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ASSESSMENT OF KNOWLEDGE AND SKILLS OF STAFF NURSES REGARDING ASSERTIVE COMMUNICATION

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Abstract

Background: Assertive communication is a powerful communication skill in everyday clinical practice among staff members and in doctor-patient encounters. Assertive communication has been recognized as a key strategy for preventing adverse incidents in health care and improving patient safety. Aim: to assess knowledge and skills of staff nurses regarding assertive communication. Methods: descriptive exploratory design used in current study; this study was conducted at King Saud public Hospital in Unaizah, Saudia Arabia on a convenient sample of staff nurses their numbers (45). Three tools were utilized, namely :(1) Personal data sheet, (2) Nurses 'assertive communication knowledge questionnaire and (3) Nurses' assertive communication skills observational check list. Results: Most participants had low level in total assertive communication knowledge scores as (56.7%) and the majority of the participants had high level in total assertive communication skills as (70.1%). Conclusion: There was statistically significant correlation between staff nurses' knowledge and skills. Recommendations: Training program should be conducted for staff nurses to enhance their knowledge and skills related to assertive communication.

Keywords: Assertive Communication, Knowledge, Skills, Staff Nurses.

1. INTRODUCTION

Communication is a basic function of human beings, has a vital importance to developing interpersonal relationships, and for groups, organizations, and society to function well. Communication skills are an essential component of health care and effective communication skills are even more important for nurses as they are at the forefront of patient care providing eighty percent of healthcare services globally. Effective communication has a great impact on nurses' job satisfaction, team relationships, as well as patient care/safety [1].

Assertiveness is defined as the legitimate and honest expression of an individual's personal rights, feelings, and interests without denying or violating the rights of others. Thus, assertive communication is normally direct and clarifies a person's need with the other interactant. It is a specific skill that some people are born with, but it also can be learnt. People with advanced skills in assertiveness can reduce interpersonal conflict-related stress and anxiety [2].

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Assertive communication has been recognized as a key strategy for preventing adverse incidents in health care and improving patient safety. Improving assertive communication of nurses is an instrument for improving assertive behavior, ensuring a climate of patient safety, managing conflicts effectively, increasing self- confidence and increasing professional responsibilities in healthcare settings [3].

Nurses communicate with others using three styles as follows: A passive communicator puts the rights of others before their own. Passive communicators tend to be apologetic or sound tentative when they speak and often do not speak up if they feel as if they are being wronged). Aggressive communicators, on the other hand, come across as advocating for their own rights despite possibly violating the rights of others. They tend to communicate in a way that tells others their feelings don't matter. Assertive communication refers to a way of conveying information that describes the facts and the sender's feelings without disrespecting the receiver's feelings. Using "I" messages such as, "I feel, I understand, or help me to understand are strategies for assertive communication [4].

Assertive communication involves various verbal and nonverbal qualities. As follows, direct eye contact shows that the speaker is strong and not intimidated, an assertive stance or posture with the right balance of strength and casualness. For example, standing rigid may come across as aggressive; whereas, slouching may be perceived as weak, tone of voice. A strong voice conveys assertiveness, but raising one's voice shows aggression and is likely to be met with anger, facial expression [5]

Assertive communication strategies include Practice active listening, is one of the most important skills for implementing an assertive communication strategy. In essence, it is about paying full attention to what the other person is saying, without interrupting, and showing interest. Listening, paying attention to body language, tone of voice, asking questions, or paraphrasing what has been understood can help ensure mutual understanding. Practice empathy. Empathy is the ability to understand and share the feelings of others or, in other words, to put oneself in the other person's shoes. In assertive communication applied to the work environment this means recognizing and validating the other person's emotions and points of view. Saying something like "I understand that this is important to you" can help bridge understanding and collaboration [6].

