

Correlation of Assertive Behavior with Communication Satisfaction among Nurses

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Abstract

Background: Assertive nurses are likely to impart effective patient care as they can stand up for their rights and refuse unreasonable requests but nurses show non-assertive and submissive behaviour which result in lack of communication satisfaction, stress and low self esteem. **Objective:** The aim of the present study was to examine the relationship of assertive behaviour and interpersonal communication satisfaction among nurses. **Methods:** In a descriptive, co-relational, cross sectional survey, 220 eligible nurses working in selected hospitals of Punjab were identified conveniently and data were gathered using Socio demographic Data Sheet, Rathus Assertiveness Schedule (RAS) and Interpersonal Communication Satisfaction Inventory (Com-Sat). Data were analyzed using descriptive statistics and Independent t-test, ANOVA and Pearson's correlation. **Results:** Assertive behavior has large positive correlation with interpersonal communication satisfaction at 0.01 level of significance ($r= 0.505^{**}$). Older nurses who are on regular job, studied from Govt. nursing institutions and working in Govt. hospitals were more assertive. Nurses those are older ($p<.002$), studied from Govt. nursing colleges ($p<.03$) and with designation of nursing sister/ward in-charges had more score on communication satisfaction score as compared to staff nurses ($p<.049$). **Conclusion:** Study concluded that assertive behaviour of nurses results in high interpersonal communication satisfaction. Nurses should use assertive behaviour as it directly affects the interpersonal communication satisfaction ultimately results in high patient care. Policy makers can plan and organize assertiveness training or other intervention for non assertive nurses so that they can be trained for assertive behaviour and communication.

Keywords: Assertive behaviour, Interpersonal communication satisfaction, Nurse.

INTRODUCTION

Nursing in hospitals involves negotiating complex interpersonal relationships and working in overcome a social and political context within constraints of resources, while balancing a multiplicity of tasks and roles. Nurses are providing care and comfort to those suffering from illness and injury. Nurses communicate with each other, with patients and with members of the health team during delivery of health care, both verbally and nonverbally and transmit their thoughts, feelings and messages (Geldard & Geldard, 2009). Nursing research literatures call the nurses to become more assertive (Gaddis 2004, Madden P 1996). Assertiveness has great importance in nursing practice, but that it is complex and requires time and practice to make it effective (McCabe C & Timmins F, 2003).

Assertiveness is the ability to be honest, direct and appropriate expression of opinions, feelings, attitudes and rights, without undue anxiety, in a way that doesn't infringe on the rights of others (Albert & Emmons, 1986). Assertiveness is a one style of communication which reflects nurse's expression of their genuine feelings, standing up for their legitimate rights, and refusing unreasonable requests (Maheshwari, 2008). Assertive nurses resist undue social influences, disregard arbitrary authority figures, and refuse to conform to arbitrary group standards. Assertive nurses value what they think and feel personal empowered, have self esteem and self respect (Townsend 2003). They recognize their own strengths and limitations. In addition, being assertive means taking responsibility for his life and his choices (Rees S & Graham, 1991).

Assertive behavior develops respect towards self and other nurses, promotes self-disclosure, self control, increase confidence, satisfactory communication (McCabe C & Timmins F, 2010) and positive appreciation of self-worth. It is the most effective way of solving interpersonal problems and conflicts. Assertive nurses become happier, less manipulative, feel better about them and reach their goals more easily. Nurses who display assertive behaviour are more likely to maintain rigorous patient care practices while also assisting patients in expressing their own needs. Assertive nurses are also better skilled at communicating effectively with other members of the health care team than unassertive nurses (Hodgetts, 2011).

Factors which promote assertive behavior among nurses at work include age, sex, high education, seniority in job, knowledge, confidence, experience and wearing of uniform (Jaime et al 1998). Senior staff nurses are more assertive than junior staff nurses. Older age nurses are less assertive than young age. Diploma holder nurses are less assertive than baccalaureate nurses (Kilkus SP 1993).

