

## Impact of Assertiveness Training on Improving the Coping Skills of Selected Nurses in a Nigeria Neuro-Psychiatric Hospital

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### Abstract

**Background:** Psychiatric mental health nurses are confronted with daily responsibility of interacting with patients with stress. They need to understand the meaning of their own stress before they could use the strategies to assist the patients with stress under their care. Therefore, this study aimed at evaluate the impact of assertiveness training on coping skills of selected nurses working in Yaba, psychiatric hospital, Lagos. **Methodology:** The study setting was the psychiatric hospital, Yaba, Lagos. It was among psychiatric nurses with the study population of 60 (2 did not complete the training) therefore the sample size was 58, data were collected using standardized tests of coping skill inventory, Assertiveness inventory and vignettes. **Results:** The result showed that a significant change was found in level of assertiveness responses and coping responses of the subjects before and after the training. **Conclusion:** It was concluded that assertiveness training impacted significantly on coping level of the subjects. It was revealed that the assertiveness training helped nurses to communicate and be more tolerant to their patients in different situations.

**Keywords:** Impact, coping skills, vignette, improving, neuro-psychiatric Hospital, Yaba.

### Background

Psychiatric / mental health nurses are confronted with daily responsibility of assessing, interview, and evaluating clients responses to stress. Their continuous monitoring of clients' experiencing crises help to intervene and create environments that minimize maladaptive responses and promote mental health<sup>1,2</sup>. They need to identify the meaning of their own stress and develop strategies that increase personal and professional growth<sup>1</sup>. They need to be aware of themselves in relation to others, also they need to explore issue that affect them in the work place<sup>3</sup>. The ability to manage stressful situations is determined by self-esteem, confidence and sense of power<sup>4</sup>.

Coping is the process by which people try to manage the perceived discrepancy between the demands and resources they appraise in stressful situation, it is not a single event. Because coping involves ongoing transactions with the environments, the process is best viewed as a dynamic series<sup>6,7,9</sup>. Coping styles are adaptive when they serve to protect the individual from harm or to strengthen the individual's ability to meet challenging situation<sup>8</sup>. If a nurse copes successfully with stress, he/she returns to a previous level of adaptation, successful coping results in improvement in health, well-being and social functioning<sup>1</sup>. To cope with their own stress nurses must also be allowed to express their anxieties and have the support of their colleagues<sup>10</sup>.

The ability to use coping resources effectively requires nurses to take responsibility for obtaining what is necessary, to meet needs, resolve problem, maintain effective interpersonal growth, whether a person is assertive or non-assertive influence the ability to use coping resources effectively<sup>10</sup>. The need to be assertive exists when situations arise involve contact with other people. The assertive style, rather than the passive or non-assertive one, is advocated to minimize feelings of anger or fear associated with stressful encounter and to work toward a peaceful resolution<sup>11</sup>. Some nurse may have learned to express their needs honestly to use anger constructively, to improve personal and work relationship, and to build self-confidence through assertive behaviour. But others still struggle with being assertive, perhaps because they don't believe they have right to be assertive, they are anxious about asserting themselves or they don't know to be assertive<sup>12</sup>.

Learning assertive techniques are considered as tools for coping skills with a variety of life stressors. Increasing assertive behaviour becomes an expression of person's feeling<sup>13</sup>. Assertiveness training is designed to help nurses develop more necessary insight and interpersonal skills to become more assertive communicators<sup>14,15</sup>. The need to integrate assertiveness skills into nursing practice was emphasized by (Carper in Shaban 1992) who thought. That care for another human being involves becoming a certain kind of person, an not merely doing certain kinds of things. Every nurse must know the importance of becoming that kind of assertive person<sup>16-30</sup>. Health care providers professional nurses, must be able and willing to speak up for personal and professional and welfare of their patients who are active participants in their own health care<sup>17</sup>.

So, nurses need to be assertive in the clinical setting and confident in the necessary competences and skills. Helping and caring for others are the essential core of professional nurses, often this care is viewed to be in conflict with assertive behaviour when goals are achieved through direct and effective communication of one's needs, desires and wishes, however, assertiveness is essential to nursing in that nurses act as protection of

advocate for and consultant to the client and to others. Preservation of self-respect and dignity is inherent in ascertain behaviour<sup>18-41</sup>.