The study conducted by [7] emphasized the role of assertiveness communication skills for nurses in the workplace in reducing their interpersonal stress, building effective team relationships, and adding support to one's behavior and giving confidence about one's actions which influence their self-esteem. Thus, assertiveness helps nurses to be more competent in the provision of quality patient care, more effective in communicating with others, and using their professional knowledge and skills

Besides, [8] reported that assertive communication training has been found to effectively improve skills in communicating, realizing, and expressing negative and positive feelings. Training had a positive impact on employees and organization, and it positively affected employee performance through the development of knowledge, the acquisition of skills,

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competency, ability, and the person's behavior. Thus, training improves knowledge, skill, and communication which increases a nurse's motivation to work. An employee who never participates in any training, seminar, or workshop about assertive communication would experience difficulty in improving his/her performance.

Another study by [9] concluded that assertive communication can help in making better decisions for several reasons. First, it can help in clarifying goals, values, and priorities, which are the basis of any decision. By being assertive, it is possible to express what want and why and avoid being influenced by external pressure or expectations. Second, assertiveness can help in gathering relevant information and feedback, which are essential for evaluating options and consequences. By being assertive, it can ask questions, seek advice, and listen to different perspectives, without being defensive or dismissive. Third, assertiveness can help in negotiating and resolving conflicts, which are inevitable when making decisions that affect others. By being assertive, it can state the position, acknowledge other views, and find a mutually acceptable solution, without being manipulative or aggressive

When the investigator contacts with nurses at selected hospital it was observed that there is a high level of conflict among them due to lack of effective communication and cultural barriers can hinder assertive communication in health care and lack of communication lead to recuring incidents. Also, its observed that nurses ignore to applicate principles of assertive communication skills sufficiently that make them demotivated, unwilling to work hard to achieve organizational goals and lack opportunities to make a positive difference and negatively affect their ability in making good decision.

2. METHODS

2.1 Aim

The current study aimed to assess knowledge and skills of staff nurses regarding assertive communication.

Research question:

What 'are staff nurses' knowledge and skills level regarding assertive communication?

2.2. Design

Descriptive design was utilized in the study. It is a non-experimental approach that describes things "the way they are." and describe meaningful characteristics of a distinct group or to develop normative information [10].

2.3 Setting

This study was conducted at King Saud public Hospital in Unaizah, Saudia Arabia. governmental hospital which provides free services. This hospital consisted of three floors with a total bed capacity 300 beds, and 60 clinics. The study will be conducted in the following selected units (Adult ICU, Neonate ICU, Cardiac care unit, medical care unit, Orthopedic care unit, Pediatric ICU, Surgical care unit, and Dialysis unit)

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2.4. Participants

A convenient sample of staff nurses whose number (45) who are working at previously selected setting

2.5. Data Collection Tools

Data of the current study was collected using these three tools:

First tool: Personal data sheet developed by the investigator which includes personal data about staff nurses such as (age, gender, years of experience in nursing profession, years of experience in the hospital, educational level)

Second tool: Nurses' assertive communication Knowledge Questionnaire: It was developed by the investigator and guided by [11] and [12]. It was used to assess staff nurses' knowledge regarding assertive communication. It consisted of (30 items) items divided into five dimensions as follows 1. Concept of assertive communication (5 items) 2. importance of assertive communication (6 items) 3. types of assertiveness behavior (5 items) 4. Components of assertive communication (5 items) 5. Factors and challenges affecting assertive communication behavior (9 items) Each question of knowledge questionnaire was allotted a score of (1) for correct answer and (0) for wrong answer. Total knowledge score was calculated satisfactory more than 60 % of total knowledge score, while unsatisfactory less than 60 % of total knowledge scores [1].

Third tool: Nurses' assertive communication skills observational checklist: This tool was guided by [13] and [14] and modified by the researcher It was used to assess staff nurses' skills and consisted of 74 items covering the following four dimensions 1. workplace assertiveness behavior (18 items), 2. assertiveness behavior factors (20 items), 3. assertiveness techniques (13 items), 4. Relationship assertiveness behavior (23items). all items were answered using dichotomies scale format ranging from, done (1), not done (0). The level of assertive communication skills was considered high level ≥75% of total scores, while moderate level 50- 75% of total scores and low level ≤ 50%.

