The Personality Background of BSc Student Nurses' Assertiveness

Doctoral Theses

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1. Introduction

Nursing has gone through an enormous development historically and by now the concept of nursing has widened to a great extent accordingly. Activity centred nursing has been replaced by person centred nursing involving the significant others as well. The priorities of the new type of nursing include conscious patient management in the frame of the nursing process, the accomplishment of which depends mainly on the success of nurse-patient interaction and as a part of it the quality of assertiveness.

The Act of Parliament number CLIV of 1997 on Health Care puts an emphasis on the effective functioning of the interpersonal relationships between nurses and patients/clients: "Nursing fulfils duties of health promotion and *counselling*" (Chapter IV, § 98).

Governmental regulation 36/1996 (III. 5) on the qualification requirements of the undergraduate health training programmes places a great emphasis on the professional management of role partner relationships when defining the aims of BSc Nursing programmes and establishing the exit requirements.

The "Nursing Carrier Mirror" identifies assertiveness as a priority among the professional competencies next to objective knowledge.

Modern occupational psychology theories regard the dimension of professional behaviour as one of the central categories of in the interaction of the individual and the environment. Its integral part in the controlling system of the personality is the interpersonal knowledge acquired in the process of role learning, which is in fact assertiveness itself.

An important content frame of interpersonal effectiveness is the nursing models. All these theories have a

common feature: the need to utilise the possibilities of interpersonal relationships.

It can be stated after the review of previous research that some of the non-assertive behavioural forms can be detected among nurses in a high proportion. Mainly a dominance of passive attitude is prevailing, which underpins a traditional, submissive nursing role.

An approach of assertiveness seems to be missing – especially in Hungary -, the one whose frames are provided by university nurse training and counselling, and which focuses mainly on what interpersonal behavioural features – also relevant in patient management - support assertiveness in the phase of training.

2 Aims

The major aims of the research were as follows:

- defining the measure of assertiveness among nurse students and the features of each assertiveness factor;
- assessing the factors that relate closely to assertiveness in the self-controlling system of the personality and which are cardinal to patient management, with special regard to the characteristics of social-interpersonal behaviour and internal tension control;
- exploring the functioning particulars of assertiveness with regard to profession specific expectations, such as empathy, and social intelligence that serves as a basis for empathy;
- analysing the features of counselling attitude, and establishing their connections to the factors of assertiveness;
- defining the profession specific model of assertiveness in the period of training on the basis of the connections between assertiveness and the factors that influence it;

- defining the areas to be explored in the future and making recommendations on using assertiveness in education.

3 Methods

The research was done with a survey among third year regular (N=84) and correspondent (N=266) nurse students at the Faculty of Health Sciences and Social Studies, University of Szeged. The survey covered four consecutive year groups starting in the academic year 2004/2005 and so it involved 350 students altogether.

When choosing the sample, we considered it very important to have an objective coverage regarding the professional competence issue, namely the students should have the knowledge about the factors that define the nurse-patient/client relationship.

It was an important aspect when selecting research methods to involve instruments in the analyses that:

- are able to differentiate among personal traits in the personality structure and among the individuals to a suitable extent;
- have standards significantly adequate to the characteristics of the sample, which ensure the scientific assessment of received data;
- will provide experiences that could be used directly in training.

Having considered the previous aspects we employed the following methods for analyses:

- Rathus Assertiveness Schedule
- Leary Test
- Empathy questionnaire
- Brengelmann Anxiety Scale

- Social Intelligence Test 1
- Counselling Attitude Scale

In our analyses we used both descriptive (frequency distribution, mean values, dispersion) and mathematical statistical (item analyses, Kolmogorov-Smirnov Test, correlation analyses, Chi-Square Test, Principal Component Analyses, Dependent *t*-test for paired samples, variation analyses, independent two-sample *t*-test) methods.

4 Results

The assertiveness factors

The students' assertiveness is approximately of mean value (M=7.95) but the values at similar other groups are usually higher. The examined sample is more successful in the beginning phase of the interpersonal process where the focus is on making connection (personal participation in the connection: M=3.63). While in the following phases of patient management, involvement is more important so self-enforcement and coping with difficult situations can cause problems (Saying no: M=1.03, Self-enforcement in consumer situations: M=-0.79).

