

Assertiveness and Self-Esteem in Nurses

Sharma Shilpa*, Sharma Veena**, Bhardwaj Urmila**

*Nurse Educator, Nursing Education Department, Max Smart Super Specialty Hospital, Saket, Delhi 110017, India.
**Associate Professor, Rufaida College of Nursing, Jamia Hamdard, Delhi 110062, India.

Abstract

Introduction: A descriptive study with a co-relational design was conducted to determine the correlation between assertiveness and self-esteem and to find the association between assertiveness and selected demographic variables among nurses in a selected hospital of Delhi, India. *Methodology:* The sample consisted of 50 nurses selected through systematic random sampling technique and total enumeration. A structured questionnaire was used for assessing self-esteem and assertiveness among nurses. The data were analyzed using descriptive and inferential statistics. *Results:* Approximately two-third of the nurses had moderate self-esteem and more than half of the nurses were non-assertive at their workplace. Results confirmed that there was a positive relationship between self-esteem and assertiveness among nurses. While there was a statistically significant relationship between self-esteem and work experience of nurses, the relationship between self-esteem and job status of nurses was found to be insignificant. On the other hand, assertiveness among nurses was found to be independent of their work experience and job status at 0.05 level of significance. *Conclusion:* Nurses need to inculcate and nurture assertiveness. Nurses with moderate self-esteem and assertiveness may eventually translate into more competence, efficiency, and communication patterns among nurses; it would in turn lead to improved patient care.

Keywords: Assertiveness; Assertiveness in Staff Nurses; Self-Esteem; Nurses.

Corresponding Author: Shilpa Sharma, Nurse Educator, Nursing Education Department, Max Smart Super Specialty Hospital, Saket, Delhi 110017, India.
E-mail: shilpasharma87@gmail.com

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Introduction

Nurses are important members of health team and they have to actively communicate, co-operate and collaborate with other health team members in the process of patient care in a variety of health settings. Nurses are required to communicate, on regular basis with patients and their families. This calls for nurses to develop assertive communication pattern. Self-esteem is a term used in sociology and psychology to reflect a person's overall emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude towards self. Self-esteem encompasses beliefs (for example, "I am competent," "I am worthy") and emotions (such as triumph, despair, pride and shame) [1].

As per a study that examined the barriers that prevent nurses from being assertive and nurses' perceptions of how these barriers prevent them from behaving assertively, indicated that the sample of 152 nurses considered themselves to have moderate to low assertiveness skills, and a significant negative correlation was found between the levels of assertiveness and the perception of barriers inhibiting assertive behaviour. The study recommended that assertiveness training was needed for qualified nurses [2].

Assertiveness and self-esteem go hand in hand. Nurses with healthy self-esteem tend to surround themselves with healthy, worth-while relationships that impact their lives in a positive way. Low self-esteem impacts the ability to build relationships that will be meaningful and rewarding. Setting boundaries and limits is easier when we are assertive in the beginning of a relationship. Unfortunately, assertiveness isn't always taught to us when we are growing up. In some cases, we are even encouraged not to assert ourselves in our families of origin.

Learning to be assertive will help us in our personal relationships and in the academic and working worlds [3].

With this knowledge in the backdrop, it was thought to systematically assess the self-esteem and assertiveness in nurses, and to see whether the nurses who were generally assertive at their workplaces also had moderately or fairly high self-esteem or not, and even vice-versa, that is, nurses with generally high self-esteem were assertive by nature or not.

It was thought that such a study would provide some data about the areas where their self-esteem dips. Exploring such areas would help nurses to gain insight into their behavioural responses and patterns and where they need to change or improve upon these behavioural responses in the continuum in which on one side are passive responses and on the opposite side of the continuum are aggressive responses and in the middle are assertive responses [2]. Likewise, for improving self-esteem nurses need to have the self-awareness about their self-esteem, self-concept, body image and identity and role performance. This study was an attempt to give nurses time for introspection and reflection upon themselves and their behavioural patterns, which most of us fail to acknowledge.