The tools were checked for validity and reliability, Content validity was established by a panel of three experts from nursing administration department at faculty of nursing, Cairo University. They were asked to examine the data collection tools for content coverage, clarity, wording, length, format, and overall appearance. In addition, the reliability was determined statistically by testing the internal consistency using Cronbach's Alpha Coefficient test. The Cronbach's Alpha for staff nurses' assertive communication knowledge test was (0.86) while staff nurses assertive communication skills observational checklist reliability was (0.90).

2.6. Procedure

Prior to data collection, an official approval was obtained from the research ethical committee of the faculty of nursing- Cairo University, the official permission was obtained from the medical and nursing managers of King Saud public Hospital in Unaizah, Saudia Arabia. to carry out the current study. Staff nurses of the selected units were invited to participate in the study, and they were informed by the investigator that participation is

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completely voluntary with informed consent and there is possibility for withdrawing from the study at any time. Furthermore, confidentiality of the information was assured. The aim, nature and significance of the study were explained to each participant individually. Then, the investigator obtained their acceptance in a written form.

2.7. Statistical data analysis

The collected data was tabulated, computed and analyzed statistically using Statistical Package for the Social Sciences (SPSS) program version 24. Descriptive statistics in the form of frequency distribution, percentages, mean and standards deviations were utilized.

3. RESULTS

Table 1: Frequency Distribution of Staff Nurses According to Personal data (n=45)

Demographic data	No.	%
Age		
(20 - < 30 years)	13	28.9
(30 - < 40 years)	24	53.3
(40 years & more)	8	17.8
Gender		
Female	41	91.1
Male	4	8.9
Education		
Bachelor's degree in nursing	37	82.2
Others	2	4.4
Technical nursing diploma	6	13.3
Years of experience in the hospital		
(<1 years)	1	2.2
1-<5	12	26.7
5-<10	17	37.8
(10 years & more)	15	33.3
Workplace		
Adult ICU	5	11.1
Cardiac care	5	11.1
Dialysis	5	11.1
Medical care	5	11.1
Neonate ICU	5	11.1
Orthopedic ca	5	11.1
Pediatric ICU	5	11.1
Surgical care	10	22.2
Years of experience in nursing profession		
(<5 years)	10	22.2
(5 - <10)	9	20.0
(10 - <15years)	14	31.1
(15 years & more)	12	26.7

Table 1 shows that most of the study participants (91.1%) were female, and their age group (53.3 %) ranged from 30< 40 years old, the majority of them (82.2%) were having

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bachelor's degree in nursing, with years of experience in hospital, (37.8%) of them ranged from 5< 10 years, while (31.1%) ranged from ten to less fifteen years of experience in nursing profession

Table 2 shows that the staff nurses had moderate mean scores regarding assertive communication knowledge dimensions

Table2: The Total Mean Scores of Staff Nurses 'Assertive Communication Knowledge Dimensions (n=45)

Dimensions of assertive communication knowledge	Mean	Sd	Mean %
Concept of assertive communication	3.14	2.22	62.8%
Importance of assertive communication	4.52	1.47	90.4%
Types of assertive communication	2.17	2.24	43.4%
Components of assertive communication	3.8	2	76%
Factors and challenges affecting assertive communication behavior	4.85	3.52	60.6%
Total	19.62	4.04	70.1%

Figure 1 shows that the majority of participants had low level in total assertive communication knowledge scores as (56.7%)

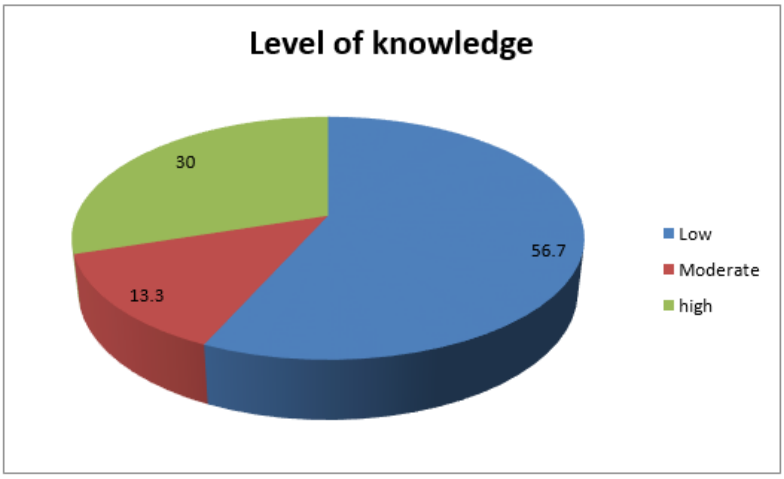

Figure 1: Frequency Distribution of Total Assertive Communication Knowledge Levels Among staff nurses