Although studies have found assertive behaviour in nurses to be an invaluable component of successful communication practice, nursing has been described as an oppressed discipline that remains the underdog in the medicine profession (Kilkus SP 1993). Chan D (2002) suggested that the culture of nursing has encouraged

passivity rather than assertiveness. As a result of this, there is a high probability that professional nurses may not conduct themselves with sufficient assertiveness both in the work place and in advancing their careers.

Professional nurses frequently did not express their opinions or provide constructive criticism and suggestions in nursing practice (Gholamhossein 2009). Timmins and McCabe (2005) reported that the nurses behave in a passive, nice way and was 'less adept at disagreeing with others' opinions and providing constructive criticism' (Jaime et al 1998, Kilkus SP 1993).

Lack of assertiveness result in frequent emotional trauma because nurses have poor communication skills and are unable to express their feelings about their needs and worries. Nurses who are unable to discuss important issues with others develop self-destructive beliefs which are emotionally damaging for them. It result in unsatisfactory communication. Nurses may also develop maladaptive behaviors in order to cope with these emotions (Geldard & Geldard, 2009). Non-assertive behavior among nurses results in high stress (Lee & Crockett 1994, Yamagishi et al 2007), low self esteem (Maheshwari & Gill 2015), frustration, anxiety and mental fatigue (Karagozoglu, 2008). Nurses have burden of other people's work due to inability in saying "no".

Arete Klisiari & Alexia Gaki (2012) reported that communication is the most important variable in this nurse patient relationship. A good communication contributes to the smooth conduct of any examination and procedure and has a positive impact on health outcomes, and provides satisfaction to the health care professional who influences and is influenced by his relationship with the patient. Siamian Hasan et al (2014) evaluated the interpersonal communication skills among the health care centers staff and indicated that public relation skill, listening, reward and punishment in good scope and other skills were in the average scope. Ross Linda et al (2014) did a study to identify paramedic students' perceptions of their interpersonal communication competence and suggested that student paramedics self-report their interpersonal communication skills highly apart from areas related to assertiveness and listening skills.

Abdollah et al (2012) reported that interpersonal communication skills training program increased the job satisfaction among the working nurses. Yen-Ru Lin et al (2004) studied the effect of an assertiveness training program on nursing and medical student's assertiveness, self-esteem, and interpersonal communication satisfaction and found that assertiveness and self-esteem of the experimental group were significantly improved in nursing and medical students after assertiveness training.

The existence of the above problems raised the awareness of the researcher that most of the professional nurses in hospitals were lacking assertive behaviour and only few were situational assertive. In paucity of evidence over the subject in India, the present study is aimed to assess the relationship of assertive behavior with interpersonal communication satisfaction among nurses in selected hospitals of Punjab. Study will also measure the association of assertive behaviour and interpersonal communication satisfaction with selected socio-demographic and professional characteristics of nurses. Moreover, the findings of this study will have significance in the field of assertiveness training. The findings will help the future nurse practitioner and researcher to develop effective guidelines concerning the scheduling and formatting of assertiveness training from the results of the study. Also, specific recommendations for further research in assertiveness training will be drawn from the results of this study.

MATERIAL AND METHODS

A descriptive, co-relational cross sectional survey was done to assess the relationship of assertive behavior and interpersonal communication satisfaction with each other and with other demographic variables among nurses. The present study was conducted in the November-December 2013 at fourteen conveniently selected hospitals located in four districts of Punjab. The hospitals were selected on the basis of expected availability of nurses, giving permission to conduct the study and convenience in terms of distance. The population under study is nurses working in the selected hospitals of Punjab. Sample consisted of staff nurses of various hospitals, those meeting the inclusion criteria were selected by the researcher for the study. The group included only those staff nurses who were present at the time of data collection, registered with nursing council, working full time in Govt or private hospital and willing to participate. A sample of convenience was taken to recruit 220 staff nurses for study. The tools used for the study were Socio demographic Data Sheet, Rathus Assertiveness Schedule and Interpersonal Communication Satisfaction Inventory (Com-Sat).