Materials and Methods

A quantitative research approach with descriptive correlational design was used. The sample consisted of 50 nurses (Staff nurses, Sisters in-charge, ANS) from a selected hospital in Delhi, who were selected through systematic random sampling technique for Staff nurses and total enumeration method for Sister-in-charges and ANS. The structured questionnaire was formulated to assess the self-esteem and assertiveness among nurses. It consisted of three parts i.e. Part 1: Demographic profile, Part 2: Self-Esteem inventory and

Part 3: tool for assessing assertiveness. The content validation of tool was done by seven Nursing experts at various colleges of Nursing and Psychiatrists. The reliability coefficient for Part 2 and Part 3 were 0.9 and 0.7 respectively. Ethical clearance from Institutional Ethical Committee and administrative approval from hospital authorities was taken to conduct the study. The data were analyzed using descriptive and inferential statistics.

Results

The results revealed that approximately two-third of the nurses had moderate self-esteem (Figure 1) and a little more than half of the nurses were non-assertive at their workplace (Figure 2). The correlational coefficient (r) was calculated to find the correlation between assertiveness and self-esteem. The computed value of r was 0.465, which was more than the table value of 0.273 at df (48) at 0.05 level of significance (Table 1). This indicated that a statistically significant relationship exists between self-esteem and assertiveness of nurses. Moreover, to establish the relationship between work experience and self-esteem, Fishers' Exact test was applied, presented in Table 2. The p value was 0.038 which is less than 0.05 level of significant, and hence, a statistically significant relationship existed between self-esteem and work experience of nurses.

Whereas, the relationship between self-esteem and job status of nurses was found to be insignificant, $p > 0.05$ level of significance, shown in Table 3. On the other hand, assertiveness among nurses was found to be independent of their work experience and job status, as p value was more than 0.05 level of significance. The association between assertiveness and work experience and association between assertiveness and job status were also calculated using Fisher's exact test, presented in Table 4 & 5 respectively.

Table 1: Coefficient of Correlation between assertiveness and self-esteem N=50

Variables	Mean	Coefficient of correlation (r)
Self-esteem	128.04	
Assertiveness	69.2	0.465*

r (48) = 0.273 \leq 0.05 level, Significant *

Table 2: Association between self-esteem and work experience N=50

In Years	Low self esteem	Moderate self-esteem	High self-esteem	Fishers' Exact value	P value
1 to 10	8	21	4		
>10 to 20	0	10	2	4.8	0.038*
>20	0	2	3		

Fishers' Exact value= 4.8, $p \leq 0.05$. Significant*

Table 3: Association between self-esteem and job status of nurses

Job status	Low self esteem	Moderate self-esteem	High self-esteem	Fishers' Exact value	P value
Permanent	1	14	7	1.7	0.143
On Ad-hoc	6	16	3		
On contract	1	2	0		

Fishers' exact value= 1.7, p value ≥ 0.05 , not significant

Table 4: Association between assertiveness and work experience

N=50

In Years	Assertiveness	Non-assertiveness	Fishers' Exact value	P value
1 to 10	17	18	2.2	0.2088
>11 to 20	3	7		
>21	4	1		

Fisher's Exact value= 2.2, p value ≥ 0.05 , not significant

Table 5: Association between assertiveness and job status of nurses

Job status	Assertiveness	Non-assertiveness	Fishers' Exact value	p value
Permanent	11	11	9.1	0.999
On Ad-hoc	12	13		
On contractual	2	1		

Fishers' exact value= 9.1, p value ≥ 0.05 , not significant at 0.05 level of significance

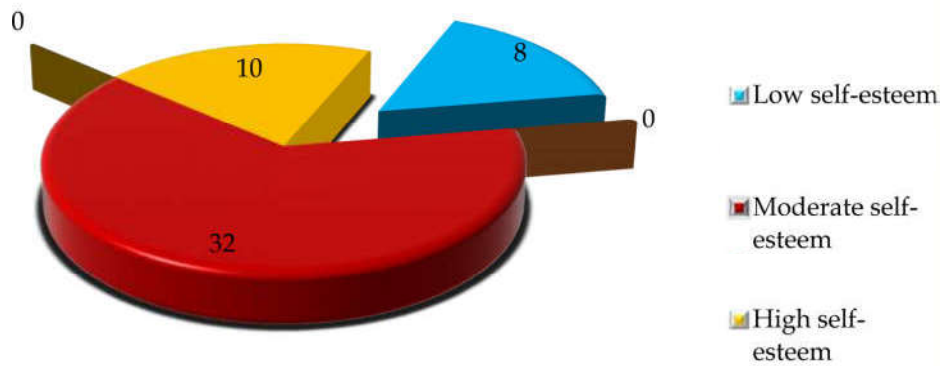


Fig. 1: A pie diagram showing the frequency distribution of study subjects by their self-esteem.