Self-control and assertiveness

The adaptive variation of dominant adaptive methods (Adaptation through taking responsibility: 31.1%; Adaptation through force: 17.4%; Adaptation through cooperation: 15.7%) corresponds to the personality centred attitude of the helping relationship, and it indicates the presence of the willingness to care for others. However, some less favourable forms of adaptation can also be noted, which require great attention to be developed accordingly.

The level of the need for creating interpersonal relationships (extroversion-introversion: M=17.95) is good enough. The values of Neuroticity are also similar to the standard adult mean level (M=19.79). The mean value of the Rigidity factor is above the average (M=18.59), which indicates a strong presence of rigid behavioural schemes.

The negative significant correlation of the factors Neuroticity and Extroversion-introversion ($r=-0.381$, $p<0.001$) indicates that both the strongly extrovert and introvert type of personalities tend to be emotionally unstable.

The role of empathy and social intelligence in assertiveness

The total score of the empathy questionnaire (M= 17.59) indicates that the sample has an empathy level higher than the average. However the more detailed analyses by each item and the Principal Component Analyses indicate that in case of "problematic" clients (egocentrism, aggression) empathy decreases significantly.

We received the most adverse results in relation to the recognition of behaviour implications (SIT 1). Comparing data to the distribution of standard categories, we established that 71.6% of nurse students find it more difficult than the average to forecast the other person's expected behaviour.

Summarising the results, we can presume the functioning of primary empathy in our sample.

A negative significant correlation can be found in the two testing instruments ($r=-0.18$, $p<0.05$). This indicates that the more successfully one reads the role partner's signals the more frequently one might get negative impulses and it can lead to the decrease of the level of empathy.

Counselling attitude in the mirror of assertiveness

The Counselling Attitude Scale was surveyed twice: first when starting the course "Counselling in Nursing" and

secondly at the end of it. The proportion of right answers in the four main fields are: Need for independence 67.4% and 73.2%, Empathy-acceptance 63.2% and 65.4%, Supporting problem solving 55.2% and 54.4%, Leading conversation 55% and 54.4%. The fall in the last two factors might have been caused by the fact that during the second survey the knowledge acquired on the course and the conditioning of the daily routine were present simultaneously.

It appears to be an unfavourable feature concerning assertiveness that the students are irresolute in their role when supporting problem solving and leading conversations. They fail to rely on the client's resources to an adequate extent and thus they limit the other person's independence to make their decisions.

The profession specific personality background of assertiveness

In the first stage, we examined the connections among the factors considered important in the background of assertiveness.

- Counsellor Attitude Scale (1st survey) and tension control: we found only one significant correlation ($r=-0.137$, $p<0.05$), which shows that the low score of neuroticity does not support the realisation of empathic behaviour, the principle of acceptance without condition during patient management.

- Counsellor Attitude Scale (2nd survey) and tension control: on the basis of the significance values we received, the values of rigidity were fairly low regarding empathy-acceptance ($r=0.248$; $p<0.05$) and the nurse's role in patient management ($r=0.252$; $p<0.05$). It can be presumed that in this case the individual uses the learnt knowledge and the understood forms; however a behavioural flexibility is not realised.

- Empathy questionnaire and tension control: only the high category of the neuroticity factor correlated with the total score of empathy ($r=0.217$, $p<0.01$), in other words concentrating on the other person's feelings resulted in an unbalanced, unstable way of reaction at our students.

- Social Intelligence Test and tension control: based on the correlation of the mean area of neuroticity and the total score of SIT1 ($r=0.174$; $p<0.01$) we can state that in our sample the interpretation and predictions of the role partner's behaviour were supported by emotional stability**.**

In the next stage, we established the connections among the assertiveness factors and the factors that influence them.

- The assertiveness factors did not show any connection with the personality types of the Leary Test, just as we had expected.

- The assertiveness factors were also compared with the scores gained in the Empathy questionnaire. We found a connection in only one factor, namely Saying no ($r=-0.154$; $p<0.05$). The connection shows that the more empathic a person is the less they can say *no.* So in this sense a conscious attention to the other person makes it harder to refuse a role partner's request in situations that hurt one's interests.

