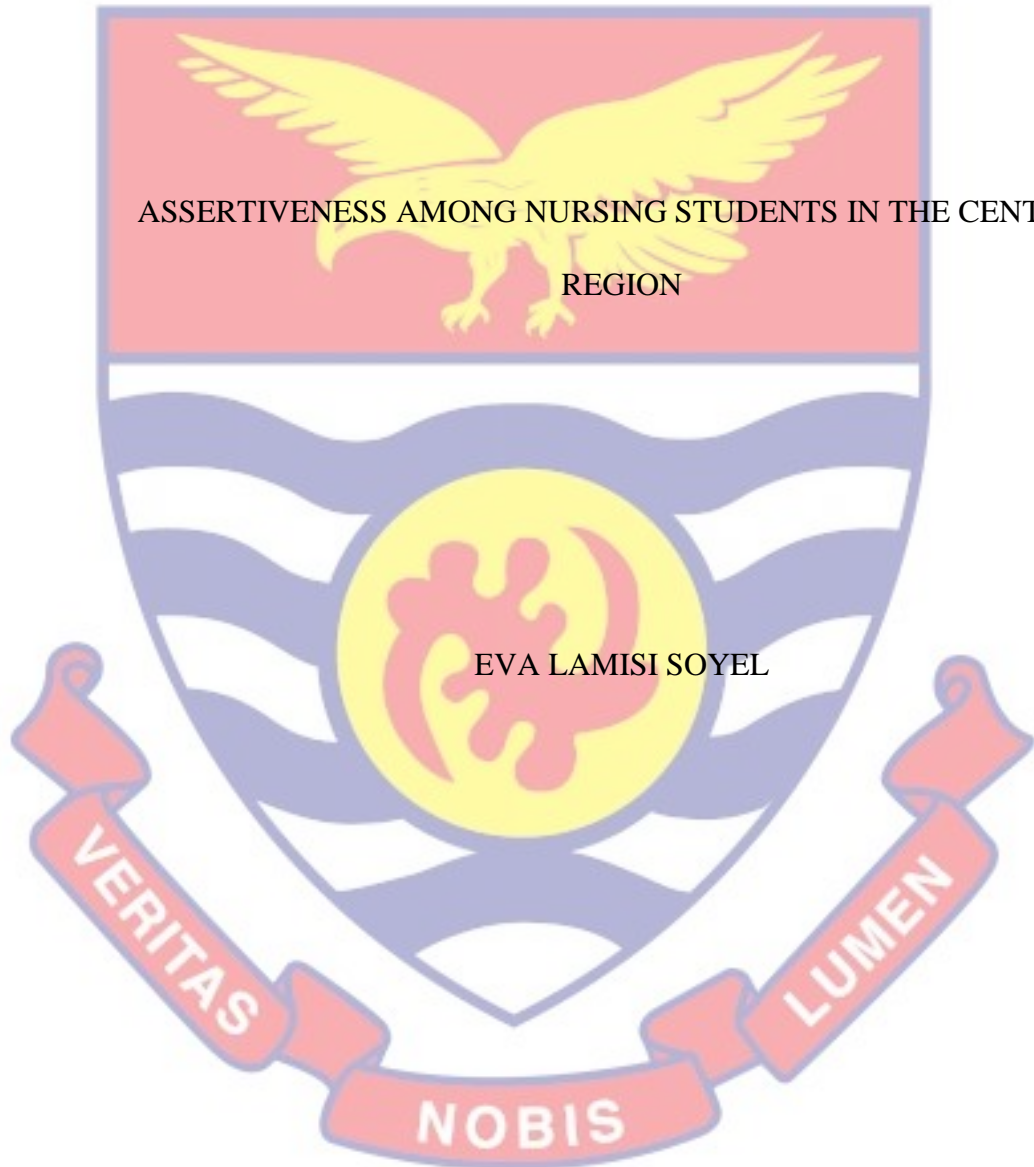
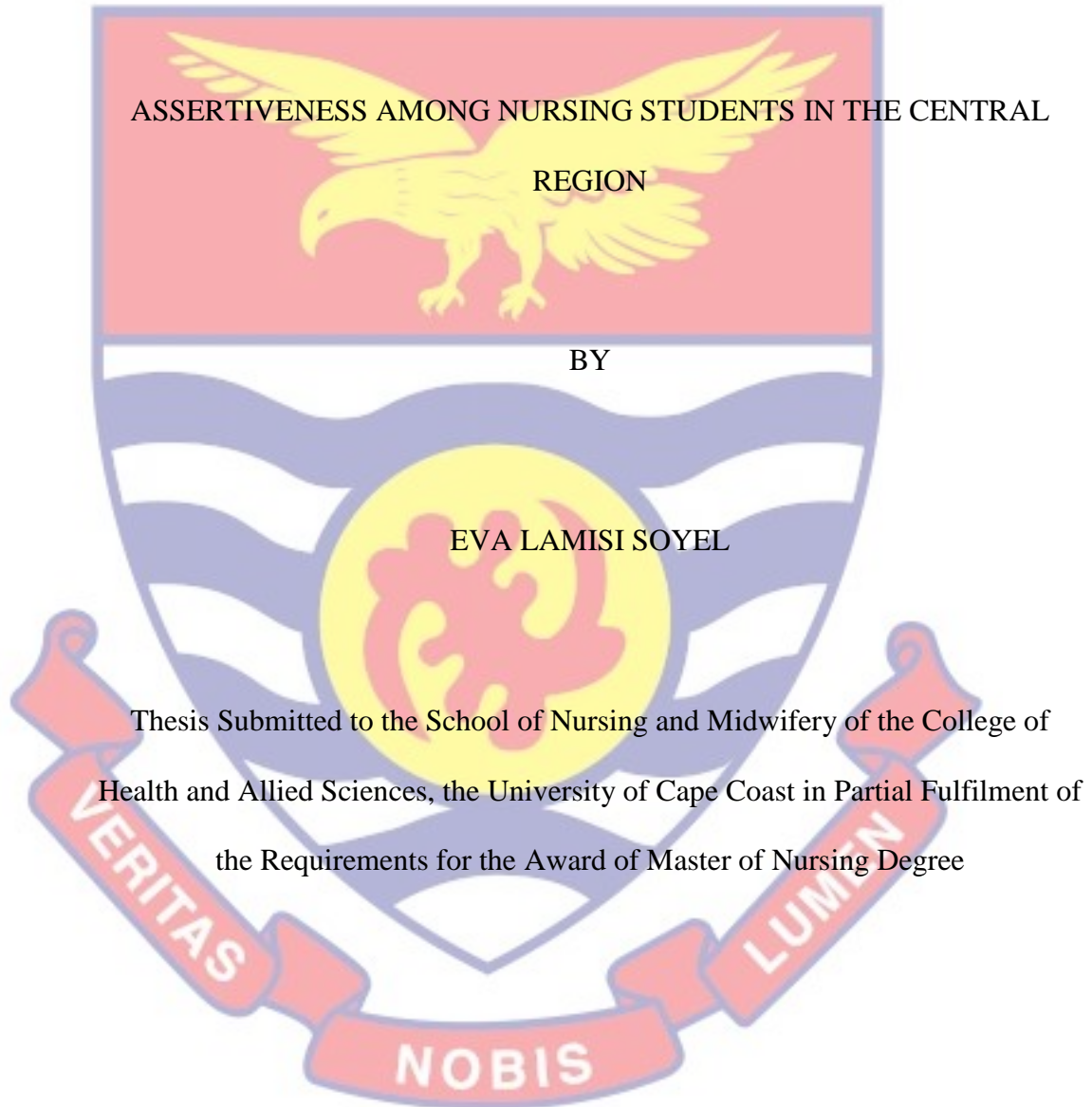