### **Objective**

To evaluate the impacts of assertive training techniques on coping skills of nursing working in Yaba, Psychiatric Hospital.

**Research Question:** The research answered the following questions: -

1. What are the levels of assertiveness responses of the respondents in the different developed clinical situation?
2. What are the coping responses of the respondents in the different developed clinical situation?

**Research Hypotheses:** The following null hypotheses were tested: -

1. There is no significant relationship between level of assertiveness and coping skill before and after the assertiveness training among the respondents.
2. There is no significant relationship between the coping subscales and Assertiveness any assertive and non-assertive respondents before and after the training.
3. There is no significant correlation between assertiveness and coping towards the respondents age and experiences before and after the training.

### **METHODOLOGY:**

**Design:** - This research adopted the Quasi experimental, non-equivalent control group, pre-test, post-test design.

#### **Study Setting**

The study was conducted on nurses at the psychiatric Hospital, Yaba, Lagos, Nigeria. The Hospital is one of the federal governments Psychiatric Hospitals in Nigeria. All nurses working there are trained and certificated Psychiatric nurses.

#### **Study Population**

The study population included all nurses that were available at the beginning of the study which 58 nurses (18 males and 40 females). Nine (9) of the respondents had a first degree in nursing. Two (2) of them had degree in social work while the rest had professional certificate in Psychiatric Nursing. All the respondents had the basic certificate in Nursing.

**Inclusion Criteria:** They must be registered psychiatric Nurses, there must be willingness to participate in the study and must be on duty throughout the period of the study.

**Exclusion:** All nurses that were not on duty and those nurses that had not signified interest in participating in the study.

#### **Instrumentation**

1. Assessment of coping skill inventory: - It was developed by Shrink and Jerabel (1996). It comprises of 45 items used to assess the person's ability to cope with stress and difficulties.

It is divided into 7 sub-items which area: (1) Reactivity to stress, (2) Ability to assess situations (3) self-reliance, (4) resourcefulness, (5) Adaptability and flexibility (6) Proactive attitude and (7) ability to relax. It is a likert type of scale with the rating ranges between 0 (never), 1 (rarely), 2 (sometimes), 3 (quiet often), to 4 (most of the times). The degree of coping was categorized to the following score. Inappropriate coping <60%, ranges from 0 to 108, and appropriate coping  $\geq$  60% ranges from 109-180.

The instrument has the part that assesses the demographic characteristic of the respondents which included age, sex, marital status, qualifications, years of experience and years of experience in psychiatric nursing practice and occupation.

2. Assertiveness inventory – it was developed by Eielers (1990) it comprises of 32 items divided into: - Assertive items (15 items), and non-assertive items (17 items) used to assess the general level of assertiveness of respondents. It employees the Likert type of scale which ranges from 0(never) to 4(most of the time). The degree of assertiveness was categorized <60% non-assertive and range from 0 to 76, and level of assertive >60% ranges between 77 and 128.
3. Vignette: - This includes 5 selected clinical situations from psychiatric field that face psychiatric nurses during their work.
4. Post test vignette:- This included 5 selected situations used only as a post-test situations to determine the impact of the assertiveness training on nurses coping skills which developed from the literature 20, 24, 25.

Psychometric Properties of the major instruments: These are validity and reliability of the instruments.

Validity of the instruments:- coping skill invention and Assertiveness inventory were subjected to face and content validity. The instruments were giving to lecturers with specialty in mental health/Psychiatric Nursing and a consultant Psychiatrist. They all prophesied that the two instruments had a good validity.

**Reliability of the instrument:** - The reliability of the instrument was determined by administering the two

instruments to fifteen (15) psychiatric nurses at the Ladoko Akintola University of Technology, Osogbo. Using Cronbarch's coefficient alpha, the coping skill inventory yielded 0.65 which was equivalent to 65% reliability while the assertiveness inventory yielded 0.73 (73%) using Spearman Brown analysis. Therefore the two instruments had a good reliability and could be used for the study.

Actual study:-

The study was carried out in 3 phases.

Phase I –

An interview was conducted for nurses on an individual basis between 30 and 45 minutes to explain the purpose, methodology of the study, and affirm their willingness to participate.

Phase II –

This phase consisted of 5 sessions for each of the 12 group of psychiatric nurses (5 nurses per group) each of the groups was exposed to vignette of psychiatric clinical situations that face psychiatric nurses during their relations, interactions with patients, their colleagues and supervisors.