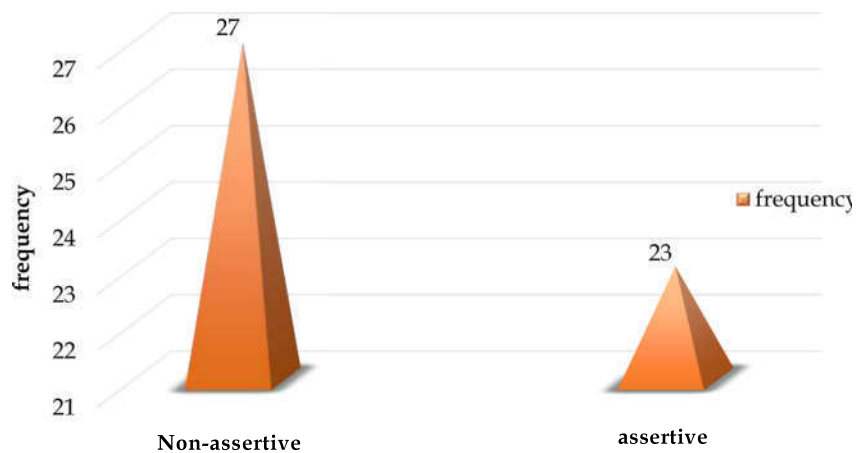


Fig. 2: A pyramid diagram depicting the frequency distribution of study subjects by their assertiveness score

Discussion

The present study assessed the self-esteem and assertiveness among nurses and the correlation between the two, and it was found that there was a significant relationship between nurses' self-esteem and assertiveness. Various researches in the past had shown that individuals with higher self-esteem engage in more effective job search strategies when beginning their careers or after a layoff. The significant relationship between self-esteem and income is consistent with evidence that self-evaluations are positively related to motivation and performance [4]. In the present study assertiveness among nurses was assessed and 23(46%) samples were found to be assertive, although the levels of assertiveness skills in terms of high, moderate and low were not assessed. A study exhibited that self-esteem can not only affect job search and short-term performance, but also can have effects over a period of years in one's career [5]. Similarly, the present study had shown that the self-esteem increases with growing years of work experience.

Oprah Winfrey has called low self-esteem 'the key problem facing society today' and is adamant that high self-esteem provides the only solution to it. Workers with higher levels of self-esteem are increasingly desirable because they are likely to be more productive workers, as well as more in demand. Utilizing high self-esteem workers means higher productivity for employers. Subsequently, this often elusive personal quality, as well as the factors that contribute to its enhancement, are becoming increasingly important aspects of all our working lives [6]. It is important for nurses to be aware of and recognise their own behavioural responses. Are they mostly non-assertive? Assertive? Do they consider their behavioural responses effective? Do they wish to change? All individuals have the right to choose whether or not they want to be assertive. Assertive skills facilitate the implementation of change –change that is required if the image of nursing is to be upgraded to the level of professionalism that most nurses desire.

Student nurses right from the time when they are inducted into nursing programme, are to be imparted

with assertiveness skills. Their behavioural patterns need to be assessed by their teachers so that when students are found to be showing aggressive or passive in their behavioural interactions with their teachers, peers, patients and health team members, they can be appropriately guided. Students who join nursing profession are either adolescents or young adults and thus are at an impressionable age. At this age they can be trained to be assertive, without being aggressive or passive. Their self-esteem can also either become low or very high, owing to the rigours of the nursing education and training. Since, nursing profession is largely viewed as a subservient profession, nurses are expected to assume a subservient role. Student nurses, thus tend to become meek, submissive, unquestioning and passive in their behavioural responses. However, it is for nurse teachers to see that the attributes of assertiveness and moderate self-esteem are inculcated and nurtured in student nurses throughout their training period so that they feel themselves to be an important part of health team.

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