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MARCH 2022

DECLARATION

Candidates' Declaration

I hereby declare that this project work is a result of my original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidates' Signature.....Date:.....

Name: Eva Lamisi Soyel

Supervisor's Declaration

I hereby declare that the preparation and presentation of the project work were supervised under the guidelines on supervision of project work laid down by the University of Cape Coast.

Supervisor's Signature.....Date:.....

Name: Dr. Andrew Adjei Druye



ABSTRACT

The purpose of the study is to assess the assertiveness level among nursing students in the various nursing specialty training schools in the Central Region of Ghana and determine the factors that facilitate and impede assertiveness among the students during clinical practice training. Data was collected from a primary source which involved a structured questionnaire and the analysis was done using SPSS version 22. A sample size of 334 nursing students was used in the study. The hypothesis tested was done using Chi-Square. The result indicates that the majority (88%, n=294) of nursing students were moderately assertive. Furthermore, the assertiveness of males and females revealed that there is no statistically significant difference in the mean score ($t=-0.60$; $p=0.55$) on assertiveness behaviour. Moreover, the study also indicated that none of the demographic variables considered has a significant relationship with the assertiveness of the nursing students ($p>0.05$). Finally, the study showed that the major factor in facilitating the assertive behaviour of nursing students during clinical practical training is a supportive environment. Also, the results further indicate that the major factor impeding assertive behaviour among nursing students is a lack of information regarding personal and professional rights.

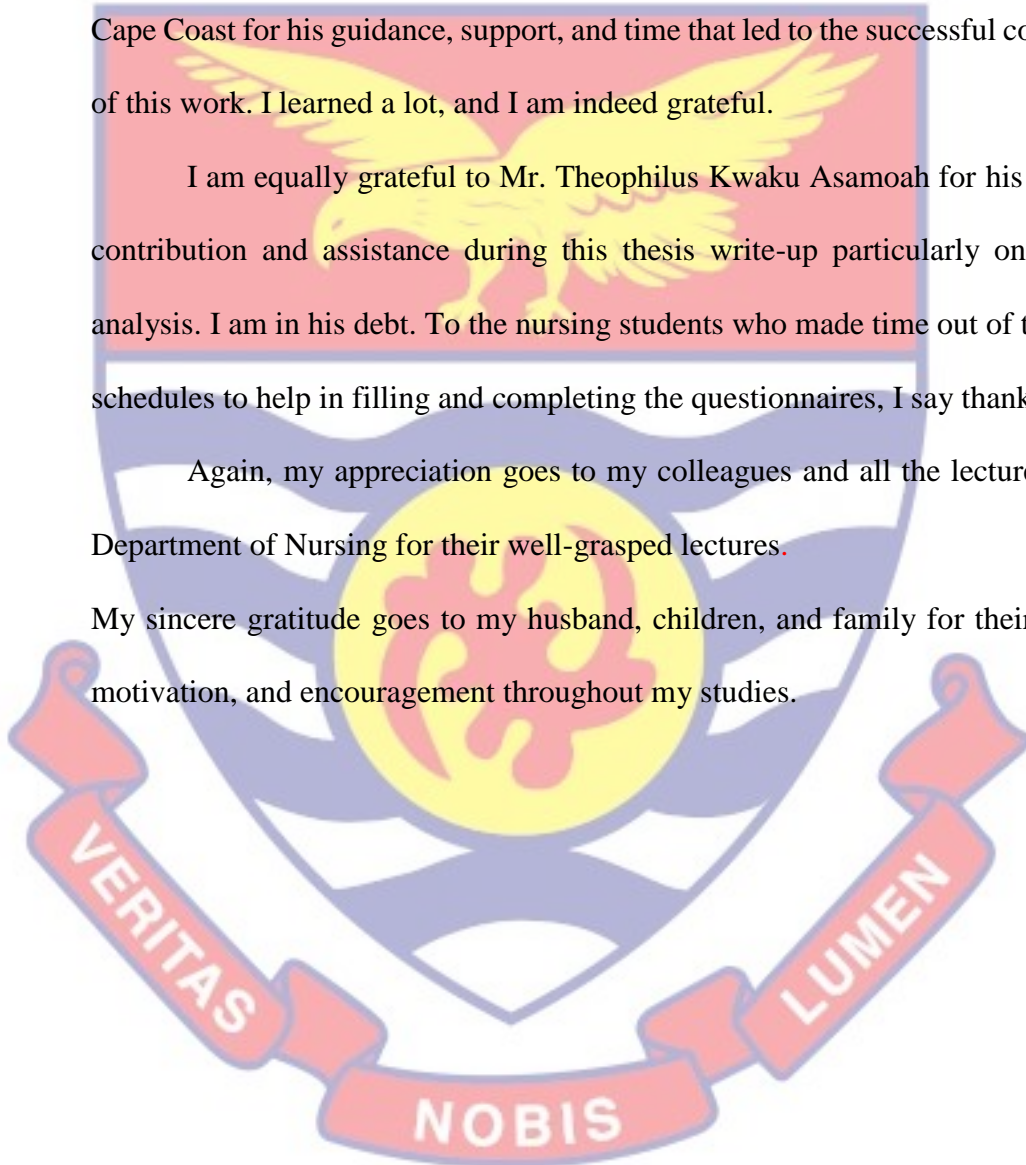
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Again, my appreciation goes to my colleagues and all the lecturers of the Department of Nursing for their well-grasped lectures.