Socio-demographic Data Sheet

Socio-demographic data sheet is used for recording of socio-demographic details of the nurses and developed by researchers. Administration time is approximately 2-5 minutes. This tool had two parts. **Part A:** It has total eight items related to socio-demographic information of the nurses which are age, gender, marital status, religion, area of residence, type of family, presently staying with and monthly self income (Rs.). **Part B:** It has total eight items related to professional characteristics of the nurses which includes qualification, joined nursing as professional carrier, type of nursing college/school from where took basic nursing training, years of experience in nursing, designation/position, nature of job, type of hospital and area of work (ward). Appropriate content

validity of the tool was established by twelve experts from psychiatry, psychology and nursing and appropriate modifications were made. The reliability was established through test retest method ($r = 1$).

Rathus Assertiveness Schedule (Rathus, 1973)²¹

Rathus Assertiveness Schedule was used in this study to assess the assertiveness skills and subject's impression of one's own assertiveness and frankness. It is a standardized, short structured, self administered six point rating scale. Administration time is approximately 10 minutes. It contains 30 items out of which 17 are described as negative/ passive and 13 of them as positive. Six points along with their scoring range from very uncharacteristic of me (-3) to (+3) very characteristic of me. Scores range between -90 to +90. Higher scores indicate that subjects perceived themselves as being high assertive in their relationships with other people. The scale has relatively high internal consistency and stability. The split-half reliability was 0.77 and the test-retest reliability 8 weeks later was 0.86 (Rathus 1973). The reliability was established for the present study through test retest method ($r = 0.91$)

Interpersonal Communication Satisfaction Inventory (Com-Sat)

Hecht's (1978a) measures of Interpersonal Communication Satisfaction was used in this study to measure self perceived reaction to the conversation and interpersonal communication satisfaction of nurses. The inventory is useful to previous conversations with relationship partners. It is a 19-item, seven-point, semantic differential scale that asks participants to indicate their level of satisfaction during communication. Administration time is approximately 5-7 minutes. Items no. 1,3,4,7,8,9,10,13,14,15 and 16 were positive items where as 2,5,6,11,12,17,18, and 19 were negative items. The fourth or middle position on the scale represent "undecided" or "neutral", then moving out from the center, "slight" agreement or disagreement, then "moderate," then "strong" agreement or disagreement.

Positive items are scored from 7 to 1 where as negative items were scored 1 to 7 respectively. Scores range from 19 to 133. The higher the score indicates the high interpersonal communication satisfaction. It has acceptably high validation and reliability scores. The scale has relatively high internal consistency and stability. Hecht (1978a) reported an alpha reliability of .97 for participants who assessed real conversations and .90 for participants who assessed recalled conversations. The reliability was established for the present study through test retest method ($r = 0.76$)

The tools were translated into Punjabi language under the guidance of language experts and amendments were made according to suggestions. Back translation in English was done to ensure the content and meaning. Try out of the tool was done to ensure the reliability and understanding of the tool. Pilot study was conducted and the study was found to be feasible.

Ethical considerations

Prior to administration to tools, a participant information sheet explaining the purpose of the study was readout and handed over to the subject. All the questions and queries were discussed and sort out before actual data collection. An informed written consent form was signed by the each subject before data collection. All the subjects were ensured that confidentiality and anonymity was maintained throughout the study. Permission was obtained from Institutional Ethical Committee to carry out the study. Written permission was also obtained from various Civil Surgeons, Medical Supdt. or Director of the respective hospitals before data collection.

STATISTICAL METHODS

The data was analyzed by Statistical Package for Social Sciences (SPSS) version 21. The $p < 0.05$ level was established as a criterion of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were employed to analyze data as per objectives of the study. Frequency and %age distribution of sample characteristics was computed. Mean (SD) of assertive behavior and interpersonal communication satisfaction of the nurses was calculated. Correlation between assertive behavior and interpersonal communication satisfaction was determined by Carl Pearson's method. ANOVA or t-test was used to determine the relationship of selected socio-demographic characteristics with assertive behavior and interpersonal communication satisfaction score.

