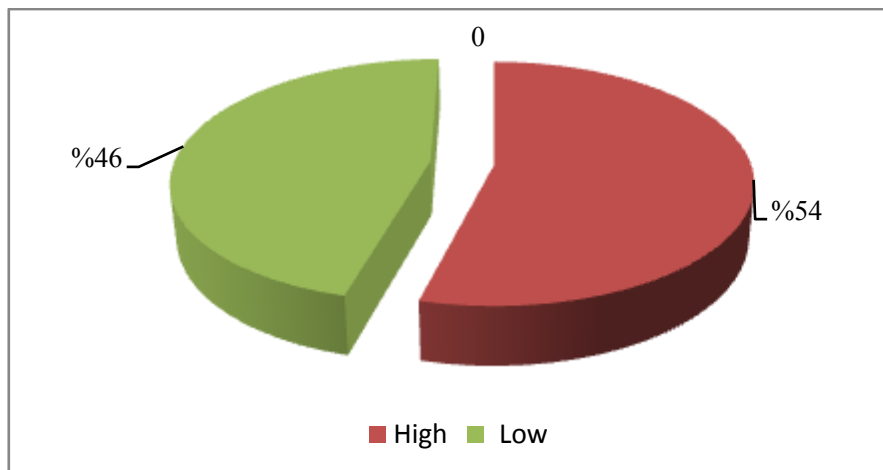


Figure (1) Distribution of percentages assertion behavior about Level among Nursing Managers (n= 50).

Table 2: Total assertion behavior among nursing managers in the studied subjects (50).

Items	Frequency	Percent
High (60%) assertiveness in:	33	66.0
-Communication		
-Personal/professional rights and responsibilities	29	58.0
-Conflict	29	58.0
-Self-confidence	22	44.0

Table 3: Scores of assertion behavior among nursing managers (n=50).

Items	Score (max=100)				
	Mean	SD	Median	Quartiles	
				1 st	3 rd
- Communication	83.3	8.5	84.4	76.6	90.6
- Personal/professional rights and responsibilities	78.3	11.7	81.7	73.8	85.0
- Conflict	78.3	9.2	81.4	72.9	84.3
- Self-confidence	77.8	9.4	77.2	72.9	84.3
Total assertiveness	79.7	7.9	80.9	77.9	85.2

Table 4: Correlation matrix of assertiveness scale domains scores (n=50).

Items	Spearman's rank correlation coefficient			
	Communication	Rights/ Responsibilities	Conflict	Self-confidence
- Communication				
-Rights/ Responsibilities	.541**			
- Conflict	.425**	.520**		
- Self-Confidence	.495**	.450**	.427**	
-Total assertiveness	.561**	.611**	.541**	.681**

(**) Statistically significant at p<0.01

Table 5: correlation between Total assertion behavior and its' Domains Scores and Personal characteristics (n=50).

Personal characteristics	Spearman's rank correlation coefficient				
	Communication	Rights/ Responsibilities	Conflict	Self-confidence	Total Assertiveness
-Age	.030	.028	.08	.08	.09
-Qualification	.055	.060	.05	.05	.02
-Years of experiences	.062	.26	.01	.14	.14

Table 6: Relation between total factors of assertion behavior and their Personal characteristics of studied nursing managers (n=50)

Items	Total factors of assertion behavior				Mean ±SD	F	P-value
	High		Low				
	No	%	No	%			
Age							
-≥25	18	52.9	16	47.1	1.32 ±.47	15.35	0.000
-25+	9	56.3	7	43.8			

Gender							
-Male	4	100	0	0.0	1.92 ±.27	3.34	0.08
-Female	23	50.0	23	50.0			
Nursing qualification:							
-Bachelor	26	53.1	23	46.9	1.02 ±.14	.51	.47
-Master	1	100	0	0.0			
Experience years							
->5	5	55.6	4	44.4	2.16 ±.71	47.09	0.000
-5-10	14	58.3	10	41.7			
-10+	8	47.1	9	52.9			

Table 1: Revealed that 92% of the nurses who included in the study were female, the means age was 33.1±3.5 years and 98% of them had a bachelor degree also, 48% of them had experience in nursing field from 5 to less than 10 years.

Figure (1) Illustrate that 54% of nurse managers had high assertiveness and the rest was low assertiveness level.

Table2: Show that two-thirds (66%) of nurses had high assertiveness regards communication domain. While (58%), (58%) and (44%) of them had low assertiveness in personal/professional rights and responsibility, conflict and self-confidencedomains respectively.

Table3: The table presents the mean scores and SD of communication domain among the study sample was 83.3±8.5, personal/professional rights and responsibilities mean was 78.3±11.77, conflict mean was 78.3± 9.23, self-confidence mean was 77.9± 9.4 and total assertiveness was 79.7± 7.9.

Table 4: Showed that, there were significant fair positive correlations between total assertiveness and the following domains; communication, rights/ responsibilities, self-confidence and conflict (r=.561, .611, .541 and .681) respectively. Also, there were a moderate positive correlation between communication with rights/ responsibilities (r=.541), and self-confidence (r=.495), and between conflicts with rights/ responsibilities (r= .520).

Table5: Illustrated that, there were not significant correlations between communication, rights/ responsibilities, conflict, self-confidence, total assertiveness and nurse manager's age, qualification and year's experiences in which p value >0.05.