Before the commencement of this phase the researcher's assistant (MSc Community psychiatric specialist) explained to the respondents the rules of the discussion. After completing these situations on 5 sessions with the studied group, the researcher repeated the same situations weekly for 8 weeks. All groups were made to experience the same situations.

Phase 3

After 6 months of being exposed to vignette, an interview was conducted for nurses on an individual basis (as a post test measure). Each nurse was interviewed for between 30 and 45 minutes. The purpose of this phase was to administer the assertiveness inventory and coping inventory to serve as co-variate of the pre-test. This was carried out to assess. The impacts of the assertiveness training on coping skill of the respondents (psychiatric nurses).

### Data Analysis

The research questions were analyzed using tables, frequencies and percentages while the null hypothesis were tested. Using student to test, Pearson's correlation coefficient and infilcoxon rank test (7). With significance put at 0.05 and 0.01 using SPSS version window 17.

### Results

The result on the demographic characteristics of respondents showed that more than half of the respondents (68.95) were female nurses, indicating that nursing remains a female dominated profession, 59.9% were in the age group 20 and 55 years, 63.8% of the sample were married, while the smaller percentage 1.7% were widows, 81% had professional nursing certificate (diploma) and were working as Nursing Officer 1 or 2. Only 15.5% of the respondent had bachelor degree, 22.4% had less them 10years of experience in psychiatric nursing, 10.3% had 10 to 20 and more years of experience in the psychiatric field.

In answer the research question one, which states "what are levels of assertiveness responses of the respondents in the different develop clinical situation"

#### Table 1: Level of Assertiveness responses of the respondents in the different vignette.

Table one (1) showed the level of assertiveness responses of the respondents in the different vignette. The majority of nurses 37.9% had assertive responses in dealing with weak evaluation, while 35.5% of nurses had assertive responses in dealing with hallucinated. Patients and 32.8% had assertive responses in dealing with demanding patients. Only 22.4% of nurses had assertive responses in dealing with seductive patients a minority 10.3% of nurses had assertive responses in dealing with withdrawn patients.

In answering the research question two (2) which states "What are the coping responses of the respondents toward the different vignettes?"

#### Table 2: Levels of coping responses of the respondents towards the different vignettes.

Table 2 depicted the levels of coping responses of the respondents towards the different vignettes as 22.4% of the had appropriate coping in dealing with hallucinated patients and demanding patients while 20.7% psychiatric nurse had appropriate coping response in dealing with seductive patients and smaller percentage 6.5% had appropriate coping in dealing with drawing patients.

In testing the hypotheses 1 (one) which states that "there is no significant relationship between level of assertiveness and coping skill before and after the assertiveness training among the respondents"

#### Table 3: Relationship Between the level of assertiveness and coping skills before and after the assertiveness training among respondents.

Table 3 (three), showed the total score of assertiveness level and coping level of responses of the respondents was significant meaning that there was a significant change in the level of assertiveness responses at  $p=0.022$  as 77.6% before ad 58.6^ after, non-assertive were in the range of <60% level of assertiveness. 22.400 before and 41.4% after (assertive) were in the level of  $\geq 60\%$ . No significant change was found in coping

responses of the sample at  $p=0.166$  as 81.0% before and 72.4% after (< inappropriate coping) were in the range of <60% level of coping and 19.0% before and 27.6% after (appropriate coping) were in the range of > 60% level of coping responses.

In testing hypotheses 2 (two), which stated that “there is no significant relationship between the coping subscales and Assertiveness among assertive and non-assertive respondents before and after the training”.

**Table 4: Level of Assertiveness before and after training and coping subscales.**

In answering the hypothesis 2, table 4 showed the impacts of assertiveness on coping. A significant change between level of assertiveness and total coping score was found after the assertiveness training at  $p=0.001$ , where the mean score was (119.3). Also, a significant change was found after the training in reactivity to stress and assertiveness at  $p=0.001$ , where they had mean score (19.1). In relation to resourcefulness there was a significant change after the assertiveness training at  $p=0.012$ , where they had mean score (8.7), also in relationship with proactive attitude there was a significant changes after the assertiveness.

The hypotheses 3, states thus “there is no significant correlation between assertiveness and coping towards the some respondents socio-demographic characteristic before and after the training”.

