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Wykształcenie, jako czynnik wpływający na rozwój zachowań asertywnych pielęgniarek

Education as a factor contributing to the development of nurses' assertiveness

Streszczenie

Wstęp. Pielęgniarstwo jest zawodem, w którym zarówno wykształcenie jak i silna osobowość, rzetelność, asertywność i empatia, są podstawą prawidłowego funkcjonowania.

Cel pracy. Celem pracy było określenie poziomu asertywności pielęgniarek oraz odpowiedź na pytania, czy wykształcenie i kształcenie podyplomowe wpływa na rozwój zachowań asertywnych.

Material i metody. Badaniami objęto pracujące pielęgniarki ze szpitala w Bydgoszczy oraz trzech szpitali elbląskich. Do badań zastosowano ankietę osobową własnej konstrukcji służącą do opisanie właściwości socjodemograficznych badanych i Kwestionariusz Zachowań Asertywnych własnej konstrukcji skonstruowany w oparciu o Mapę Asertywności M. Król-Fijewskiej.

Wyniki. Osoby posiadające ukończone studia pielęgniarskie licencjackie osiągały najwyższe wyniki w zakresie globalnego poziomu asertywności spośród badanych. Wyniki zawierające się w zakresie wartości wysokich osiągały także osoby po studiach magisterskich.

Wnioski. Wykształcenie stanowi czynnik rozwijający zachowania asertywne.

Abstract

Introduction. Nursing is a profession in which both education and a strong personality, integrity, assertiveness and empathy are the basis for proper functioning.

Aim. The aim of the study was to determine the level of assertiveness in nurses, and to answer the questions whether their graduate and post-graduate education have an impact on assertive behaviours.

Material and methods. The research covered working nurses of a hospital in Bydgoszcz, and three hospitals in Elbląg. A self-designed personal questionnaire was applied in the research in order to describe the socio-demographic features of the respondents and the self-designed Assertive Behavior Questionnaire based on the Assertiveness Map by M. Król-Fijewska.

Results. The respondents with nursing bachelor's degrees obtained the highest scores with respect to the global level of assertiveness. Also the respondents with master's degrees obtained scores falling into the range of high values.

Conclusions. Education is a factor contributing to the development of assertive behaviors.

Słowa kluczowe: pielęgniarki, wykształcenie, asertywność

Key words: nurses, nursing education, assertiveness

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INTRODUCTION

Assertiveness in nursing is gaining a distinctive dimension. In order to keep emotional balance, a nurse should have a strong personality, knowledge and social competence, since nurses play diverse roles, maintain a number of relationships and their vocational role influences their private life. The aforementioned factors are significant in contemporary nursing in which the principles of primary nursing are emphasized.

A primary nurse, who has a nursing team consisting of several people at her disposal, is to provide nursing care for a particular number of patients, cooperate with a doctor and patients' families and coordinate the work of the staff supervised by her. Playing such a role would be impossible without a strong personality, properly developed social competence, the sense of responsibility, empathy and determination [1]. So as to maintain psychological stability and motivation for undertaking further actions, nurses should be aware of the fact that "assertiveness is different from aggressiveness and it does not involve infringement of other peoples' rights; it does not exclude being kind, polite or even altruistic. Assertive individuals help others because they themselves want to do it, not because of fear or respect for somebody else" [2]. Nurses often try to adjust to a model of "a nice performer" of the job who is gentle and compliant [3,4]. Following the ideas put forward by Nightingale, they should play a role of "a builder" who is to put in action the plans of "an architect", namely – a doctor [5]. This kind of behaviour may lead to internal stresses and strains or to the feeling of being underestimated. The following pieces of advice seem to be crucial for those who feel as if they were trapped in their roles [6]:

- think, feel, say what you want;
- stop apologising all the time;
- learn to take a compliment;
- do not be self-deprecating;
- be self-confident;
- feel free to say "I don't want" , "no" and "I don't understand".

