

## Nurses' Assertive Communication: A Review and Future Directions

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### ABSTRACT

Nurses interact with patients, colleagues and other health care professionals on a daily basis and this interaction is improved when nurses have good communication skills. Becoming more assertive can lead to increased respect and recognition as a person and as a nurse. This paper aims to gain more insights on nurses' assertive communication at the workplace by reviewing current research on assertiveness and nursing. There is an abundance of studies to support the use of assertiveness skills in clinical settings. Although forms of assertive behaviour have been investigated in many situations, there is still insufficient empirical evidence with regard to the frequency and the use of assertiveness skills by nurses in clinical settings. Moreover, there is also a lack of research describing potential barriers to this, and it has been suggested that the factors in nurses' work settings that promote or inhibit assertive behaviour need to be explored and identified. This paper will conclude with a discussion of a proposed study which will examine the level of assertiveness among nurses in Malaysia, the influence of workplace factors, the factors supporting the use of assertive behaviour and the factors that hinders the use of assertive behaviour.

*Keywords:* Assertiveness, nursing, workplace communication, clinical settings

### INTRODUCTION

Malaysia is a rapidly developing country with a population of 27 million (Department of Statistics Malaysia, 2008). It is estimated that nurses comprise 2-3% of the female workforce and a large proportion of the healthcare workforce. Approximately two-thirds of nurses work in the government sector where they are encouraged to work full-time and are generally required to retire upon reaching the age of 60.

In Malaysia, entry to a nursing program is usually restricted to high school graduates. For the diploma program, the entry level is commonly the *Sijil Pelajaran Malaysia* (SPM, equivalent to 'O-level'), whilst the *Sijil Pelajaran Tinggi Malaysia* (STPM, equivalent to 'A-level') is used as the requirement to gain entry to the degree program. Nurses undergo a three-year diploma program either in private or public colleges or universities accredited by the government. Graduates are often sponsored by the Ministry of Health or a private hospital which will entail that they to serve at a government hospital or health centre; or the private hospital for a period of time after completing their training. The Community Health Nurses (*Jururawat Desa*) are trained separately and work in areas such as child health and family planning clinics and in rural areas where they provide home visits and also service the less advantage.

Previous research has shown that the Malaysian authorities have increased the number of public and private institutions offering nursing programs and have also increased the total number of students (Cruetz, 2006). Table 1 shows that there was an increment in the number of nurses in Malaysia from 20,056 in 1996 to 47, 642 in 2006 (Ministry of Health Malaysia, 2007). It has been estimated that a total of 174,000 nurses will be required by the year 2020 to reach the targeted 1:200 nurse-population ratio, which is in line with similar ratios in some neighbouring countries (Chua, 2004; Cruetz, 2006).

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**Table I** Total number of nurses and nurse-population ratio in Malaysia between 1996 and 2006 (Ministry of Health Malaysia, 2007)

Year	Total no. of nurses	Nurse: Population
1996	20 056	1: 1055
1997	24 545	1: 883
1998	23 672	1: 937
1999	27 236	1: 834
2000	31 129	1: 747
2001	33 295	1: 715
2002	35 280	1: 695
2003	36 784	1: 681
2004	40 220	1: 636
2005	44 120	1: 592
2006	47 642	1: 559

Nursing profession in Malaysia is facing new challenges as a result of rapid socio-economic change as well as changes taking place in the country's healthcare system. Nurses need to be proactive to meet these new and exciting challenges and they must make necessary changes in their practice to ensure the profession's contribution to healthcare are both appropriate and proactive. Today's nurses are expected to provide nursing care across the traditional boundaries between nursing and medicine, and between hospital and community care. The future nurses in Malaysia are expected to know more and to do more. They need to be equipped with a broad spectrum of knowledge, skills and attitudes that will assist them in fulfilling their roles as effective healthcare providers. In his previous study, Freeman *et al.* (2002) advocate that there is certainly a need for a "new curriculum for a new century." There is a need to prepare nurses who are able to meet new challenges effectively, at the same time maintaining and sustaining the essential nursing contribution to high quality healthcare.

In general, the empirical literature reveals the assumption that assertiveness is essential to the professional nursing practice as nurses take on various roles – advocate for patients, families, and communities, thus, resulting in a much better and higher quality healthcare services. In this article, empirical findings and normative statements about the significance of assertive communication in nursing and the factors affecting nurses' assertive communication as they are described in nursing literature will be discussed.