My sincere gratitude goes to my husband, children, and family for their prayers, motivation, and encouragement throughout my studies.



DEDICATION

To my husband, Luke, my children, Merilyn, Maalu, and Jayden, and all persons
struggling with self-expression.



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CHAPTER ONE

INTRODUCTION

Brief Introduction

There is an urgent need for health care professionals to advocate and address patients concerns especially when patients' safety is compromised. Assertive communication may be one of the useful medium for this intervention. However, some inter-professional relationships do not permit the use of assertive approach in dealing with health care team members. Therefore, some health professionals including nurses may use accommodating behaviours to negotiate conflict situations rather than assertive behaviours (Raykova, Semerdjieva & Tornyova, 2020). They may surrender to people in position and power and may result in unsafe practices (Poroch & McIntosh, 1995). Students in the health profession including nursing need assertive skills in communicating with patients and relatives as well as other professionals. It has been argued that undergraduate nursing students with a decreased level of assertiveness and self-esteem may exhibit negative professional behaviours in their transition as registered general nurses hence recommend assertiveness skills training for the nursing student during their nursing education (Deltsidou, 1995).

Assertiveness may be considered a healthy behavior that may assist people to develop personal empowerment. It is a vital component as long as the successful professional practice is concerned (Kilkus, 1993). Assertiveness practices may help to resolve many conflicts in a nursing environment or situation (Park & Yang, 2006). This thesis write-up explains the concept of assertiveness especially among

nursing students globally and nationally. It will help understand the level of assertiveness among nursing students specifically on clinical practice training.

This introductory chapter is the first of the five chapters in this thesis write-up. The chapter will begin with a broad overview of the concept of assertiveness with some historical perspectives. It also revealed its implication in nursing and how it transcends into nursing education. A conceptual model developed was developed by the research to help guide the purpose and also answer the research questions for this study. The chapter ends with the methodology employed for this study.

Background of the Study

Overview of the concept of assertiveness

Assertiveness is a skill often associated with social and communication skills training. It involves the demonstration of the ability to vent out one's ideas, beliefs, and preferences while simultaneously respecting the rights of others (Sudha, 2005). It is often wrongly confused with aggressive behaviour. However, assertive individuals aim to be neither passive nor aggressive in their interactions with other people (Sarafino, 1994). Non-assertive people may be victimized due to their passive behaviour (Sudha, 2005). Assertive behaviour, on the other hand, does not only involve what one says, but it also encompasses non-verbal body language feature such as voice tonation, facial expression, eye contact, and body posture (Lawless, Quinn & Wilcox 2006). Assertiveness may be described as one's ability to openly express their intentions and emotions while simultaneously respecting the feelings and rights of others (Ellis & Hartley, 2005). In effect, it creates a good

interpersonal relationship that promotes equality between relationships by helping people express their rights, thoughts, and needs directly that neither denies or demean but rather recognizes respect for others (Albert & Emmons, 1986; Freeman & Adams, 1999). Verbal assertive communication involves speaking calmly, and honestly to people while simultaneously meeting the goal of communication and taking responsibility for one's action (Boggs, 2003).

Historical perspective

The concept of assertiveness has a long history and can be traced to the middle of the 19th century. It was a phenomenon that was related to clinical practice in the area of mental health (Beck, Freeman & Davis, 2004; Salter, 2002; Wolpe, 1990; Ullrich & Ullrich de Muynck, 1973; Lazarus, 1971). Its usage started in the field of psychology where clinical psychologists found that non-assertive behaviour accounted for some mental illness and therefore factored assertiveness training programmes for people who suffered mental health conditions such as depression. Even though the concept of assertiveness was clinically used in the management of depression among psychiatric patients, some psychologists also used it as a means to advocate for people to defend their rights (Peneva, & Mavrodiev, 2013). For example, in the 1970s, civil rights movements in the United States of America (USA) sprouted and numerous psychologists channeled their energy and attention towards assertiveness as an avenue for protection of human rights (Alberti & Emmons, 2008; Jakubowski & Lange, 1978, 1976). Around the 21st century, assertiveness was used in education in the area of pedagogical, secondary, and tertiary schools teaching (Christopher, Edwards, & Eppler, 2012; Paezy,

Shahraray, & Abdi, 2010; Korobkova, 2000; Kaufman, Raphael, & Espeland, 2000). Later on, researchers saw the need to explore the use of assertiveness in areas such as medicine, sports, politics, religion, art, fashion, and tourism (Peneva, & Mavrodiev 2013).

Assertiveness in nursing

Assertiveness in health care is significant because of the social interaction that occurs among health care team members. In this regard, assertiveness may be described as healthcare professionals including nursing students being able to respectfully express their opinions and concerns confidently regarding patient care, among themselves, as well those in positions of authority (Omura, Maguire, Levett-jones, & Stone, 2017). Several studies have explored some relationships between assertiveness and some perceived human strengths. For instance, there is an association between one's assertiveness level and their ability to overcome stress and bullying at the workplace. It however enhances contentment, and dedication to work (Lounsbury et al., 2003). Also, assertiveness has been found to have a positive correlation with self-esteem suggesting that if there is a high level of assertiveness, there will be a high level of self-esteem (Shrestha, 2019). The conflicting issues that arise in healthcare may be managed when health care professionals communicate assertively rather than a "command and act" way of working.

Traditionally, nursing has predominately been practiced by females and their major job description is to assist the doctor (Szutenbach, 2013). Because of their supporting role for doctors, they are ranked in the lower medical hierarchy making it difficult to assert themselves when it comes to opinions about patient care

and other administrative issues (McCabe & Timmins, 2003). The high level of abuse among staff and patient may become problematic and may lead to low self-esteem and emotional imbalance among nurses (Buback, 2004). Nurse Managers generally perceive that good nurses are just to follow orders and not to challenge the status quo. Others also feel that non-assertive behaviour is a normal phenomenon and feels reluctant to do something about it (Szutenbach, 2013). Invariably, this behaviour affects the lives of subordinates so much that junior nurses may display anger and frustration towards patients. On the other hand, assertive nurses can present opinions and suggestions directly and openly in a comfortable way that allows for healthy criticism. They can assess their rights and responsibility during work situations and also in a more thoughtful systematic pattern (Clark, 2010). The lack of assertiveness may result in ineffective communication and can jeopardize and compromise patient care and safety (Poroch & McIntosh, 1995). Additionally, unless healthcare professionals assertively express their concerns to appropriate headquarters of healthcare team, patient safety may not be guaranteed, contributing to medical errors and havoc especially at the hospital (Okuyama et al., 2014). In light of these developments, some authors have recommended assertive skill training among hospital staff (Begley & Glackens, 2004; Buback, 2004).

