Assertiveness and Self-esteem among Nurses Working at a Teaching Hospital, Bharatpur, Chitwan

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ABSTRACT

INTRODUCTION: In the nursing profession, assertiveness and self-esteem are essential components for effective patient care and therapeutic relationships. Lack of these components have been found to be a major problem in the nursing profession today. The objective of the study was to find out the level of assertiveness and self-esteem among nurses working at Teaching Hospital, Bharatpur, Chitwan.

MATERIALS AND METHODS: A descriptive cross-sectional study design was conducted among 155 nurses working at Chitwan Medical College, Teaching Hospital, Bharatpur, Chitwan. Stratified proportionate simple random sampling technique was used to select sample. Data was collected by using standardized self-administered tool (Simple Rathus Assertiveness Schedule (SRAS) and Rosenberg Self-esteem Scale (RSES)) from 2078-11-29 to 2078-12-11. Data were analyzed by using descriptive and inferential statistics.

RESULTS: The study revealed that more than half of the nurses (51.0%) have high assertiveness and more than half of the nurses (54.8%) have high level of self-esteem. There was statistically significant association between assertiveness and age (p=0.004), ethnicity (p<0.001), area of residence (p=0.020), marital status (p=0.008), educational level (p=0.001) and work experiences (p=0.044) of the nurses. Similarly, there was statistically significant association between self-esteem and age (p<0.001), educational level (p=0.010) and self-reported job satisfaction (p<0.001). CONCLUSIONS: In conclusion, about half of the nurses have low level of assertiveness and low level of self-esteem. Thus, the organization need to plan and conduct different training programs on improving assertiveness and self-esteem for the nurses so that it will boost their confidence, and this will ultimately improve patient care.

Keywords: Assertiveness, nurses, self-esteem

INTRODUCTION

Assertiveness is a human behaviour that allows a person to act in his or her own best interests, stand up for himself/herself without fear, express honest feelings freely, and exercise his or her rights without violating others’ rights[9]. A assertive person can express or communicate their ideas, feelings, thoughts, wishes and demands in a direct and acceptable manner without harming others [1]. Assertive behavior helps a person to feel good about himself or herself and increase his or her self-esteem [15]. Self-esteem is the overall sense of personal value and self-worth. It also includes the character to be responsible for oneself and others [3]. Nurses who have a high sense of self-worth can deliver better care to their patients [2]. Nurses must be more assertive and have strong self-esteem in order to improve the health-care delivery system by being more skilled in providing better patient care, more at ease communicating within society, and more effective in using professional knowledge and abilities. Non-assertive behavior among nurses results in frustration and mental fatigue [12]. Nurses have to communicate with patients, coworkers, and other health care professionals, and this interaction is enhanced when nurses have effective communication skills. Several research have demonstrated that nurses lack assertiveness skills, which leads to decreased communication efficacy and, as a result, compromised patient care[4].

The objective of the study is to find out the assertiveness and self-esteem among nurses working at a Teaching Hospital, Bharatpur, Chitwan.
MATERIALS AND METHODS

Study design and setting
Descriptive cross-sectional research design was used to assess the assertiveness and self-esteem among nurses working at a Teaching Hospital, Bharatpur, Chitwan. This research study was conducted in Chitwan Medical College, Teaching Hospital (CMC-TH), Bharatpur, Nepal from 13th March 2022 to 25th March 2022. This is a renowned medical college and is affiliated to Tribhuvan University and also the first ISO certified Medical College. This is a private medical college with 750-bed and provides job opportunity to more than 325 nurses. There are a total 324 nursing staff (staff nurse=271, senior staff nurse=34 and nursing officer=19).

Participants, sample size and sampling technique
A total of 155 samples were considered for this study. From where 9 are nursing officer, 16 are senior staff nurse and 130 were staff nurse. Samples were enrolled in this study by taking the reference of the prevalence of another study i.e. 80.90% a study conducted by Hamouda, Eid & Saleh [6]. A probability, proportionate Stratified simple random sampling technique was used to calculate the desired sample. Strata was formed based on designation of three categories. Participants of three strata was randomly selected generating random numbers in Microsoft excel. Inclusion criteria were all the registered nurses who were working in CMC-TH at different department in the post of staff nurse (SN), senior staff nurse(SSN) and the Nursing Officer(NO). Matron, assistant matron and nursing supervisors were the exclusion criteria of the study.