## NURSING AND COMMUNICATION

It is well established that nurse's job satisfaction and intent to leave the job are strongly due to job stress (Samia *et al.*, 2012; Zangaro & Soeken, 2007), and this stress negatively affects the quality of patient care (Poghosyan *et al.*, 2010; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Today, many nurses find it difficult to achieve the expected level of performance and cope with the challenges and, mainly as a result of the shortage of staff and increased workload, which invariably lead to stress and burnout (Nora Ahmad and Oranye, 2010). These issues have raised concerns among health professionals, and in response to these concerns, nursing leaders and hospital administrators have been searching for ways to revamp healthcare services and improve the quality of nursing work environment.

Major nursing tasks such as assessing the specific needs of patients; delivering physical care; providing socio-emotional support; negotiating and exchanging information, all relate to communication and are subject to the rules of interaction. In this light, communication is recognized as an important aspect of high-quality nursing care. As a consequence, nurses need to have skills to create good interpersonal relationships, which allow them to share in the patient's experience and concerns, in addition to achieving the goals and upholding the values of healthcare. This has relevance for nursing in general, but even more important in taking care of patients suffering from life-threatening disease such as cancer and HIV.

Nursing takes place within health care organizations and requires effective communication with everyone involved, in order to ensure competent and safe practice (Sully and Nicol, 2005). Assertiveness is a communication style, which is considered an important behaviour for today's professional nurse and the key to successful relationships with clients, families, and colleagues (Riley, 2000). Assertiveness refers to the ability to express one's feelings, opinions, beliefs, and needs directly, openly and

honestly, while not violating the personal rights of others (Ellis and Hartley, 2005; Hopkins, 2007). Moreover, assertiveness is a communication process universally essential to the professional nursing practice as nurses advocate for patients, families, communities and for the profession itself, it enables nurses to avoid the invitation of aggression when the rights of others are violated (Riley, 2000).

It can be understood that assertiveness is necessary for effective nurse-patient communication, and it is suggested that its development may also aid the confidence of the profession as it develops. Poor presentation and poor self-expression are unhealthy for both nurses and patients and clearly require assertive practices. In the same context, O'Mara (1995) claimed that nurses' sense of inferiority and lack of assertiveness could possibly be picked up by the patient. He contended that if the nurse is not assertive, there might be inadequate nurse-patient communication. Nurses play a vital communication role in the healthcare system, and advocacy and empowerment are central to this. In this respect, O'Mara (1995) suggested that to empower their patients, nurses need to be assertive.

Although there are conflicting reports about the assertiveness level of clinicians, there is evidence to suggest that many nurses lack assertive skills and that many environmental barriers exist to its practice. Even though the benefits of teaching assertiveness have not been empirically tested, and some nurses report low assertiveness levels despite prior instruction, there is some descriptive evidence of the benefits of receiving instruction (McCabe and Timmins, 2002).

## ASSERTIVENESS IN NURSING

Nursing has determined that assertive behaviour among its practitioners is an invaluable component for successful professional practice. Assertive nurses believe in themselves and their abilities, which are assumed to lead to further personal and professional empowerment (Kilkus 1993). Earlier studies have stated that assertiveness is an important behaviour for today's professional nurse (McCabe and Timmins, 2003). This statement can be supported by the statement made by Avtgis *et al.* (2010) that the use of assertive communication style which has shown to be an effective diffusion technique for aggressive patients. Moreover, Bach and Grant (2009) acknowledged that listening, empathy and assertiveness as some of the basic techniques that could shape successful communication.

Previous study by Porocho and McIntosh (1995) have conducted a cross-sectional correlational survey to examine the barriers identified in the literature that may prevent nurses from being assertive and to determine how nurses perceived the barriers that prevented them from behaving assertively. The findings indicated that participants perceived themselves to have an overall low to moderate level of assertiveness and it is believed that this supports the view that a lack of organisational support and encouragement inhibits nurses from communicating assertively. However, the findings of a study by Kilkus (1993) contradict the findings of Porocho and McIntosh (1995) and he suggested that nurses are not as unassertive as research literature indicates. Findings showed that gender, age, years of experience, and different clinical settings did not significantly influence individual assertiveness levels. However, nurses with a higher level of education and previous assertiveness training were found to be significantly more assertive.

It is unclear from the literature whether today's nurses are assertive or not. In general the extent to which nurses communicate effectively is questionable, despite the importance of this behaviour to the nurse/patient relationship. Although on the surface assertive behaviour may conflict with traditional female or nurses role (submissive) and may indeed conflict with the public's view of a 'nice' person, a full understanding of the concept facilitates understanding of the benefits of this behaviour.

### Assertiveness in nursing: Malaysian context

In Malaysia, the presence of a family member with the patient during the course of their illness is a norm. During the duration of the patient's stay especially if their condition is critical, a member of the immediate family will usually stay with the patient in hospital (Shamsudin, 2002). Even though families spend a substantial amount of time in hospital and play a major role in patient care, when faced with their relative's terminal illness they become sensitive and experience stress (Astedt- Kurki *et al.*, 2001). Nevertheless, nurses consider caring for families in all settings as part of their responsibility.