Some researchers have conducted studies on nurses and midwives concerning assertive behaviour (Gilani, 2018; Imanifar, Seyedin, Roshanzadeh, & Afshar, 2015; Timmins & McCabe, 2005; Kilkus, 1993). Many of these studies have reported low to moderate levels of assertiveness among nurses and midwives, hence

many of these authors have recommended assertiveness skills training for them. Other studies have also compared relationships of assertiveness with other concepts such as patient advocacy, self-empowerment, and the ability to resolve conflict situations at the workplace (Imanifar, Seyedin, Roshanzadeh, & Afshar, 2015; Ibrahim, 2010; Begley & Glacken, 2004). The findings of many of these studies tend to establish significant relationships between assertiveness and these concepts.

Assertiveness in nursing education

Nursing education involves two complementary parts: theoretical training and practical training. (Borzou et al, 2009) but a greater part of nursing education is carried out in the clinical environment (Nahas, 1998). Also, nursing is a performance-oriented profession, therefore clinical learning environment plays a very important role in the acquisition of psychomotor skills. It provides students with the opportunity to meet real sick patients and make inferences to knowledge from school. Additionally, clinical learning equips the student nurse to develop the competencies in the nursing practice preparing them to take over the ward. It is the aspect that enables the student to put the theoretical knowledge into practice. Student nurses need to be assertive to facilitate interaction and negotiation between colleagues in the ward and other health care professionals. They need to possess self-esteem and higher levels of assertiveness to ensure competent and safe practice (Ibrahim, 2010; Walczak, 2001). In order to enhance autonomy and empowerment among nursing students, it is recommended that assertiveness skills training commences in nursing schools. (Amicone & Miller, 2015). Some studies showed some association between bullying and assertiveness. Bullying has severe impact

on nurses in some health facility. It is uncommon with nurses comparatively to the various health care team members with the health zone. (Jahner, 2011; Stelmaschuk, 2010). Other studies have shown that nurse educators are the most frequent source of bullying behaviours (Cooper, Walker, Askew, Robinson, & McNair, 2011). Their uncivil behaviours contribute to a hostile learning environment that has negative repercussion and a hostile learning environment for nursing students (Ünal, Hisar, & Görgülü, 2012). Again, studies have indicated that student's nurses are frequently liable to violence especially when participating in clinical practice training. (Celebioglu et al., 2010; Lash, Kulakac, Buldukoglu & Kukulcu, 2006; Celik & Bayraktar, 2004). This violence emanates from the patient and their relatives, staff nurses, and other health care professionals (Celebioglu et al., 2010). In light of this, several authors have recommended assertiveness as a means to curtail bullying, especially at the workplace. (Deltsidou, 2009; Karagozoglu, Kahve, Koc, & Adamisoglu, 2008).

Several cross-sectional, longitudinal, and analytical studies have been conducted among nursing students on assertive behaviour (Amicone & Miller, 2015; Kadam & Naikare, 2010; Timmins & McCabe, 2005) and findings have led to the recommendation of assertiveness skills training among nurse trainees in some part of Europe. Some analytical studies focus on relationships between assertiveness and other concepts such as patient advocacy, stress, self-esteem, self-empowerment, and peer pressure among nursing students (Abd El-Rahaman, Hosny, & Ata, 2018; Esin, Nazan, & Mürüvvet, 2013) and statistical results have indicated a significant relationship between them. Other studies have also assessed

factors that influence assertive behaviours among nursing students (Ibrahim, 2011) and results have indicated low levels to moderate levels leading to some authors recommending assertiveness skills training. In some areas, evaluation of assertiveness skills training is being conducted to assess the effectiveness and areas that require improvement (Warland, Mckellar, & Diaz, 2014; Solaf, El Dayem, & Ossman, 2011).

There seems to be a geographical gap in the current literature in the area of assertiveness among nursing students in developing countries. Also, studies have been conducted among baccalaureate students but limited information is known among those at the diploma level. In Ghana, the concept of assertiveness is incorporated in introductory courses in psychiatric nursing and therapeutic communication for general nursing schools (Curricula for Nursing schools, NMC, Ghana 2016). However, the time allocated for students on assertiveness skills is not adequate limiting students' exposure to assertiveness skills and practices. A study on assertiveness such as the current study is important because it will reveal the current state of assertive behaviour among nursing students in the Ghanaian context and pave way for more research and areas that need improvement

Statement of the Problem

Studies have shown that violence is predominant among nursing students especially during clinical practice training (Celebioglu et al., 2010; Lash, Kulakac, Buldukoglu & Kukulu, 2006; Celik & Bayraktar, 2004). This violence emanates from the patient and their relatives, staff nurses, and other health care professionals (Celebioglu et al., 2010). Assertiveness skills training may empower and position

students to deal with stressors and emotions such as nervousness, fear, anxiety, inferiority, and depression that affect students in the clinical area (Shipton, 2002). Since research has revealed some relationship between assertiveness and these stressors, (Imanifar, Seyedin, Roshanzadeh, & Afshar, 2015; Ibrahim, 2010; Begley & Glacken, 2004), it will be prudent to have student nurses acquire assertiveness skills to enable them to learn effectively and also develop competencies at the clinical area. Assertiveness is important for nursing students because it helps them develop their nursing competencies both in the classroom and in the ward. This implies that nursing training should provide more content in the teaching of assertiveness.

However, the NMC curriculum contains limited content on assertiveness and only forms part as an introductory course for “therapeutic communication” and “mood disorders” for general and mental health nursing students respectively. The theoretical concepts of assertiveness are incorporated as an introductory course in therapeutic communication skills and mood disorders (Curriculum for nursing school, NMC Ghana, 2015). Also, the curriculum allows for approximately two hours for teaching assertiveness which may not be enough to equip students to acquire assertiveness skills. Furthermore, there is currently no published research to show how student nurses and midwives apply assertive behaviour during clinical nursing practice in the ward as well as the barriers and facilitators of the assertive behaviour of students in the Ghanaian context. The researcher observation and experiences indicate that student nurses may lack sufficient assertiveness. However, there is poor understanding of assertiveness among nursing studies as

limited publication about the phenomenon exists in the current literature in the Ghanaian context.