Table 6: Show that there were high statistically significant differences between nurses manager about total domains of assertiveness and their socio-demographic; age, gender, and years of experience in which p value >0.001 but no statistically significant differences between nurses manager qualification and total factors of assertion

VI. DISCUSSION

Individuals with a low sense of worth may experience difficulty in standing up for themselves because they view others' thoughts, feelings and rights as more imperative than their own. Vagos and Pereira⁽¹²⁾ stated that assertive and non-assertive responses are partially affected by a cognitive frame which can control how the individual interprets the social cues. These cognitive understandings of social situations are guided by core beliefs, which are developed from childhood experiences with attachment figures and influence how one view self, others, and the relationships between them.

Indeed, assertiveness is a key attribute for nurses without this skill the factual autonomy professional status or empowerment cannot be achieved. Assertiveness is a human behavior, it is interpersonally in side every one, which confirms the quality in human relationships as a result of assessing individuals' expressions, thoughts and feeling in a manner that neither denies or demeans but recognizes and respects those of others⁽¹⁴⁾.

Regarding the studied nursing managers socio-demographic characteristics, the current study presented revealed that, the majority of the study sample was female and the mean age was 33.1± 3.5 years. Nearly to this finding, Abed⁽¹⁴⁾ mentioned that the majority of studied nurses were in age group (21-51) years, more than half were female and there were more than one - third had diploma. Meanwhile, Chanda,⁽¹⁵⁾ who assess the assertiveness training effective on ward supervisors reported that, the female nursing ward supervisors their age group was ranged from 44 to 49 years with mean age of 44.0±4.59 years.

Concerning the level of education the majority of them have bachelor degree. The current study results don't agree with Lin⁽¹⁶⁾ who reported that more than two-third nurse managers have a diploma in general nursing and working in a supervisory. Regarding the year of experience, more than one-third of them have experience in nursing field between 5 to less than 10 years. These current results were in the same line with Larjani⁽¹⁷⁾ who mentioned that capacity for a minimum period of 5 years or more were chosen for the study.

Study results revealed that slightly more than half of nursing managers had high assertiveness and the rest had low assertiveness. This finding indicates that assertive training programs are needed for these nurse managers. Meanwhile, there was a significant percentage of nursing managers had a high assertiveness regards communication, but there were low assertiveness with personal/ professional rights and responsibilities, conflict and self- confidence. Indeed, improving assertiveness will reflect in productivity and efficiency. Being assertive allows individuals to work with people to accomplish tasks, solve problems, and reach solutions. <https://www.mindtools.com/pages/article/Assertiveness.htm>⁽¹⁸⁾

The present study revealed that, there were statistically significant relation between nursing managers assertion and their socio-demographic in which p- value >0.01. These results do not agree with results of Mc Cabe and Timmins⁽¹⁹⁾ that found that the gender, age, years of experience and different clinical settings were not significant influenced individual assertiveness level. However, nurses with a had high level of education and previous assertiveness training were found to be significantly more assertive.

In assessing the relation between nurses' total assertiveness and the following factors; assertiveness in rights and responsibilities, conflict, self- confidence, and their personal characteristics. Results of the current study revealed that there was no statistically significant difference between nursing manager's assertiveness in rights/ responsibilities, conflict, self- confidence, total assertiveness and their personal characteristics.

Pearson correlation analyses were performed on the data to determine the relationship between total assertiveness and its' domains. Results presented significant fair positive correlations between scores on total assertiveness and scores on communication and conflict, rights / responsibilities and self- confidence, and conflict with self-confidence. Also, there were moderate positive correlations between communication with rights/ responsibilities.

Accordingly, the meta-analysis for studies after 2000 suggested that, a sense of responsibility for patients, managers' leadership, organizational culture, and the relationship between colleagues were reported as influencing factors of nurses' assertiveness⁽²⁰⁾. Ebrahim⁽²¹⁾ studied the styles of conflict management and their effect on nursing personnel and found that the most style used among managers were

avoiding and competing conflict styles. In addition, Timmins & Cabe, (22) factors that can enhance assertiveness at work include information, knowledge, trust, and experience. Moreover, the factors that can hinder assertiveness behavior include customs, norms, and the organizational structure of hospital. Thus, using assertiveness behavior depended on the situations and individual characteristics. Assertiveness is seen as a positive behavior as well as a value to nurses, but sometimes there is a mixed feeling about the usefulness of assertive training.

VII. STUDY LIMITATIONS:

This study had several limitations including the restricted finding of the relationships between the studied variables and generalizability. The correlations between assertiveness and demographic variables that were found in this study might affect by other non-measured variables.

VIII. CONCLUSION:

It can be concluded that nearly half of the study sample had high assertiveness and the rest had low assertiveness level. Also, they had high level of communication domain. Follow by personal/professional rights and responsibility, conflict and self-confidence domains. Moreover, there were significant fair positive correlations between total assertiveness and the following domains; communication, rights/ responsibilities, self-confidence and conflict. Also, there was a moderate positive correlation between communication domain with rights/ responsibilities and self-confidence, and between conflicts with rights/ responsibilities domains.

IX. RECOMMENDATIONS:

- 1) Arrange for an assertiveness training program for all nurses to improve and enhance their self-esteem and assertion.
- 2) Assertiveness techniques should be available and included in the basic undergraduate nursing curriculum.
- 3) Study of the relationship between assertive nurses managers, nurses supervisors, nurses, achievement and, behavior.

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