Table 3 shows that the staff nurses had high mean scores of assertive communication skills dimensions

Table 3: The Total Mean Scores of Staff Nurses' Assertive Communication Skills Dimension

Dimensions of assertive communication skills	Mean	Sd	Mean %
Workplace assertiveness behavior	12.78	5.67	71.0%
Relationship assertiveness behavior	16.95	3.6	89.2%
Assertiveness techniques	10.96	1.73	91.3%
Assertive behavior factors	19.38	4.17	88.1%
Total	60.02	2.60	84.5%

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Figure 2 illustrates that the majority of participants had high level in total assertive communication skills scores as (70.1%) of staff nurses scored high

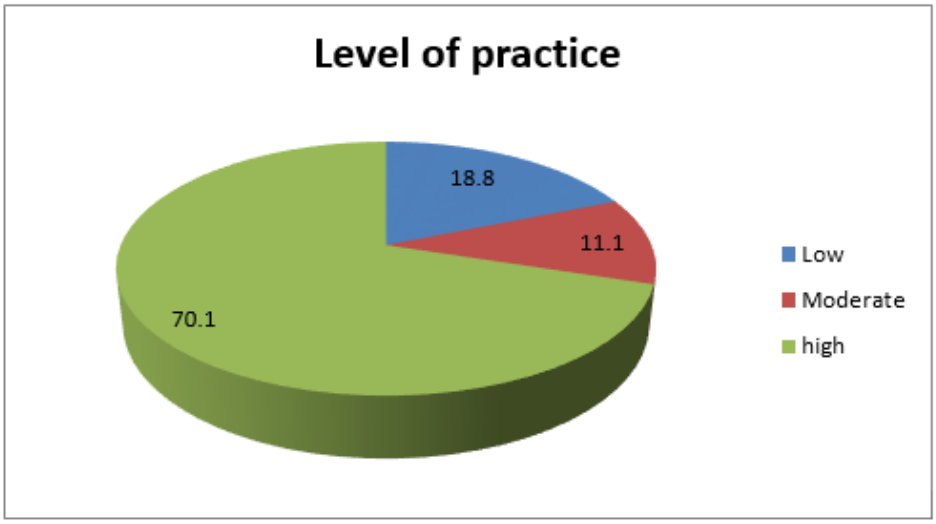

Figure 2: Frequency Distribution of Total Assertive Communication Skills Levels Among staff nurses (n=45)

Table 4 shows that there was statistical relation between staff nurses' total assertive communication knowledge and their total skills.

Table 4: Correlation between Staff Nurses Total assertive communication Knowledge and Skills (n=31)

Staff Nurse total assertive communication knowledge	Staff Nurse total assertive communication skills	
	R	P
	0.20	0.02*

4. DISCUSSION

Assertive communication is a specific skill that some people are born with, but it also can be learnt. It is normally direct and clarifies a person's need with the other interactant. People with advanced skills in assertiveness can reduce interpersonal conflict-related stress and anxiety [2]

The present study revealed that the majority of the nurse managers were females. This is consistent with [15]. who reported that the majority of study sample are female. In the same line, many studies were done by [16] and [17]. reported that the majority of the sample were females.

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In addition, the current study found that more than half of the staff nurses were aged between thirty to less than forty years. This result aligns with the findings of 18] who reported that half of the nurses were aged between thirty to less than forty years

However, this result is against the study done by [19] who found that nearly half of the subjects were (20 - 24) year and the least was less than 20 years.