For example, a study was conducted in Ghana to explore the nurse characteristics that influence patient advocacy from the perspective of practicing nurses and assertiveness was found to be one of the traits (Dadzie, de-Graft & Aziato, 2017). This means that nursing student should be provided with sufficient contents that equips students with adequate Knowledge, skills and attitudes for assertiveness. Several articles and workshops have been organized on assertiveness even though limited studies in nursing have been located in the current literature from Ghana. In addition, available publication on assertiveness is limited to Europe and among baccalaureate (degree nurses). These may not represent the assertiveness situation in the diploma students in Ghana considering the different context. The limited knowledge and understanding of assertiveness in the Ghanaian context and among diploma level students – (who form the majority of nurses) require that more research to be done. More research will provide the body of knowledge that can inform the development of evidence informed assertiveness training for nursing students in Ghana.

This study, therefore, seeks to scientifically document the current status of assertiveness among nursing students in diploma training institutions as well as pinpoint the elements that influence (enhance or hamper) assertive behaviour. Findings from the study may also inform the decision on whether or not to conduct assertiveness skills training among nursing students at the diploma level.

Purpose of the Study

The purpose of the study is to assess the level of assertiveness among nursing students in the various nursing specialty training schools and determine the factors that affect assertiveness among the students during clinical practical training. It is specifically designed to;

1. Measure the assertive behaviour among nursing students on clinical practical training.
2. Ascertain whether there are differences in assertiveness between male and female nursing students.
3. Assess the demographic characteristics (age, gender, and type of residence) that affect assertiveness among nursing students.
4. Assess the relationship between assertiveness and the class level as well as the nursing specialty of nursing students.
5. Identify the prevalence of factors that influence assertive behaviour among nursing students.

Research Questions

The study seeks to answer the following research questions.

- i. What is the level of assertiveness among nursing students in clinical practice training?
- ii. Are there differences in the mean scores of assertiveness between male and female student nurses?
- iii. What demographic variables affect assertiveness among student nurses?

- iv. What is the relationship between assertiveness and the class level as well as the nursing specialty?
- v. What is the prevalence of factors that influence assertiveness among the student nurses?

Research Hypothesis

1. H_A: There is an association between the demographic characteristics (age, class level, type of residence, and the type of nursing specialty) and assertiveness among student nurses
2. H_A: There are differences in the mean score on assertiveness between the gender of the nursing students.
3. H_A: There is difference in the level of assertiveness and the nursing specialties.

Significance of the Study

Given the scarcity of information on the concept of assertiveness among nurses in the Ghanaian context, the study will help reveal the current status of assertiveness among diploma nursing students. The results will then help determine if there is a need for assertiveness skills training in nursing schools to build the students' confidence both at school and during clinical practice training. Findings from the study will also contribute to nursing literature and bridge the gap since the phenomenon in the Ghanaian context is almost non-existence. Findings from the study will also inform areas for further research and effective training to promote assertive behaviours among nursing students. The study may also help nursing students develop nursing competencies in a more friendly and conducive environment where they get the opportunity to freely express themselves. Once

adequate nursing competencies are developed patients care and safety may be guaranteed. The study will improve the knowledge and practice of assertive behaviour among nursing students, especially in the Central Region.

Delimitations

The study was limited to nursing students who are in these specialties; general, psychiatry, and midwifery. The schools were chosen from the public schools in the Central Region. This is because most of the private schools are for-profit while others are housed in faith-based and may include their religious perspectives to the nursing curricula (Nursing Licensure, 2013). Also, the concepts of assertiveness involve assertive communication and assertive behaviours. However, this study was focused on assertive behaviours and did not include non-verbal cues of assertiveness which are components of assertive communication. Assertiveness was measured based on the perspectives and the experiences of nursing students on their clinical practice experiences and not general social settings. Also, the results of this study are narrowed to the Central Region and may not entirely involve all nursing students in the whole region and nation.

Limitations

The study presumes that the concept of assertiveness is clearly understood. Although a clear definition has been elaborated, there is a possibility for misinterpretation as aggression which is a common misconception. However, the questionnaire is quite clear in describing assertive behaviour, therefore the possibility of misinterpretation should be minimal. Also the study does not quantify assertive behaviour per se, as it rather depends on the self-report of

participant's experiences. The study may not be able to explain how student nurses apply assertive behaviour at school and in the workplace. Unlike a qualitative study, this study uses a cross-sectional method that may not allow for detailed experiences to be shared, however, it will allow for a quick overview of their assertive behaviour to be obtained. Just like many kinds of research, there may likely be a low response rate. Hence, an in-person method was employed for the distribution and collection of the questionnaires to ensure a higher response rate. The study did not include enrolled nurses, community health nurses, and other private nursing schools. Therefore, results would be limited to the population the sample was drawn from. Thus, give a fair knowledge of assertiveness in the schools selected.

Operational Definitions

Assertiveness: the ability to openly speak out freely about one's feelings, thoughts, and opinions to colleagues and superiors in the clinical setting. In this study, assertiveness will be measured using an Assessment tool of assertive behaviour for nurses designed by Begley and Glacken (2004). The level of assertiveness will be rated as "low", "moderate" and "high"

Nursing students/ nurse trainees: a student studying in the general, psychiatric, and midwifery training institution who is currently under training for six semester period and being regulated by the Nursing and Midwifery Council of Ghana that leads to the award of diploma certificate.

Clinical practical training: this is a form of training or teaching done in a health facility by hospital staff to improve student's practical skills in inpatient care.

Workplace: a hospital or clinical area specifically wards and units where more than one health care team members exist.

Errands: when nursing students are sent outside the hospital for the purpose either than patient care.

Violence: this involves both physical and verbal assault on nursing students while on the ward.

Organization of the Study

In line with the standards of the University of Cape Coast thesis guidelines, the study is structured into five chapters. Chapter one presented an overview of the phenomenon of assertiveness, assertive communication, and assertive behaviour. It orientated the reader on some historical perspectives of assertiveness and the impact it has on nursing and nursing education. The objective and questions that the study seeks to answer were also elaborated. Chapter two reviews the literature concerning the objectives set for the study. It touches on levels of assertiveness and student nurses in other countries. It also explores how personal characteristics such as age, sex, class level, etc. influences assertiveness among nursing students. Literature search uncovers factors that may influence assertive behaviour among nursing students. Chapter three explains the methodology and the study designs used in the study. It describes how data is obtained using an assessment tool of assertive behaviour for nurses (Begley & Glacken, 2004). Chapter four shows the analysis of the data and how the results are obtained. Summary and key findings recommendations are done in chapter five where results will be compared with other findings from the literature to come out with conclusions.