Since assertiveness is not an innate gift, the development of proper skills should be an important element in education of nurses and their further training. However, it is a difficult task, as "it is easier to train people in economics, mathematics, geography or sociology than to teach them practical social competence" [7].

Şek suggested the definition of assertiveness which states that "it is a set of skills having the character of social competence which determines certain behaviours in interpersonal situations whose aim is to foster the appreciated personal values and personal development, as well as to defend one's positive image and self-acceptance. Such behaviour may constitute a response to the requirements of specific situations or a deliberate activity of the subject consisting in:

- expressing positive and negative feelings in a free and controlled way with the help of various forms of expression;
- expressing one's own opinion, viewpoints in public and in risk situations;
- claiming your rights;
- refusing to be demeaned and to be subject to aggressive

behaviour;

- refusing to fulfil inappropriate demands that aim to exploit a particular person;
- accepting or rejecting opinions on one's own person expressed by other people on the basis of independent and critical interpretations;
- asking other people for favours and help;
- initiating, maintaining and limiting relationships with various people".

Şek distinguishes the meanings of the terms: ability and skill, stating that "an ability is a quality that is partly innate as a kind of gift and partly developed by learning, whereas a skill is defined as a competence gained by learning" [2].

AIM

Claiming that assertiveness is a skill that can be gained in the process of education, the objective of the work is to provide answers to the following questions:

1. Does the level of education of nurses exert an influence on the level of their assertiveness?
1. Does the fact that nurses continue learning exert an influence on the level of their assertiveness?

MATERIAL AND METHODS

361 working nurses took part in the survey; the study group included:

- 156 nurses from Dr J. Biziel Hospital in Bydgoszcz
- 205 nurses from three hospitals in Elbląg: the Provincial Hospital Complex, John Paul II Municipal Hospital, and the 110th Military Hospital with the Outpatient Clinic

Women constituted an overwhelming majority of the respondents (98.75 %).

The average age of the respondents was 39.83 years, standard deviation: 6.33.

The graduates of secondary medical schools constituted the majority of the respondents (214 persons – 59.61 %), 98 persons graduated from a medical vocational school (27.30%), 47 of them had higher, including 13 respondents who had a bachelor's degree (3.62 %) and 34 respondents (9.47 %) who had a master's degree (Figure 1):

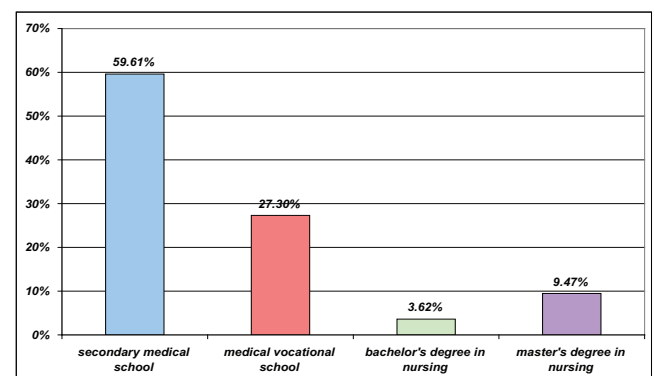


FIGURE 1. Education of the respondents; number of nurses - 359

Among the nurses from Elbląg, more nurses had graduated from secondary medical schools compared with the nurses from Bydgoszcz. Figure 2 presents the comparison of the level of education in these two groups:

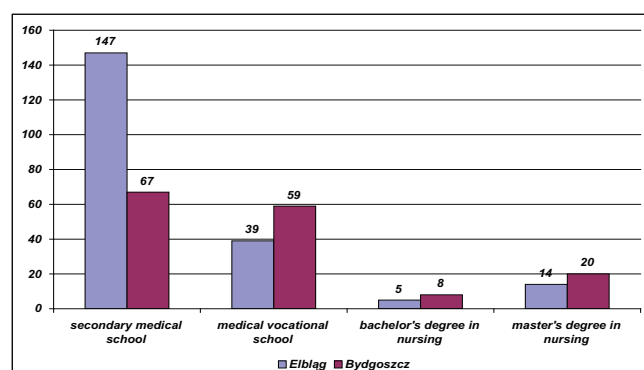


FIGURE 2. The comparison of the education of nurses in Elblag and Bydgoszcz.