Data collection procedure and study variables
Data was collected by the researcher herself during the period of 2 weeks (2078/11/29 to 2078/12/11) after getting approval from concerning authorities of Chitwan Medical College, Teaching Hospital. Prior to data collection, researcher explained about the purpose of study to respondents and assured them for the confidentiality of the information given to them. A copy of questionnaire was distributed during the shift changing hours of nurses. Every day, data was taken from 11-12 respondents and each was given 20-25 minutes to complete the questionnaire. Then, the questionnaire was checked for the completeness of data before leaving the data collection area. Self-administered structured questionnaire was used in this study. The research instrument consisted of three parts. First part consists of Socio-demographic and professional information, second part consists of Simple Rathus Assertiveness Schedule (SRAS)[13] and third part consists of Rosenberg self-esteem Scale (RSES)[14]. After reverse coding the necessary items, a total score was obtained by summing the responses for both instruments. The level of assertiveness and the level of self-esteem was classified as high and low assertiveness and high and low self-esteem respectively on the basis of median score. Assertiveness and self-esteem are the dependent variables. Age, ethnicity, religion, area of residence, marital status, type of family, educational institute, educational level, work experiences, work designation, self-reported job satisfaction educational/training programme related to assertiveness and/or self-esteem were the independent variables.

Statistical analysis and data management
All the collected data were reviewed and checked for the completeness, consistency and accuracy. All data were edited, organized, coded and entered in Statistical Package for the Social Science (SPSS) 20 version. The collected data was analyzed and interpreted by using descriptive statistics (frequency, percentage, median, interquartile range) and inferential statistics (chi-square or Fisher’s exact test). The findings were presented in tables and interpreted accordingly.

Ethical considerations
Proposal approval was obtained from the nursing Research Committee, Chitwan Medical College, School of Nursing, Chitwan. Ethical clearance was taken from Chitwan Medical College, Institution Review Committee (CMC-IRC) (Ref No:CMC-IRC/078/079-273), Bharatpur, Chitwan. The purpose of the study was explained to all the respondents. The written informed consent was obtained from each respondent prior to data collection. Respondent’s dignity was maintained by giving right to reject or discontinue from the research study at any time without any penalty. Confidentiality of the information was maintained by not disclosing the information of the respondents with others and using the information only for the study purposes.
RESULTS
Out of 155 respondents, 56.8% were above 23 years of age and 43.2% were below 23 years of age with a median age of 23 years. Brahmins made up about one-third of the respondents (34.2%), with Hindus accounting for 89.7%. More than three-fourth (84.5%) of the respondents lives in urban areas as their permanent residence and 15.5% lives in rural areas. Unmarried respondents made up more than two-third of the sample (71.0%), with 77.4% living in nuclear families [Table 1].

Table 1 | Respondents’ socio-demographic characteristics (n=155)

| Variables               | Frequency (%) |
|------------------------|---------------|
| Age (in year)          |               |
| <23                    | 67 (43.2)     |
| ≥23                    | 88 (56.8)     |
| Ethnicity              |               |
| Brahmin                | 53 (34.2)     |
| Chhetri                | 30 (19.4)     |
| Dalit                  | 32 (20.6)     |
| Janjati                | 40 (25.8)     |
| Religion               |               |
| Hindu                  | 139 (89.7)    |
| Buddhist               | 14 (9.1)      |
| Christian              | 1 (0.6)       |
| Islam                  | 1 (0.6)       |
| Area of residence      |               |
| Rural                  | 24 (15.5)     |
| Urban                  | 131 (84.5)    |
| Marital status         |               |
| Unmarried              | 110 (71.0)    |
| Married                | 44 (28.4)     |
| Separated              | 1 (0.6)       |
| Type of family         |               |
| Nuclear                | 120 (77.4)    |
| Joint                  | 35 (22.6)     |

About 80.6% of the respondents were graduated from Private Colleges whereas only 19.4% were graduated from Government colleges. More than half of the respondents (63.9%) had completed PCL nursing. More than three-fourth of those surveyed (83.9%) were working in the post of Staff nurse, 10.3% were working in the post of senior staff nurse and only 5.8% are nursing officer. More than half (62.6%) of the respondents said they were dissatisfied with their jobs. More over half of the respondents (51.0%) had worked for more than 18 months, with a median of 18 months of work experiences. Almost all (98.7%) of the respondents had not enrolled in any training and educational programme related to assertiveness and self-esteem [Table 2].