CHAPTER TWO

LITERATURE REVIEW

Introduction

In this chapter, the relevant literature on assertive behaviour among nursing students is presented. Reviewing the literature brings to light previous studies on the subject matter as well as highlighting knowledge gaps about the topic. Literature review needs to be purposively searched in to obtain gain understanding and the establishment of the existing theories and also allow for critiques related to a specific section of the study (Western Sydney University Library, 2016). The literature review discusses the theories and frameworks used in assertiveness. It also covers empirical research studies on the subject matter. Due to the dearth of primary studies on this topic in Ghana, the research relied on studies conducted mainly in Europe where pieces of literature on the subject matter mainly exist. Information was obtained from books, thesis, and dissertations, research reports, newsletters, and bulletins. The search was conducted using electronic databases relevant to nursing and health care such as; PubMed, EBSCOHOST, PsycINFO, CINAHL, and search engines such as google scholar. The search terms include assertiveness with synonyms such as “confidence”, “bold”, “self-assured” and “forceful behaviour”.

Also, the clinical practice was searched with its related synonyms such as “practical training” and “clinical training”. The key term was combined using “nurse trainees” and its related synonyms (student nurses, nursing students) using Boolean operators such as “AND” and “OR”. Two hundred and twenty-six (226)

results were generated when the search was limited to 10 years. A hand search from printed materials such as books, unpublished thesis, and printed journals from the UCC library was done. The search was however limited to 5 years with 63 results obtained. The literature review has been structured into a theoretical and empirical review. The empirical review has been organized according to the thematic areas of the study objectives.

Theoretical Review

Introduction and Definition of Assertive Behaviour

Several scholars, clinicians, educationists, and researchers have recognized the significance of assertiveness in their working environment. According to Pfafman (2017), assertiveness involves one's ability to express appropriate ideas, feelings, and boundaries while respecting the rights of others. It includes both positive and negative expressions that seek to fulfill personal goals in an organization. The assertive person defends and fights for things that are important to him or her while simultaneously accommodating the views of others as well (Zimmerman & Luecke, 2010). While assertiveness displays positive feelings in the other person, aggression on the other hand is hostile, shows little respect for others, and fails to recognize the potential consequences of an action (Pfafman, 2017).

Background to Theoretical Review

There is a limited theory regarding the study of assertiveness. However, the earliest theories and background information affecting assertiveness is traced back to the work of Ivan Pavlov who attempted to determine the characteristics of the

nervous system that made animals and humans adapt to life situations. These aspects of nervous system conditions are inherited and conditioned. Pavlov's findings were that an individual needs to actively develop some connections with his environment. He explained that changes in the environment necessitate alterations that influences the nervous system as well. He posited that the ability to learn to adapt to one's environment is termed "conditioned reflex". Two major processes as described by Pavlov explained a conditioned response called "excitation and inhibition". In the excitatory state, the brain processes are heightened while in the inhibitory state there is a decreased process that reduces brain activity and the ability to establish new conditioned responses.

Several theorists such as (Lazarus, 1971; Wolpe, 1958; Salter, 1949) have used the Pavlovian concepts of excitation and inhibition in their work. For instance, Lazarus (1971) utilized the theoretical background of Pavlov and developed the concept of assertiveness. He established a definition of assertiveness as "emotional freedom". Wolpe (1958) suggested that the term "assertiveness" be replaced with the term "excitation". He defined assertiveness as the "outward expression of practically all feelings other than anxiety." Other theorists such as Spector (1973) described assertiveness as an interaction between other social skills. She analyzed the relationship between the concepts in a diagram.

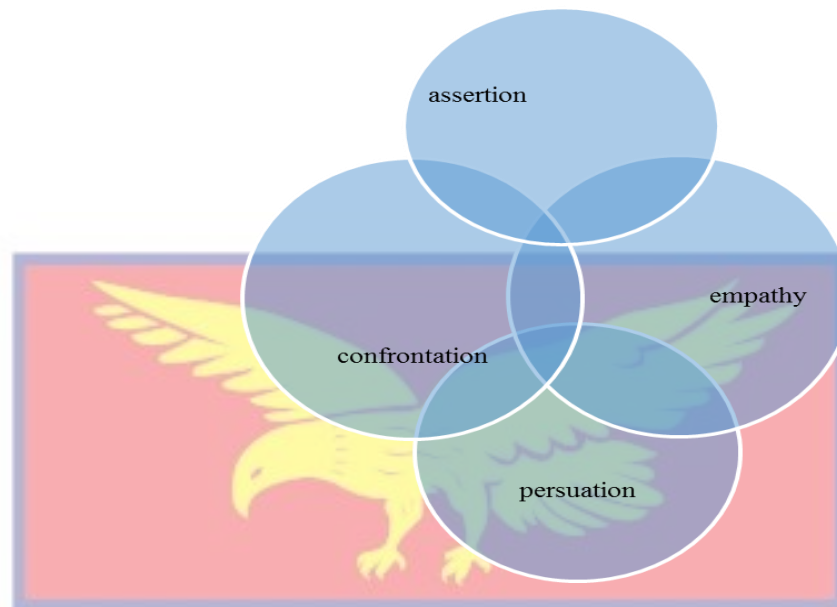


Figure 1: Relationship of Assertive Skills to Other Social Skills

In this diagram, confrontation in assertion involves statements that describe variations in a person's behaviour. The empathy component involves respect for human value. The persuasive component is concerned with defending one's point of view less aggressively. This model cannot however be used fully for the study because it involves biochemical processes of the brain to explain the concepts of assertiveness. Also, the concept of empathy and persuasions does not form part of the study objectives and hence cannot be used for the study. However, the concept of "assertion" and "confrontation" was derived from this theory as it forms part of the tool used in the measurement of students' level of assertiveness. Thus, the ability to "confront others" and "positive and negative assertion."

Models and Concepts Used in Assertiveness

Several different models have helped to explain and understand assertive behaviour. Salter (1949) and Wolpe (1958, 1973) described a response inhibition

model where a non-assertion behaviour is perceived to be as a result of ineffective learning experiences coupled with anxiety. There is also evident support for a behavioural model in dealing with assertiveness where non-assertive behaviour is a skill deficient with strengthening and occupying a major role in the establishment and performance of assertive responses (McFall & Twentyman, 1973). Several disciplines have incorporated contemporary models and frameworks of assertiveness in their working environment. One such model is the Assertive Discipline Model developed by Lee and Marlene Canter (2001). This model has been used widely for most of the behaviour management programme (Walker, 1997). The model gives the teacher the power to control students in a classroom setting. It is sometimes called the “take-control” approach to teaching as the teacher controls the classroom but in a positive way. Assertive discipline is closely associated with the Behaviourist Theory in education. The Behaviorist Theory believes that students’ behaviours can be effectively managed through a cyclical approach involving rewards and punishments.