Previous study has been done to describe the process that nurses experienced in engaging with families in Malaysian palliative care settings and the challenges they faced have shown that conflicts between nurses and families were unavoidable especially when philosophies of care differed (Namasivayam *et al.*, 2012). Hence, the researchers believe that nurses needed to be assertive to overcome their differences with families in ensuring that patients received palliative care.

Currently, patient care areas are now more likely to be staffed by younger nurses with less experience and have different attitudes toward patients and those in authority than their predecessors. This has been identified as a factor contributing to the recent criticism regarding their poor attitudes toward patients and decline in the standard of care they provide (Chua, 2006). In response to such criticism, the introduction of symptomatic programmes, such as the '7S soft skill' behaviour change pilot by the Ministry of Health Malaysia; i) *Senyum* (smile): To smile, ii) *Salam* (greeting): To greet or welcome in a friendly way, iii) *Segera* (prompt/without delay): To act promptly or quickly, to be responsive, iv) *Sensitif* (sensitive): To be sensitive to the needs of patients and families, v) *Sopan* (polite/courteous): To be polite and respectful during interactions, vi) *Sentuh* (touch): Use of personal touch/approach (within cultural context), and vii) *Segak* (smart): To maintain a professional (smart) appearance.

There appears to be few research focusing on nurse communication in Malaysia. Hence, there is a need for more research to be done in this particular area due to the criticism received from the public regarding nurse attitude and service.

### **ASSERTIVENESS AND EDUCATION LEVEL**

Among the most commonly studied aspects of assertiveness is the influence of one's education level. Previous studies with nurses and other populations have compared the level of education with assertiveness levels and have reported positive correlations (Gerry, 1989; Kilkus, 1993; Onyeizugbo, 2003). For instance, Kilkus (1993) who studied 500 nurses from the state of Minnesota, reported that nurses who obtained a Master of Science in Nursing (MSN) or PhD in nursing reported higher assertiveness levels "than any other group including the baccalaureate holder" (p. 1329).

Likewise, Kruse (1992) who conducted a study similar to Kilkus' (1993) in the state of Missouri, found that Bachelor of Science in Nursing (BSN) nurse leaders scored significantly higher than other nurse leaders with diplomas or Associates Degree in Nursing (ADN) educational levels. Kruse concluded that "education [was] an influential variable related to assertiveness" (p. 66). Onyeizugbo (2003) also observed higher assertiveness with 214 married couples from Nigeria than other couples with a lower education. In spite of their conclusive observations, both authors assumed the possibility that more assertive individuals are those who seek out higher education.

### **ASSERTIVENESS AND WORK EXPERIENCE**

In previous studies, findings regarding years of experience as a contributing factor to assertiveness are varied. Paterson *et al.* (2002) reported that "length of work experience or length of employment in current situation" did not have any influence upon assertiveness levels (p. 16). Another researcher, Gerry (1989), reported a positive correlation between experience and assertiveness with nurses at a general hospital. "As a nurse's experience increased so did his or her assertiveness" (Gerry, 1989, p. 1007). Kilkus (1993), whose study included the largest sample of any in the literature, found that some graduate nurses came into the profession with higher assertiveness levels than those with the most experience. Therefore, this information leads one to assume that years of experience may not be a contributing factor toward assertiveness.

### **ASSERTIVENESS AND NURSING SUBSPECIALTIES**

It has also been documented that the nurses' level of assertiveness is based on their subspecialty or work settings. Avtgis *et al.* (2010) believed that the need to demonstrate assertive communication style is even more important when considering high-

pressure workplaces such as emergency rooms or situations such as those encountered in inter-hospital transfer process. Moreover, several studies indicated that certain nursing subspecialties had higher assertiveness levels than others. Initially, one could construe that nurses in critical care areas, such as the Intensive Care Unit (ICU) or the Emergency Room (ER), possessed the highest assertiveness. However, an interesting trend described in the literature showed nurses in critical care areas were not the most assertive when compared to other subspecialties.

The study by Amenta (1984), for example, examined trait differences among 36 hospice and 35 hospital nurses. One of these traits was assertiveness, and hospice nurses scored significantly higher in assertiveness than hospital nurses. Likewise, Kilkus (1993) noted that nurses in administration, education, and mental health areas had higher assertiveness levels than other nursing subspecialties. He explained that "these subspecialties [were] typically identified with more autonomous and independent responsibility and behaviour" (Kilkus, p. 1327). This explanation could also be a factor that supports Amenta's (1984) observations with hospice nurses. It was interesting, though, to read Kilkus' report that assertiveness levels were lower in critical care areas when compared to those subspecialties listed previously.