Table 2 | Respondents’ profession related characteristics (n=155)

| Variables               | Frequency (n) |
|------------------------|---------------|
| Educational institute  |               |
| Government             | 30 (19.4)     |
| Private                | 125 (80.6)    |
| Educational level      |               |
| PCL                    | 99 (63.9)     |
| Bachelor               | 56 (36.1)     |
| Professional designation|             |
| Staff Nurse            | 130 (83.9)    |
| Senior Staff Nurse     | 16 (10.3)     |
| Nursing Officer        | 9 (5.8)       |
| Self-reported job satisfaction |           |
| Yes                    | 58 (37.4)     |
| No                     | 97 (62.6)     |
| Work experiences (in months) |         |
| <18                    | 76 (49.0)     |
| ≥18                    | 79 (51.0)     |
| Received Training/educational programme related to assertiveness and/or self-esteem (n=2) | |
| Yes                    | 2 (1.3)       |
| No                     | 153 (98.7)    |

Table 3 | Respondents’ level of assertiveness (n=155)

| Level of assertiveness | Frequency (%) |
|------------------------|---------------|
| High assertiveness (≥110) | 79 (51.0) |
| Low assertiveness (<110)   | 76 (49.0) |
| Total                   | 155 (100.0)  |

Table 4 | Respondents’ level of self-esteem (n=155)

| Level of self-esteem | Frequency (%) |
|----------------------|---------------|
| High self-esteem (≥18) | 85 (54.8) |
| Low self-esteem (<18)   | 70 (45.2) |
| Total                 | 155 (100.0)  |

51.0% of the respondents have high level of assertiveness whereas 49.0% of the respondents have low level of assertiveness [Table 3]. Table 4 shows the respondents’ level of self-esteem. As it illustrates 54.8% of the respondents have high self-esteem whereas 45.2% of the respondents have low self-esteem [Table 4]. There was statistically significant association between level of assertiveness and age (p=0.004), ethnicity (p= <0.001), area of residence (p=0.020),
marital status (p=0.005) of the respondents whereas no statistically significant association found between level of assertiveness and religion and type of family [Table 5].

There was statistically significant association between level of self-esteem and socio-demographic variables (Table 6).

Table 6 | Association between respondents’ level of assertiveness and profession related variables (n=155)

| Characteristics       | Level of Assertiveness | p-value |
|-----------------------|------------------------|---------|
|                       | High assertion/No. (%) | Low assertion/No. (%) |
| Government            | 11(36.7)               | 19(63.3) |
| Private               | 68(54.4)               | 57(45.6) |
| PCL                   | 60(60.6)               | 39(39.4) |
| Bachelor              | 19(33.9)               | 37(66.1) |
| Staff Nurse           | 66(50.8)               | 64(49.2) |
| Senior Staff Nurse    | 10(62.5)               | 6(37.5)  |
| Nursing Officer       | 3(33.3)                | 6(66.7)  |
| Yes                   | 25(43.1)               | 33(56.9) |
| No                    | 54(55.7)               | 43(44.3) |
| <18 months            | 45(59.2)               | 31(40.8) |
| ≥18 months            | 34(43.0)               | 45(57.0) |