**Table 5: Correlation between Assertiveness and coping before and after the Assertiveness training in relation to some of the demographic characteristics.**

In answering the hypothesis 3, table 5 illustrated the correlation between assertiveness and coping before and after the assertiveness training and the assertiveness at  $p = 0.189$  before and  $p = 0.284$  after, but there was a significant change in the coping response and age before the training while  $p=0.003$  after. As regards years of experience, there was a significant relationship between coping responses and age in year before the training at  $p = 0.028$ , but there was no significant relationship after the training at  $p = 0.475$ . A significant change was discovered between assertiveness responses and coping responses before the training at  $p = 0.28$  and also after the training at  $p = 0.001$ .

## Discussion

Assertiveness is one of the essential skills in the modern working environment, there are many benefits of being assertive such as; better time management, increased self-esteem and the ability to negotiate more effectively. Assertion means confrontation of others<sup>27-40</sup>. Assertiveness training may encourage the development of problem focused coping strategies with attendant decreases in anxiety levels and increases self esteem. It was suggested that such training can be adopted for nurse trainee<sup>30</sup>. As the stressful nature of their work has been increasingly recognized the coping strategies adopted by nurses have received considerable attention. How much do nurses adopt direct problem solving techniques and how much are palliative, emotion focused techniques are the only means of coping<sup>31,32,40</sup>. Assertiveness training programmes usually concentrate on developing a number of specific skill areas. These include: the ability to cope with manipulation and criticism without responding with counter-criticism, the ability to make requests and state points of view and to refuse unreasonable requests, and the ability to express feelings in social situations<sup>36,37</sup>.

The present study is an attempt to develop nursing staff's assertiveness level to improve their coping level with different situations they face in dealing with psychiatric patients. It was expected that the assertiveness training programme would help nursing staff to be open, honest and to have the ability to communicate directly, take into consideration their individual rights and that of others<sup>40</sup>.

This study revealed that there was a positive association between coping level and assertiveness level as the assertiveness training affect coping level of nurses significantly as the coping level they had were improved after the training<sup>40</sup>. This revealed that the assertiveness training helped nurses to improve their communication. In difficult situation because it provides opportunities to share difficulties is in communication with their colleagues, patients and their supervisors and to express their feelings in difficult situations. Also it helps than in discovering and challenging rational and irrational responses and how the person's assertive behaviour can affect his or her personal situations. This helps them to be more accepted individuals and knowing their limitations and consideration of themselves, and this places emphasis of coping with stress on recognizing one's own capabilities and ask for advice when needed<sup>40,41</sup>.

It was found that there was a significant difference between levels of assertiveness and their reactivity to stress. This may be due to dependency on others, not controlling their behaviours of staying as observers, and not taking an action. A significant relationship existed between the assertiveness level and resourcefulness. As the nurses in this case were afraid to ask or accept support and help<sup>40</sup>. Also there was a significant difference in the mean change between the proactive attitude and the assertiveness level. There is a little percentage of the assertiveness responses in dealing with demanding patients. As most nurses did not learn the stressful nature of working with a particularly difficult and demanding client group. As the nurses during the discussion did not agree dealing with this patient by allowing his or her to take any attention or demand. They rationalize this by stating that if they allowed thee patients to take what they ask for, they would be very dangerous patients.

Also, there was a little percentage of assertiveness responses in dealing with hallucinating patients. This

may be due to lack of understanding toward this patients and how to interact with them. As the nurses did not agree on making these patients at least involved in one activity, they rationalized this by saying that the patients stay a little percentage of the assertiveness response in dealing with these patients. This may not be unconnected to the inability of the nurses to deal with these patients, and in turn this makes a distance from patients and avoid dealing with them. Regarding to dealing with the administrative problems, a few of the nurses respond assertively in dealing with weak job evaluation. This may be attributed to the lack of decision – making which nurses has or the lack of understanding towards the assertiveness training, or the lack of support they received, or the lack of experience they have in the situation, or they did not want to be involved in problems with the administrative authority, or lack of knowledge about their rights as employees, or the lack of proper self evaluation, or due to the lack of the courage to discuss their evaluation with their supervisor which sometimes has become the practice.