RESULTS

Socio-demographic characteristics

As shown in table 1, the mean age of the subjects was 32.42 (SD-7.59) years and little over half (54.5%) was in the 21-30 years age group category. Maximum of the subjects were female (95%), married (64.1%) and belong to Sikh religion (66.8%). Two third of the subjects (67.7%) were residing in rural area where as same number of subjects belong to nuclear family. Majority (71.4%) of the subjects were presently staying with their family members. Mean monthly income of the subjects was Rs. 26345.45 (10236.64).

Table 1: Distribution of Subjects as per Socio-demographic Characteristics (N=220)

Socio-demographic characteristics		f (%)
Age in Years	Mean (SD)	32.42 (7.59)
Age in Category	21-30 yrs	120 (54.5)
	>30-40 yrs	61(27.7)
	>40-50yrs	36 (16.4)
	>50 yrs	3(1.4)
Gender	Male	11 (5)
	Female	209 (95)
Marital Status	Married	141 (64.1)
	Unmarried/Single	67 (30.4)
	Divorced/widow/Sep	12 (5.5)
Religion	Hindu	57 (25.9)
	Christian	16 (7.3)
	Sikh	147 (66.8)
Area of residence	Rural	71 (32.3)
	Urban	149 (67.7)
Type of family	Nuclear family	149 (67.7)
	Joint family	71 (32.3)
Presently you are staying	With family/ member(s)	157 (71.4)
	With friends	42 (19.1)
	Alone	21 (9.5)
Monthly self income (Rs)	Mean (SD)	26345.45 (10236.64)

Professional characteristics

As shown in table 2, half of the subjects were qualified up to GNM. Half of the subjects (53.2%) joined nursing voluntarily. A little over half studied basic nursing from Govt. institutions. Mean years of experience in nursing profession was 8.58 (7.54) years. Maximum of the subjects (85.5%) had staff nurse designation and three fifth of them (61.14%) were working on regular basis. Majority of the subjects (84.1%) were working in Govt hospital. Half of the subjects (50%) were working in general ward.

Table 2: Distribution of Subjects as per Professional Characteristics (N=220)

Professional characteristics		f (%)
Qualification	GNM	122 (55.5)
	GNM with 1 yr diploma	5 (2.3)
	B.Sc.Nursing/PB BSc	86 (39.1)
	PG or above (in nursing)	7 (3.2)
Joined nursing as professional carrier	Voluntarily	117 (53.2)
	By force of parents/ friends	103 (46.8)
Type of nursing school/college from where trained nursing	Govt.	119 (54.1)
	Private	101 (45.9)
Experience in nursing (yrs)	Mean (SD)	8.58 (7.54)
Designation	Staff nurse	188 (85.5)
	PHN	10 (4.5)
	Nursing sister / Ward Incharge	22 (10)
Nature of job	Regular	135 (61.4)
	Contractual	85 (38.6)
Type of hospital	Govt	185 (84.1)
	Private	35 (15.9)
Area of work (ward)	General ward	110 (50)
	Intensive ward	80 (36.4)
	OPD	30 (13.6)

Table 3: Mean (SD) score of assertive behavior and interpersonal communication satisfaction and their correlation (N=220)

Variable	Range	Mean (SD)	df	r	p value
Assertive behaviour	-36-14	-10.76 (8.69)	199	.505**	.01
Interpersonal communication satisfaction	64-115	85.56 (10.38)			

** correlation is significant at the 0.01 level(2 tailed), 0.7-0.9 indicates very large correlation,

Table 3 states that the mean (SD) of assertive behavior is -10.76 (8.69) and it range from -36 to 14. Similarly, mean (SD) of Interpersonal Communication Satisfaction is 85.56 (10.38) and it range from 64 to 115. The correlation between assertive behavior and interpersonal communication satisfaction was calculated with Pearson’s product moment correlation and it was found that assertive behavior has large positive correlation with interpersonal communication satisfaction at 0.01 level of significance (r= 0.505**), indicating that as the assertive behavior increased, interpersonal communication satisfaction level also increased. (Figure 1)