112 respondents were studying at the time of completing the questionnaire (31.19%).

The following research tools were used:

- I. Personal survey was used to provide a description of socio-demographic properties of the respondents.
- II. The Questionnaire of Assertive Behaviours – developed by the author “The Assertiveness Map” presented in the book “Trenchantly, Calmly, without Fear” (Król – Fijewska, 2003, 131-139) and the author’s observation of nurses’ environment constituted the basis for the questionnaire.

The questionnaire of assertive behaviours consists of 30 items forming six levels of measurement:

- Defence of one’s own Rights beyond Personal Sphere – DRPS (e.g. “If somebody violates commonly accepted norms in my presence, I can express my disapproval.”) This level of measurement evaluates the skill in defending one’s rights in social situations.
- Initiatives and Interpersonal Relations – IIR (e.g. “It is difficult for me to keep up an informal conversation”). This level reflects the skill in establishing contacts with other people when meeting them is not connected with professional relationships.
- Praise and Criticism - PC (e.g. “When somebody praises me, I usually deny and I provide information on my weaknesses”). This level of measurement evaluates how one behaves in the situation of being assessed.
- Expression of Feelings – EF (e.g. “I can express my dissatisfaction and irritation with people who are close to me”). This level measures the skill in understanding and conveying one’s negative and positive emotions.
- Defence of ones’ own Rights in Personal Relations – DRPR (e.g. “I get the impression that other people often exploit and manipulate me”). The level of measurement assesses behaviours allowing one to defend one’s own viewpoints and opinions in an open and non-aggressive way.
- Invasion of one’s Territory – IT (e.g. “I sometimes feel that I am right and I try to persuade other people to accept my point of view”). This level of measurement shows an inclination to behave aggressively while maintaining contacts with other people. It leads people to achieve their own objectives by infringement of other people’s rights.

Each of the levels of measurement includes five test positions.

Each test position has 5 expressions showing a particular

attitude, namely 1 – “I totally disagree”, 2 – “I rather disagree”, 3 – “It’s hard to say”, 4 – “I rather agree”, 5 – “I totally agree”. The allocation of points in some of the test positions has been reversed. The high results at the levels of measurement such as DRPS, IIR, PC, EF and DRPR and the low results at the level IT mean that the level of assertiveness is high.

In order to obtain the possible global result for the level of assertiveness, the results at the IT level of measurement has been reversed. Owing to that process, the level of measurement called Non-invasion of one’s Territory (NIT) was achieved.

The reliability of the test has been measured with the assistance of 100 students of the Faculty of Health Sciences at Elblag University of Humanities and Economy, and its reliability ratio was 0.75-0.79.

RESULTS

According to the results obtained in the questionnaire (Table 1), the average global level of assertiveness of the respondents was 104.64 points out of 150 points possible to score. The lowest average result was obtained at the level of Defence of ones’ own Rights in Personal Relations (DRPR) whereas the highest result was achieved at the level Defence of one’s own Rights beyond Personal Sphere. The average result at the level of Invasion of one’s Territory (IT) was 13.01 points out of 25 points. However, it is worth noticing that the highest result was 22 points.