Besides, the current study highlighted that the majority of staff nurses hold a bachelor's degree in nursing. This finding is consistent with the results of [20] who found that most of nursing staff had bachelor's degree in nursing. On the other hand, this finding is contradicted with the results of 21] who found that two thirds of staff nurses had technical nursing diploma

Furthermore, the finding of the current study revealed that the majority of the staff nurses had ten to less fifteen years while they had from five to less than ten years of experience in hospital. These results were matched with [22] who found that most of study samples had from five to ten years of experience. Conversely, [23] reported that more than half of the study sample had experience ranged between ten to twenty years and most of them were between thirty to forty.

As regard, the study showed that most of staff nurses were working at the surgical intensive care units. This result was matched with [24] who found that most of the study sample were working at the surgical intensive care unit. This result was against [25] who found that the highest percentage of their studies' nurses worked in internal departments like internal medicine, surgery, obstetrics, and gynecology.

The current study revealed that the mean scores of staff nurses' knowledge dimensions regarding assertive communication are moderate. This indicates that staff nurses had insufficient knowledge and information regarding assertive communication. These findings are consistent with [26] who found that there was statistically significant improvement in all knowledge areas of staff nurses regarding concept of assertive communication. In contrast, [27] reported that nurses had low assertiveness and assertion level.

Pertaining to the participants' knowledge levels, they had low level in total assertive communication knowledge. These findings align with [4] who determined that the study participants had low level of assertive communication. On other hand, this is against [9] who reported that more than half of the study sample have a high level regarding their total assertive communication knowledge.

The current findings show that the nurse managers had high mean scores of assertive communication skills dimensions. From the investigator point of view, this result can be explained due to staff nurses acquired different communication techniques which exhibited in daily practices regarding different situations.at the same line, [28] noted that nurses tend to practice more affirmative assertive behaviors, such as giving compliments, encouraging opinions, making suggestions, providing constructive criticism. Conversely, study by [29] indicated that some nurses hesitate to be assertive due to concerns about

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their relationships and nurses are less assertive towards nursing management personnel than their co-workers.

Regarding the participants' skills levels, the current study revealed that nurse managers had high level regarding assertive communication. This congruent with [30] who found that most study samples have a high level of assertiveness. In contrast [29] who found that, while some participants acknowledged that assertive communication could foster mutual understanding, others viewed it as a risk to team harmony.

Finally, the results revealed that there was statistical correlation between staff nurses' knowledge and skills. This agrees with [31] who revealed that there was a statistically significant positive correlation between nurses' overall assertiveness knowledge and their practices.

5. CONCLUSION AND RECOMMENDATIONS

In the light of the present study findings, it can be concluded that most participants had moderate level in total assertive communication knowledge and low level in total assertive communication skills so, staff nurses had moderate perception regarding assertive communication. Moreover, there was statistical relation between staff nurses' total assertive communication knowledge and their total skills.

Additionally, at the level of hospital administration, should incorporate mandatory and ongoing in-service education and training programs regarding assertive communication to enhance staff nurses' awareness regarding the significance of assertiveness and effective communication in daily practices, develop comprehensive guidelines on applying and demonstrating assertive communication in health care settings, develop policies that emphasize the importance of assertive communication on daily operations. Regarding nursing education, integrating courses on assertive communication into nursing curricula at levels of education, staff nurses should regularly attend workshops and seminars on assertive communication to equip them with up-to-date knowledge and practical application. for nursing research, replicate the study with a larger sample size and in different settings to confirm and generalize the findings, conduct research studies to identify barriers in practice settings that hinder the implementation of assertive communication and develop strategies to overcome them.

Declarations

Ethical Considerations

A primary official approval was obtained from the research ethics committee, Faculty of Nursing, Cairo University, to conduct the proposed study then an approval from the director of at King Saud public Hospital. All participants reported that Participation in the study is voluntary. The ethical considerations include explaining the purpose, nature of the study and stating the possibility to withdraw at any time. To ensure confidentiality for the participants; data will not be accessed by any other party without getting permission from the participants.

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Availability of data and materials

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Competing Interests

The authors declare that they have no competing interests.

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