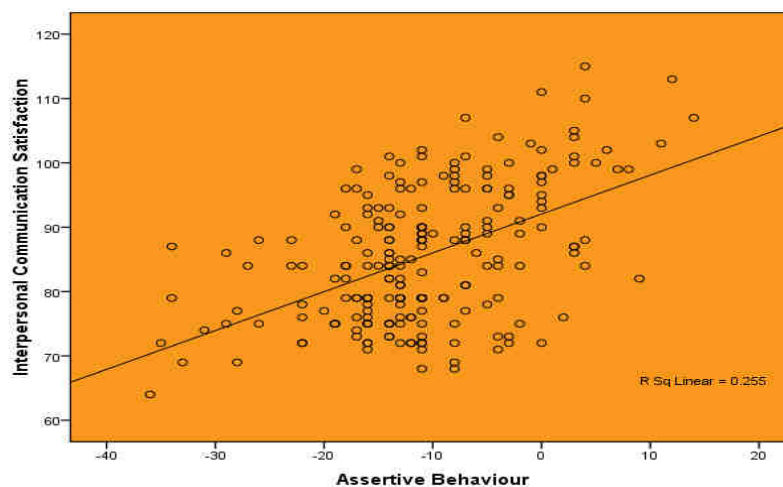


Figure: Correlation between Assertive behavior and Interpersonal communication satisfaction

Table 4: Relationship of selected socio-demographic characteristics with assertive behaviour score (N=220)

Socio-demographic characteristics	N	Mean	SD	t/F	df	p value
Age in Years	21-30 yrs	120	-12.72	15.8	3	.000**
	>30-40 yrs	61	-11.95			
	>40-50yrs	36	-2.81			
	>50 yrs	3	-3.67			
Gender	Male	11	-12.36	-628	218	.531
	Female	209	-10.67			
Marital Status	Married	141	-10.11	1.835	2	.162
	Unmarried/Single	67	-12.42			
	Divorced/widow/Sep	12	-9.17			
Religion	Hindu	57	-11.49	1.337	2	.265
	Christian	16	-7.50			
	Sikh	147	-10.83			
Area of residence	Rural	71	-11.01	-.30	218	.765
	Urban	149	-10.64			
Type of family	Nuclear family	149	-10.06	1.73	218	.084
	Joint family	71	-12.23			
Present stay with	With family/family member(s)	157	-9.95	3.029	2	.050
	With friends	42	-13.62			
	Alone	21	-11.10			

** significant at the 0.01 level

As shown in table 4, subjects who were in age group of >50 yrs were more assertive as compared to subjects who were younger ($p < .001$). Gender, marital status, religion, residence, type of family and present staying with has no relationship with assertive behavior.

Table 5: Relationship of selected professional characteristics with assertive behaviour score (N=220)

Professional characteristics		N	Mean	SD	t/F	Df	p value
Qualification	GNM	122	-11.72	9.22	1.788	3	.15
	GNM with additional one year diploma	5	-6.2	7.12			
	B. Sc. Nursing (including Post basic)	86	-9.47	7.87			
	Post graduation or above (in nursing)	7	-13.14	7.86			
Joined nursing as carrier	Voluntarily	117	-11.45	7.94	-1.26	218	.207
	By force of parents/ friends	103	-9.97	9.44			
College of basic nursing education	Govt.	119	-8.54	8.68	4.27	218	.001**
	Private	101	-13.38	7.98			
Designation	Staff nurse	188	-11.22	8.22	1.965	2	.143
	PHN	10	-7.00	13.22			
	Nursing sister / Ward Incharge	22	-8.50	9.81			
Nature of job	Regular	135	-7.97	7.5	6.54	218	.001**
	Contractual	85	-15.19	8.64			
Type of hospital	Govt	185	-9.15	7.82	6.989	218	.001**
	Private	35	-19.29	8.16			
Area of work (ward)	General ward	110	-11.02	8.62	2.011	2	.136
	Intensive ward	80	-11.49	8.58			
	OPD	30	-7.87	8.94			

** significant at the 0.01 level

Table 5 shows that nurses who studied nursing from Govt. nursing schools/colleges were more assertive than private schools/colleges ($p < .001$). Subjects working on regular basis were more assertive than contractual nurses ($p < .001$). Nurses working in Govt. hospitals were more assertive than private hospitals ($p < .001$).