The approach to this model recommends that teachers set rules and directions that specifically define the borderline for acceptable and unacceptable student behaviour. It also gives teachers the opportunities to ask for assistance from parents or guardians when controlling student behaviour becomes challenging. The Assertive Discipline Model trains the teacher to set clear behaviour limits and establishes consequences for students. Generally, the premise of this approach is that students will misbehave and must be coerced to comply with rules. Also, the teacher has needs, wants, and feelings as well as rights to teach without being

interrupted by students' misbehaviour. Punishment seems to make students avoid violating rules and regulations and positive reinforcement will motivate appropriate behaviours by students. The Lee- Canter Model of Assertive discipline has six steps of correction strategies used in classroom management. Canter's approach focuses on those teachers who honestly care for their students and their level of learning by constantly advocating and insisting on the need to behave appropriately (Canter, 2007). Canter and Canter (2001) argued that three types of teachers exist in an educational system. They are the assertive, non-assertive, and hostile teacher. In outlining these three types of teachers, they show that those teachers with assertive traits were laudable. This teacher is firm but not hostile to their students. The diagram below shows the model used by teachers to ensure assertive behaviour in the classroom.

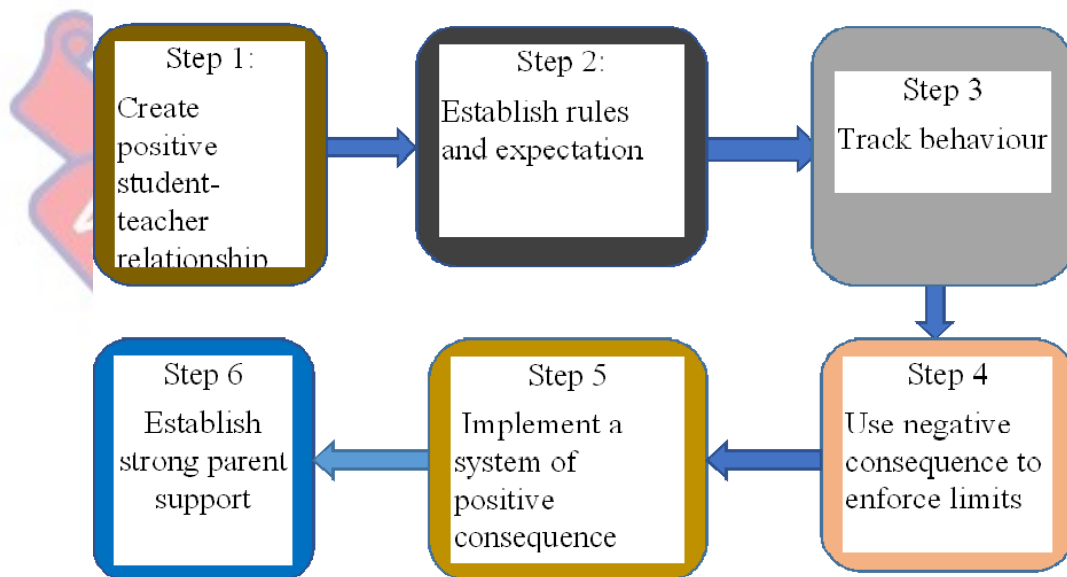


Figure 2: Lee-Canter Model of Assertive Discipline

In ensuring discipline and mutual respect, teachers must build positive relationships with students to earn their respect by giving undivided attention to

students. It also involves listening and speaking to students with respect. This model further explains that the rules set should be based on the teacher's needs and expectations should be specified for students. The rules must be communicated reasonably, clearly, and concisely. In step 3 of this model, negative consequences or punishments should be designed as a deterrent to misbehaviour. Also, punishment should never be psychologically or physically harmful to the child. Canter believes that tracking misbehaviour of students should be private as possible either in a record book or clipboard. Also, Canter explains that students do not need to be overwhelmed by punishment, but rather they need to recognize that, indiscipline will always result in negative consequences every time.

To implement a system of positive behaviour, teachers must acknowledge good and acceptable behaviours. They should provide an example of what is expected and what will not be acceptable. Canter describes that the success of assertive discipline depends on the establishment of strong parent support (Canter, 1997). Even though this model seemed realistic, it has been challenged by other educationists such as Friere (1968) who argue that assertive teaching maintains an unfair hierarchy of power. He also explains that it creates a “banking approach to education” where students only store information relayed to them by their teachers. Thus, if a teacher possesses cruel behaviour, it may become difficult for students to achieve justice (Charles & Senter, 2005).

Assertive discipline seems appropriate for pedagogical learning and may not be suitable for assertiveness training or attainment of assertiveness skills for mature students such as nursing students. Even though this model has been

challenged, the use of a “positive student-teacher relationship” was taken from this model for the current study. In facilitating assertive behaviour among students, a positive interpersonal relationship between students and teachers should exist.

Assertiveness and Its Measurement

Even though the concept of assertiveness had an earlier start, it was slow to surface. This was probably due to critical areas such as the inadequate definition of the phenomenon of assertiveness, inequalities in the identification of assertiveness and its components, and unavailability of instruments for measurement (Rich & Shroeder, 1976). The concept of assertiveness clearly distinguishes between verbal and non-verbal cues of assertive responses (Alberti & Emmons, 1978). Some researchers have concentrated on describing the verbal component of effective responses for assertiveness (Rich & Shroeder). These authors argued that the terminologies of appropriate domains of assertiveness depend on the personal value of an individual as well as societal values. It encompasses and specified circumstance where the response to assertiveness is elaborated. The non-verbal aspect of assertive response could be acknowledged accepted as more significant than the verbalized content of assertive. McFall, Winnett, Bordewick, and Bornstein (1982) posited that increased and decreased levelled assertive individuals may be differentiated based on the premises of their non-verbal behaviours. Other authors argued that for an assertive message to be appropriately conveyed, verbal and non-verbal behaviour must be acknowledged. (McFall et 1982; Serber, 1977). The non-verbal aspect of assertive behaviour that has been posited encompasses these dimensions; the duration for eye contact during communication as well as

responses. It also involves the voice tone, bodily gestures as well as facial expression (McFall et al., 1982; Eisler, Hersen & Miller, 1973). In obtaining more detailed information on self-report measures of assertive behaviour, behavioural and physiological measurement needs to be appraised.