Significance level at 0.05 ,  f=Fisher’s exact test

Table 7 | Association between respondents’ level of self-esteem and socio-demographic variables (n=155)

| Characteristics      | Level of Self-esteem | p-value |
|----------------------|----------------------|---------|
|                      | High self-esteem No. (%) | Low self-esteem No. (%) |
| <23 years            | 50(74.6)             | 17(25.4) |
| ≥23 years            | 35(39.8)             | 53(60.2) |
| Brahmin/Chhetri      | 41(49.4)             | 42(50.6) |
| Others               | 44(61.1)             | 28(38.9) |
| Hinduism             | 79(56.8)             | 60(43.2) |
| Non-Hinduism         | 6(37.5)              | 10(62.5) |
| Rural                | 15(62.5)             | 9(37.5)  |
| Urban                | 70(53.4)             | 61(46.6) |
| Unmarried            | 61(55.5)             | 49(44.5) |
| Married              | 24(33.3)             | 21(66.7) |
| Nuclear              | 64(53.3)             | 56(46.7) |
| Joint                | 21(60.0)             | 14(40.0) |

Significance level at 0.05 , Others=Dalit, Janjati, Non-Hinduism= Buddhist, Christian, Islam

Table 8 | Association between respondents’ level of self-esteem and profession related variables (n=155)

| Characteristics      | Level of Self-esteem | p-value |
|----------------------|----------------------|---------|
|                      | High self-esteem No. (%) | Low self-esteem No. (%) |
| Government           | 18(60.0)             | 12(40.0) |
| Private              | 67(53.6)             | 58(46.4) |
| PCL                  | 62(62.6)             | 37(37.4) |
| Bachelor             | 23(41.1)             | 33(58.9) |
| Staff Nurse          | 74(56.9)             | 56(43.1) |
| Senior Staff Nurse   | 6(37.5)              | 10(62.5) |
| Nursing Officer      | 5(55.6)              | 4(44.4)  |
| Yes                  | 18(31.0)             | 40(69.0) |
| No                   | 67(69.1)             | 30(30.9) |
| <18 months           | 47(61.8)             | 29(38.2) |
| ≥18 months           | 38(48.1)             | 41(51.9) |

Significance level at 0.05 ,  f=Fisher’s exact test

There was statistically significant association between level of self-esteem and age (p=<0.001) of the nurses whereas no statistically significant association between self-esteem and ethnicity, religion, area of residence, marital status and type of family [Table 7]. There was statistically significant association between level of self-esteem with educational level (p=0.010) and job satisfaction (p=0.001) of the respondents whereas there was no
DISCUSSION

The findings of this study show that 51.0% of the respondents have high level of assertiveness whereas 49.0% of the respondents have low level of assertiveness. In contrast, inconsistent finding found in the study conducted by Hamouda, Eid, & Saleh (2018),[6] which showed that 80.9% of the nursing personnel were highly assertive and only 19.1% were partially assertive. This discrepancy may be due to lack of educational and training programme related to assertiveness to the nursing staffs involved in the current study.

The findings of the present study showed that there is statistically significant association between assertiveness and age of nurses (p=0.004). In the same way, study conducted by Maheshwari & Gill (2015)[10] revealed that there was statistically significant association between level of assertiveness and age of nurses (p<0.001) whereas, incongruent finding found in the study conducted by Hamouda, Eid & Saleh (2018),[6] which showed the statistically non-significant association between assertiveness and age of nurses. This may due to difference in age group of the nurses in this study and current study.

This study showed that there is statistically significant association between assertiveness and ethnicity (p<0.001). This study is inconsistent with the study conducted by Maheshwari & Gill (2015)[10] which revealed that there was no statistically significant association between level of assertiveness and ethnic group of people.

This study showed that there is statistically significant association between assertiveness and area of residence (p=0.020). In contrast, the finding is inconsistent with the study conducted by Maheshwari and Gill (2015)[11] which revealed that there was no statistically significant association between assertiveness and area of residence. This may be due to different setting.

The present study revealed that there is statistically significant association between assertiveness and marital status of the nurses (p=0.005). This finding is incongruent with the study conducted by Maheshwari and Gill (2015)[10] which showed no statistically significant association between level of assertiveness and marital status of the nurses.