The results of the present study revealed that psychiatric nurses cope appropriately in the different situation using some coping strategies such as resourcefulness which include support from colleagues, peers, family and friends in addition to seeking advice and help when needed. Some literature reported that psychiatric nurses protect themselves from stress by having resourcefulness. They went further to say that nurses examine their own strengths, abilities and limitations to alleviate and prevent stress which comprised of adaptability and flexibility<sup>38,40</sup>.

### Conclusion

The assertiveness training impacted significantly on coping level of nurses as it was observed that coping skills of nurses had improved after the training. This showed that the assertiveness training assisted nurses to communicate and to be more tolerant of the patients.

### Recommendation

Following the findings from the research, the following recommendations are made: -

- Healthy coping skills as a training programme should be provided to all nurses at regular intervals by the organizations that employ them, also the professional body should see to as their responsibility.
- In service training and continuing education should be provided periodically, to all nursing personnel working in psychiatric hospitals in order to update their knowledge and technical-know-how or assertiveness and coping skills.
- Assertiveness training should be made compulsory for all nursing staffers working in all psychiatric units/hospitals. This should be made a policy statement.

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**Table (1): Level of assertiveness response of the studied groups in the different developed clinical situations.**

Developed Clinical Situations	Assertive Nurses	
	n	%
<b>Dealing with</b>		
seductive Patients	13	22.4
Withdrawn patients	6	10.3
Hallucinating patients	20	34.5
Demanding patients	22	37.9
<b>Administrative Problem</b>		
weak evaluation	19	32.8

**Table (2): Level of coping response of the studied groups in the different developed clinical situations.**

Developed Clinical Situations	Nurse with appropriate coping	
	n	%
Dealing with	8	13.4
Seductive Patients		
Withdrawn patients	4	6.9
Hallucinating patients	13	22.4
Demanding patients	13	22.4
Administrative Problem		
weak evaluation	12	20.7

**Table (3): Distribution of studied group in relation to their level of assertiveness and coping before and after the assertiveness training.**

Variables	Before training		After training		Z	P
	n	%	n	%		
<b>Assertiveness:</b>						
Non Assertiveness (<60%)	45	77.6	34	58.6	2.294	0.022*
assertive (≥60%)	13	22.4	21	41.4		
<b>Coping Scale:</b>						
Inappropriate coping (<60%)	47	81.0	42	72.4	1.387	0.166
Appropriate coping (≥60%)	11	18.0	16	27.6		

**Table 4: Distribution of the studied sample by level of assertiveness before and after training and coping subscales.**

Coping subscales	Assertiveness											
	Before						After					
	Non Assertive		Assertive		t	p	Non Assertive		Assertive		t	p
	Mean	S.D.	Mean	S.D.			Mean	S.D.	Mean	S.D.		
Total Coping scale	110.79	12.08	114.46	11.98	1.142	0.258	105.18	13.60	119.38	9.49	3.510	0.001*
Reactivity to stress	19.03	1.12	20.21	3.83	1.105	0.274	14.47	1.22	19.15	2.61	3.788	0.001*
Ability to assess situation	23.88	2.86	23.04	3.29	1.036	0.305	23.09	3.62	24.46	3.38	1.222	0.227
Self reliance	19.15	2.54	20.63	2.83	2.085	0.042*	18.62	3.51	20.46	2.85	1.731	0.89
Resourcefulness	7.76	1.88	7.71	1.99	0.11	0.913	7.27	1.90	8.77	1.59	2.597	0.12*
Adaptation and flexibility	23.71	4.84	25.20	4.67	1.410	0.164	22.80	4.83	25.31	3.12	1.762	0.084
Proactive attitude	5.29	1.34	5.83	1.81	1.306	0.197	4.82	1.28	5.77	1.24	2.361	0.002*
Ability to relax	11.97	3.13	11.54	2.43	0.562	0.576	11.27	3.58	12.08	20.02	0.779	0.440

**Table (5): Correlation between assertiveness and coping before and after the assertive training in relation to nurses' age and their experience in psychiatric field.**

Variables	Before training				After training			
	Assertiveness		Coping scale		Assertiveness		Coping Scale	
	r	p	r	p	r	p	r	p
Age in years	-0.175	0.189	-0.380	0.003	-0.143		0.020	0.883
Experience in psychiatric department	-0.132	0.322	-0.289	0.028*	-0.132		0.097	0.475
Coping scale	0.266	0.028*	-	-	0.512	0.001	-	-