- Examining the correlation between the scores obtained in assertiveness factors and the Social Intelligence Test, we can find a connection between the values of Self enforcement in consumer situations and that of the social intelligence ($r=-0.244$; $p<0.01$). The negative significant correlation shows that enforcing an own interest hinders the interpretation of the other person's feelings and the prediction of their possible behaviour.

- We did not find any connection between the assertiveness factors and the factors of Counsellor Attitude Scale in the first survey.

Comparing the Rathus Assertiveness Schedule and the Counsellor Attitude Scale in the second survey, we found a significant connection between Expressing Feelings and Claim of Independence ($r=-0.293$; $p<0.01$) on the one hand and on the other between Personal Involvement in the Connection and Empathy-acceptance factors ($r=-0.232$; $p<0.05$). Thus we can say that the more one prefers to accept the patient/client and to support their independence the more the personal involvement and the wish to express their feelings decrease.

- The indicators of the Rathus Assertiveness Schedule and tension control: Each factor of assertiveness indicated a close connection with the factor of extroversion-introversion, which means the behaviour of people defined by social reality is more assertive in the sense of significant positive correlations. Besides, the Insecurity and the self-assessment disturbance factors proved to be significant for both neuroticity ($r=-0.162$; $p<0.05$) and rigidity ($r=-0.152$; $p<0.05$). In case of both factors, emotional instability and rigid behaviour increased the degree of insecurity and self-assessment disturbance.

Based on the explored correlations, we can make the conclusion that the nurse students' assertiveness is expressed in a special interaction of the significant traits. On this basis, we can formulate the profession specific model of assertiveness, which can help us to define the level of occupational role acquisition characteristic to the actual period of professional training and which marks the content frames of development. The central factors of the model have proved to be empathy and the control of internal tensions. We believe one of the profession specific dimensions of assertiveness is the successful harmonizing of other centred attitude and the enforcement of own interest. The other basic factor has proved to be the need to make relationships in the aspect of the functioning of interpersonal connection system. Other

significant factors are the harmony of emotional reaction forms and the flexibility of behaviour.

5 Conclusions

In the professional skills development classes we should focus on the central factors (empathy, internal tension control) and the factors that are negative to assertiveness. We consider it would be practical to map out and develop individual traits based on own experiences. The students who have several potentially negative traits require special attention. We recommend that the skills development sessions should continue through the whole training period because then it would be possible to practise the situations that occurred during work placement in an assertive way.

Also, we think it would be practical to involve the aspects of explored interpersonal quality in the relevant courses of the curriculum and to create testing methods that examine the level of the usage of the learnt information.

During *professional supervision,* the dimensions of assertiveness should be included in the checkpoints of students' individual case description and self-evaluation with special regard to self-enforcement, congruent expression of feelings and respecting the other person's interests and independence.

The courses "*Helping psychology of the patient and the client*" and "*Psychology of patient=client management*" make us possible to clarify the misunderstood principles and identify the factors that cause uncertainty during practice. Furthermore, the wrong counselling attitudes that developed during nursing practice should be identified because they cause rigid behaviour frequently.

The *Field Practice Course Books* compiled by the members of the Faculty define the all the skills required from

the students in each field. We recommend that the system of aspects in the course books should be completed with the aspects of patient management. During field practice the role of the mentor is vital so we should pay attention to training our colleagues in this area during consultations.

One of the most suitable methods of teaching assertiveness skills is the assertiveness trainings. In the near future we are planning to start an assertiveness training as an elective course.

From the aspect of research methodology, we believe that the set of indicators in the analysing methods we chose are suitable to explore the specifics of assertiveness. As for the Rathus Test we agree that it evaluates the everyday assertiveness mainly. The self-enforcement aspect of assertiveness is considered dominant and the dimension of concentrating on the emotions and behaviour of the role partner does not appear. On the basis of our research results, it would be useful to compile a new testing method to explore the specifics adequate to the profile of the profession, which measures assertiveness in nursing situations.

6 List of own publications

List of own publications in the field of this paper

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