TABLE 1. The average assertiveness level of the respondents at all the levels of measurement of the Questionnaire of Assertive Behaviours (QAB).

	valid responses	average	min	max	Standard deviation
QAB	346	104.64	73.00	126.00	10.42
DRPS	350	18.80	7.00	25.00	3.47
IIR	350	16.70	6.00	25.00	3.17
PC	349	18.42	10.00	25.00	2.59
EF	348	17.39	9.00	25.00	2.46
DRPR	349	16.35	8.00	25.00	3.20
NIT	350	16.98	8.00	25.00	3.40
IT	350	13.01	5.00	22.00	3.37

QAB - the Questionnaire of Assertive Behaviours; DRPS - Defence of one’s own Rights beyond Personal Sphere; IIR - Initiatives and Interpersonal Relations; PC - Praise and Criticism; EF - Expression of Feelings; DRPR - Defence of ones’ own Rights in Personal Relations; NIT – Non-invasion of one’s Territory; IT - Invasion of one’s Territory

The respondents who had a bachelor’s degree in nursing obtained higher results (on average 113 points with the standard deviation amounting to 9.99) within the scope of global level of assertiveness than the remaining groups of respondents. The respondents who had a master’s degree in nursing also obtained high results.

Figure 3 presents the comparison of an average global level of assertiveness of the respondents.

Those respondents who were studying at the time of conducting the research had also statistically higher results at the level of Initiatives and Interpersonal Relations (Figure 4)

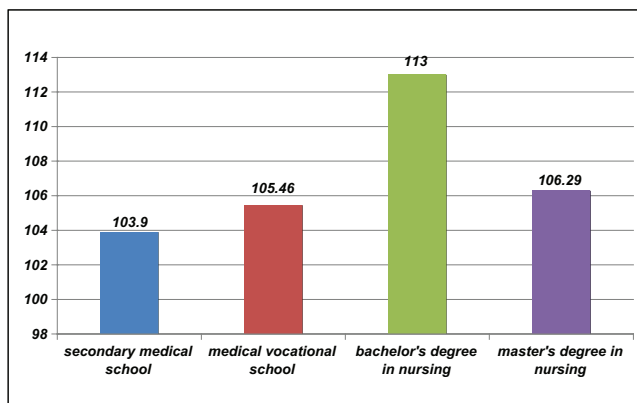


FIGURE 3. The comparison of an average global level of assertiveness of the respondents. Number of nurses - 343.

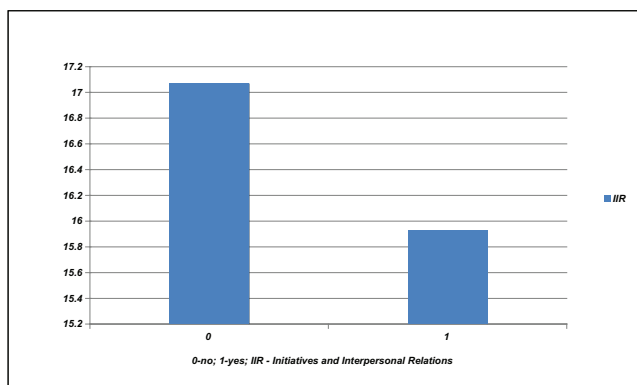


FIGURE 4. The comparison of the results at the level of Initiatives and Interpersonal Relations considering the fact of studying.

DISCUSSION

Nurses' assertiveness is usually assessed as low [3,6,8]. Those respondents who had higher education obtained a higher result in terms of global assertiveness. Those people often had managerial positions. The results were similar to those achieved by nurses who had managerial positions in the Provincial Hospital Complex in Elbląg [9], and they were in the range of high results. However, it should be emphasized that nurses obtained one of the lowest overall results among the managerial staff working in the hospital in Elbląg.

The research results confirmed the influence of the level of education on the level of assertiveness of the respondents. The respondents with secondary education achieved average results. Those who had a bachelor's degree in nursing obtained an average result of 113 points, which was a high result. The respondents who had a master's degree obtained a little higher result, which was also considered high [10].

CONCLUSIONS

1. The level of nurses' education exerts an influence on their level of assertiveness.
2. The continuation of post-secondary education exerts an influence on the level of assertiveness in terms of undertaking various initiatives and maintaining relationships.
3. In the education of nurses, the curriculum content regarding interpersonal communication should be extended, and methods of developing skills in defending one's own rights in personal relations should be included.

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