This study shows that there is statistically significant association between level of assertiveness and educational level of the nurses (p=0.001). In contrast, the finding is inconsistent with the study conducted by Kilkus (1993)[8] ; Hamouda, Eid & Saleh (2018)[6] ; Maheshwari & Gill (2015)[10] which showed no statistically significant association between level of assertiveness and educational qualification of the nurses. This study shows that there is statistically significant association between level of assertiveness and work experiences of nurses (p=0.044). This finding is inconsistent with the study conducted in USA by Kilkus (1993)[8] & Hamouda, Eid & Saleh (2018)[6], which showed that there was no statistically significant difference on length of experiences of nurses. This could be due to a disparity in minimum and maximum length of work experience in these study and current study.

The findings of the present study show that, there is no statistically significant association between assertiveness and educational institute. In the contrary, study conducted by Maheshwari & Gill (2015)[10] showed the statistically significant association between level of assertiveness and type of college (p<0.001). This may be due to difference in sample size.

This study showed that there is no statistically significant association between level of assertiveness and self-reported job satisfaction of the nurses. This finding is inconsistent with the study conducted in Egypt by Hamouda, Eid & Saleh (2018),[6] which showed that there was a positive correlation between nurses’ assertiveness and their job satisfaction (p<0.001). This could be related to differences in self-reported and the use of a standard tool to assess job satisfaction. The present study showed that there is no statistically significant association between level of assertiveness and religion, type of family and professional designation of the nurses . Similarly, consistent finding found in the study conducted by Maheshwari and Gill (2015)[11] which revealed no statistically significant association between level of assertiveness and religion, type of family and professional designation of the nurses.
Regarding the level of self-esteem, this study revealed that only 54.8% of the nurses have high level of self-esteem but still 45.2% of the nurses have low level of assertiveness. The finding is inconsistent with the study conducted by Ibrahim (2015),[7] which showed that only 29% of the subjects had high self-esteem. This variation may be due to difference in setting and sample size.

The findings of the present study shows that there is statistically significant association between level of self-esteem and age of the nurses (p<0.001). Similarly, study conducted by Maheshwari & Gill (2015)[10] also showed the statistically significant association between self-esteem and age of the nurses (p=0.027). This findings is inconsistent with the study conducted by Eckert, Gaidyas & Martin, (2012)[5] which revealed that there was no statistically significant association between level of self-esteem and age of nurses.

This study shows that there is statistically significant association between self-esteem and educational level of the nurses(p=0.010). Unlike, study conducted by Maheshwari & Gill (2015)[10] showed that there was no statistically significant association between self-esteem and educational level of the nurses. This could be attributed to sample population variation because the GNM course is not included in the current study.

The present study shows that there is no statistically significant association between self-esteem and ethnicity, religion, type of family and professional designation of the nurses. This finding is inconsistent with the study conducted by Maheshwari & Gill (2015)[10] which showed the statistically significant association between self-esteem and religion(p=0.025), type of family(p=0.020) and professional designation of the nurses(p=0.035) with Christian and Nuclear family having more self-esteem. This could be attributed to a variation in sample stratum, as the public health nurse was not included in this study. A probable reason for public health nurses’ greater assertiveness is that they have a superior communication style because they have to deal with the public on a daily basis.

The findings of the present study shows that there is no statistically significant association between self-esteem and area of residence, marital status and educational institute of the nurses. This finding is consistent with the study conducted by Maheshwari & Gill (2015),[10] which showed that there is no statistically significant association between self-esteem with these variables. The study is limited to only a teaching hospital, CMC-TH. The self-reported technique was used to assess assertiveness and self-esteem. Though it is regarded as a powerful approach of behavior measurement, it only offers introspective features of the observed behaviors. As a result, it may not accurately reflect actual assertiveness and self-esteem.

**CONCLUSIONS**

In the light of the present study it can be concluded that more than half of nurses have high assertiveness and high self-esteem. Age, ethnicity, place of residence, marital status, educational level, and work experiences all have an impact on nurses’ assertiveness. Similarly, the self-esteem is influenced by age, educational program, and job satisfaction.

Therefore, hospital management should plan and implement educational and training program that can boost nurses’ assertiveness and self-esteem at least twice a year. Appropriate effective educational strategies should be planned and implement in nursing curriculum to make nurses more assertive and have high self-esteem.

**ADDITIONAL INFORMATION AND DECLARATIONS**

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**Data Availability:** Data will be available upon request to corresponding authors after valid reason.
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