Qualification, joined nursing as professional carrier, designation/position and present area of work (ward) has no relationship with assertive behavior.

Table 6: Relationship of selected socio-demographic characteristics with Interpersonal Communication satisfaction score (N=220)

Socio-demographic characteristics		N	Mean	SD	t/F	df	p value
Age in Years	21-30 yrs	120	83.91	10.10	5.236	3	.002**
	>30-40 yrs	61	85.23	9.03			
	>40-50yrs	36	91.44	11.52			
	>50 yrs	3	88.00	12.12			
Gender	Male	11	83.91	9.20	-.542	218	.589
	Female	209	85.65	10.45			
Marital Status	Married	141	85.28	10.49	.144	2	.866
	Unmarried/Single	67	86.03	10.56			
	Divorced/widow/Sep	12	86.25	8.48			
Religion	Hindu	57	84.67	9.95	.287	2	.751
	Christian	16	86.00	9.01			
	Sikh	147	85.86	10.71			
Area of residence	Rural	71	84.97	11.16	-.583	218	.560
	Urban	149	85.85	10.01			
Type of family	Nuclear family	149	86.25	10.76	1.421	218	.157
	Joint family	71	84.13	9.44			
Presently you are staying	With family/family member(s)	157	85.78	10.51	.332	2	.718
	With friends	42	85.64	10.84			
	Alone	21	83.81	8.48			

** significant at the 0.01 level

As shown in table 6, nurse who were in older age group had more interpersonal communication

satisfaction score as compared to subjects who were younger ($p < .002$).

Table 7: Relationship of selected professional characteristics with Interpersonal Communication satisfaction score (N=220)

Professional characteristics		N	Mean	SD	t/F	df	p value
Qualification	GNM	122	85.17	10.44	2.009	3	.114
	GNM with additional one year diploma	5	94.6	7.27			
	B. Sc. Nursing (including Post basic)	86	86.02	10.36			
	Post graduation or above (in nursing)	7	80.29	8.4			
Joined nursing as carrier	Voluntarily	117	84.80	10.12	-1.159	218	.248
	By force of parents/ friends	103	86.43	10.65			
College of basic nursing education	Govt.	119	86.96	11.10	2.182	218	.030*
	Private	101	83.92	9.23			
Designation	Staff nurse	188	84.86	9.96	3.068	2	.049*
	PHN	10	88.80	14.34			
	Nursing sister / Ward Incharge	22	90.09	10.94			
Nature of job	Regular	135	86.65	10.80	1.973	218	.050
	Contractual	85	83.84	9.48			
Type of hospital	Govt	185	86.02	10.61	-1.510	218	.133
	Private	35	83.14	8.76			
Area of work (ward)	General ward	110	85.2	10.16	.152	2	.859
	Intensive ward	80	85.81	10.00			
	OPD	30	86.23	12.31			

* significant at the < 0.05 level

As shown in table 7, nurses who took training from Govt. nursing schools/colleges had more score on interpersonal communication satisfaction score as compared to private schools/colleges ($p < .03$). Nursing sister/ward in-charges had more score on Interpersonal communication satisfaction score as compared to staff nurses ($p < .049$).

DISCUSSION

The present study is an attempt to understand the relationship of assertive behavior with interpersonal communication satisfaction among nurses. Result revealed that there is large positive significant relationship between assertive behaviour and interpersonal communication satisfaction and non-assertive nurses had poor communication satisfaction. This is in consistent with previous research which reports that interpersonal communication satisfaction results in assertive behaviour. Areti Klisiari & Alexia Gaki (2012) reported that a good communication provides satisfaction to the health care professional who influences and is influenced by his relationship with the patient.