### **ASSERTIVE TRAINING/PROGRAM FOR NURSES**

Among the most commonly documented associations in this field is a relationship between assertiveness and training. The call for assertiveness training that began in the 70s was an outcome of those conclusions (Kilkus, 1993). Previous researchers, Hofling *et al.* (1966), have conducted one of the most interesting studies regarding nurse assertiveness by establishing controlled environments and observed assertiveness levels by ordering nurses to administer inappropriately high doses of an unfamiliar drug. However, from the 22 nurses observed, only one nurse questioned the order. Since the Hofling *et al.* (1966) study, the positive correlation between assertiveness training and increased assertiveness has been confirmed by several researchers (Timmins & McCabe, 2005).

Assertiveness training forms a vital component of today's undergraduate nursing programs. Promoting assertive behaviour aims to improve nurse/patient communication, interpersonal communication, and personal confidence. These are essential ingredients in a healthcare environment struggling with oppressive cultures and stereotypical roles that create unhealthy work practices. They are also essential behaviours for the many students that enter the profession with poor interpersonal skills and lack of confidence (McCabe and Timmins, 2002). Due to its benefits, therefore, some nursing colleges have started including assertive training/program as part of their syllabus.

Since it is preferable for nurses to receive enough preparation during their education, assertiveness skills has become one of particular interests to the nurse educator. A variety of experiential and creative teaching methodologies are required to ensure that learning is meaningful to students especially in the teaching of interpersonal skills. However, in order to validate continued and extensive training for nursing students, research is required to determine the need and benefits of assertiveness education (McCabe and Timmins, 2002).

Assertive training/programs are commonly used in the field of health and nursing. This is due to their awareness of the importance of assertiveness in their field especially for nurses and doctors. However, there is lack of awareness among the social sciences scholars based on the lack of research being done on assertive training/program. Hence, more research is needed in order to understand the importance of assertive training/program in social sciences, namely in the field of communication.

### **ASSERTIVENESS AND ROLE-PLAY**

McCabe and Timmin (2002) suggested role-playing activity as part of teaching interpersonal skill, mainly assertive communication for nursing students. Moreover, Duesphol (1984) highlighted the importance of teaching interpersonal communication skills by incorporating both role-play and role modelling as appropriate teaching strategies. Gijbels (1993) supported this view and discussed some theoretical and curricular issues in the design of interpersonal skills training and suggested that a range of student centred and experiential teaching methods need to be used for the teaching of these skills.

Meaningful personal experiences can be developed through experiential teaching methods such as role-play and simulated or structured exercises.

It is clear that the teaching of interpersonal skills requires the teachers' creativity and commitment. Quite obviously communication skills are not easily learned through lecture alone and experiential methods are essential. A variety of experiential and creative teaching methodologies are required to ensure that learning is meaningful to students especially in the teaching of interpersonal skills. Practice appears to be an important element of learning these skills, and in order to achieve this in the classroom setting, simulated situations need to be created or the use of role-play.

Furthermore, the use of role-play creates live situations that are an important ingredient to ensure that meaningful, practical learning takes place. The variety of teaching methods used maintained student interest, and teacher involvement in role-play helped to breakdown the student-teacher barrier that may have existed. The informal atmosphere and discussion that took place allowed a sense of fun to develop, which is an area of student learning yet unexplored. However, in order to ensure success, training workshops require careful planning and need to be informed through the literature on the topic. Role-play can form a vital component of displaying and teaching assertiveness skills.

## RECOMMENDATION FOR FURTHER STUDIES

Further in-depth research exploring the factors affecting nurses' assertive communication should be conducted. A number of studies support the use of assertiveness skills in clinical settings. Even though forms of assertive behaviour have been investigated in many situations, there is still insufficient empirical evidence with regard to the frequency and the use of assertiveness skills by nurses in clinical settings (Timmins and McCabe, 2005). Moreover, there is also a lack of research describing potential barriers to this, and Freeman and Adams (1999) have suggested that the factors in nurses' work settings that promote or inhibit assertive behaviour need to be explored and identified. To date, no research has investigated the use of assertiveness skills by nurses in clinical settings and the factors in nurses' work settings that promote or inhibit assertive communication among nurses in Malaysia.

There is also a need for a study to examine the level of assertiveness among nurses in Malaysia, to examine the influence of the workplace factors, to identify the factors supporting the use of assertive behaviour and the factors militating against the use of assertive behaviour. In addition, the review has also identified the need to discover the language of assertiveness and the verbal and non-verbal strategies used by the nurses. Since one of the missions of The Nursing Division of Malaysia is to improve the standards of the nursing services, it is relevant to provide information which could help them in improving the nursing services, specifically in terms of communication.

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