Siamian Hasan et al (2014) evaluated the interpersonal communication skills among the health care centers staff and indicated that public relation skill, listening, reward and punishment in good scope and other skills were in the average scope. Ross Linda et al (2014) suggested that student paramedics self-report their interpersonal communication skills highly apart from areas related to assertiveness and listening skills.

Abdollah et al (2012) reported that interpersonal communication skills training program increased the job satisfaction among the working nurses. Yen-Ru Lin et al (2004) studied the effect of an assertiveness training program on nursing and medical student's assertiveness, self-esteem, and interpersonal communication satisfaction and found that assertiveness and communication satisfaction of the experimental group were significantly improved in nursing and medical students after assertiveness training.

The possible reason for positive relationship between assertive behavior and interpersonal communication satisfaction may be that assertive persons are likely to experience a higher level of psychological well being and a lower level of emotional deficit. Assertive persons are able to maintain positive mental states due to their capability to efficiently manage their situations and ability to say 'no' to undesired work (Jaime et al 1998). When a person accepts his/ her faults and simultaneously recognizes his/ her strengths and positive qualities, the person will experience strong self worth and satisfactory communication.

Present study revealed that older nurses who are on regular job, studied from Govt. nursing institutions and working in Govt. hospitals were more assertive where as gender, marital status, religion, residence, type of

family and present staying with has no relationship with assertive behavior. On the contrary, Kilkus (1993) reported younger nurses as the most assertive.

Nurse who were in older age group had more interpersonal communication satisfaction score as compared to subjects who were younger ($p < .002$). Nurses who took training from Govt. nursing schools/colleges had more score on interpersonal communication satisfaction score as compared to private schools/colleges ($p < .03$). Nursing sister/ward in-charges had more score on Interpersonal communication satisfaction score as compared to staff nurses ($p < .049$). These findings are in consistent with the other available literatures.

IMPLICATIONS AND RECOMMENDATIONS

Nurses should regular use assertive behaviour which results in communication satisfaction. Assertiveness and its training program can be included in graduate nursing program and in nursing curriculum, so that sufficient emphasis can be given to understanding of assertiveness. Findings of the study will act as a catalyst to carry out more extensive research in a large sample and in other settings and such research work enforces evidence based practice.

Study recommends that assertiveness training or other such techniques may be given to the non-assertive nurses to build their communication satisfaction, self concept and self esteem. Similar study can be replicated on larger sample size using a combined quantitative and qualitative research approach to better understand assertive behaviour and interpersonal communication satisfaction among nurses. A longitudinal study may be conducted on large sample to assess the effects of assertive training on assertive behaviour and interpersonal communication satisfaction with comparison of the different interventional strategies.

CONCLUSION

Findings of this study give an overview of assertive behaviour and interpersonal communication among nurses. The findings suggested that assertive behaviour results in high level of interpersonal communication satisfaction. Nurses should be regularly assessed for their assertive behaviour as it affects the communication, self esteem, burden, coping and other variables of individual. Assertiveness training may be included in curriculum to manage non assertive behaviour nurses.

Further researches can be done to investigate the socio-cultural circumstances that may hinder or enhance the individual to be assertive. Also similar study can be planned to assess the effectiveness of selected intervention on assertive behaviour and interpersonal communication satisfaction among nurses.

LIMITATIONS

Lack of large sample size may result in lack of representativeness and generalizability to the whole population, however data were collected from selected hospitals of four districts of Punjab. The data in the present study may subject to selection bias as the nurses were conveniently selected. In order to make findings generalizable, a large geographical area based study based on random sampling technique is recommended. Finally, researcher acknowledges the limitation of cross sectional design with respect to temporal relationship and imputation of causality of study findings.

FINANCIAL AND MATERIAL SUPPORT: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

CONFLICTS OF INTEREST: The authors declare that they have no conflict of interests with any organization regarding the materials discussed in this manuscript.

ACKNOWLEDGEMENT: The authors would like to extend their thanks and appreciations to all participants who voluntarily participated in the study and shared their experience.

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