Behavioural Measurement

Some studies have outlined about three steps in the measurement of the behavioural component of assertiveness (Rich & Shroeder 1976). These include direct observation in instinctive settings, observation in feigned behaviour state and evaluation of role-play. Observation in a natural environment seems to be very difficult to obtain. Hence Hedquist and Weinhold (1970) suggested an interpersonal diary that allows people to keep records of their behaviour about the date, period situation, and the type of people involved during an assertive situation or response. This method may not be reliable due to effective record keeping. However, Rich and Shroeder (1976) postulate that direct observation is more practicable in a given situation. Observation in feigned or contrived behavioural situations has a reliable advantage where standard stimulus conditions are established. It enables respondents to behave in a preprogrammed manner while the person encounters other people. For example, McFall and Twentyman (1973) developed a simulation that enables the subject to act according to the situation while observations are being carried out. Unfortunately, the ability to control subjects is over extraneous.

Influences in behavioural measurements may be problematic. Assessment of assertiveness through role-playing uses a real-life problem situation in a simulated procedure. This technique has been researched widely to obtain its

effectiveness for its usage in assertiveness training (McGuire & Thelen, 1983; Burkhart, Green & Harrison, 1979; Eisler, Hersen & Miller, 1973; McFall & Lillesand, 1971). In this technique, the participants are required to respond to as they would have done in a real-life situation then a trainer or therapist observes and identifies deficiencies in behaviour. Some of the drawbacks of this technique are the tendency of feigning in role-playing that is, participants may not see themselves "in the role". The triggered situation involving the assessment of role-play assessments is problematic. One important drawback is that the rater's subjectivity may not be guaranteed in the evaluation of the behaviour of the subject.

Physiological Measurement

Few studies have employed physiological measurement in assertive behaviour. For instance, heart rate has been recognized in an attempt to establish the variation prior to and the completion of role-playing assessment (Hersen & Bellack, 1977; Marston, 1970). Drawbacks of these methods of measurement are that there is a challenge to differentiate emotional state except for anxiety and anger at the autonomic level. Hence making it challenging to figure out the variations of response of assertiveness using physiological measurements (Rich & Shroeder, 1976)

Self- Report Scales of Assertive Behaviour

Self-reports have been used in several studies involving the examination of assertive behaviour as well as studies involving training procedures (Heimberg & Becker, 1981). Notwithstanding the behaviourist's historical judgment against self-report tools (Bellack & Hersen, 1977), these scales may provide a preview on the

clinical outcomes as well as data on client self-perceptions that are unavailable from observational assessments (Beck & Heimberg, 1983). A literature review by Galassi and Galassi (1978) reveals that the validity of data on measures is problematic although several self-report measurements exist. Some challenges with the use of these scales are limited information about the process of constructing items and testing them during scale development. There is also the non-existence of information about norms and test-retest reliability. The establishment of any self-report measurement must begin with a definition of the construct. A single definition of assertiveness will not surface since it is regarded as multidimensional. For instance, the concept of assertiveness would generally include an open declaration of emotional (e.g. Wolpe, 1973) and standing up for one's rights (Lazarus, 1971). Also, Galassi and Galassi (1978) guided the establishment of the present measurement of assertiveness. First, they criticized the lack of specificity in the measurement of assertiveness. They lauded that the concept of assertiveness must be assessed in context. Thus, what seems appropriate in one situation may not be in another situation. Therefore, elements that describe assertiveness must indicate the behaviour, situation, and the people involved.

Hersen and colleagues (1973) argue that the manifestation of assertiveness should be affective, behavioural, and also include cognitive domains. The Action-Situation Inventory (ASI) was the first self-report inventory of assertiveness. It was developed in 1968 and constituted a behavioural scenerio with five alternative reactions. Unfortunately, it became a challenge regarding the rationale and the development of the situation as well as responses. Because of this, the Rathus

Assertiveness Scale (Rathus, 1973), the College of Self-expression Scale (Galassi, Deleo, Galassi & Bastien, 1974), and Assertiveness Self-report Inventory (Herzberger, Chan & Katz, 1984) included Conflict Resolution Inventory (McFall & Lillesand, 1971) which assess one specific response type of assertiveness. That is, the ability to refuse unreasonable requests. This was established written descriptions of circumstances by college student where they experienced difficulty refusing unreasonable requests. Recently assertiveness scale has been developed specifically for assessing assertive behaviour among nurses and nursing students. Some of these include Assertiveness Behaviour Inventory Tool (ABIT) and Barriers to Assertive Skills in Nurses (BASIN) both developed by Poroach and McIntosh (1995). Also, the Assessment tool of assertive behaviour for nurses (Begley & Glacken, 2004) was developed to discover the level of assertiveness of Irish nursing students). These tools were developed based on other previous assertiveness tools. They were modified to suit specific situations and for a particular category of professionals.

In summary, the measurement of assertiveness is quite challenging because of the diverse nature of how various authors perceive the concept. The behavioural measurement of assertiveness is problematic because the researcher needs to be available to observe the assertive behaviour of participants. Also, the use of role-playing in the measurement of assertiveness behaviour seems unnatural. Participants tend to feign behaviour when they are being observed. This study however employed a self-report scale for the measurement of assertive behaviour among nursing students. As suggested by some authors, a self-report measurement

of assertiveness must state the situation, the behaviour, and the people. In this study, however, the Assessment tool of assertive behaviour for nurses developed by Begley and Glacken (2004) was used because it has its test and reliability being tested among members of the same group (nursing students).

The Empirical Literature on Nursing Students' Assertive Behavior

Introduction to Empirical Review

Empirical review employs the use of verifiable evidence to obtain research outcomes. It relies solely on evidence arrived through observation or scientific data collection method (Bradford, 2018). The empirical literature review is in line with the study objectives. The review discusses demographic factors that influence assertive behaviour as well as factors that facilitates or impedes assertive behaviour among nursing student.

Demographic Variables Associated with Assertiveness among Nursing Students

Several types of research on assertiveness have attempted to establish the association between assertiveness and demographic variables. Age has been one of the variables that seem very popular in most of the studies (Larijani et al., 2017; Maheshwari & Gill, 2015; Eldeeb et al., 2014). Some studies have looked at interactions between gender and age (Onyeizugbo, 2003). For instance, Onyeizugbo (2003) reported that younger men were more assertive than younger women whereas older women reported more assertiveness than older men. Hence most studies examined the correlation between age and assertiveness.

Even though there seem to be contradictory findings, it seems that the younger age group are more assertive than the older cohort (Kilkus, 1993) while some studies have also shown statistically significant negative correlation (-0.131) between nursing students' age and assertiveness (Eldeeb et al., 2014), other studies show otherwise. This may probably be because the younger age group feel more confident and tend to actively express themselves. Several researchers have consistently shown that assertiveness level increases as nursing students reach their final year in the nursing programme (Ibrahim, 2010; Deltidou, 2008; Begley & Glacken, 2004). However, in a descriptive comparative study, Amicone and Miller (2015) compared the assertiveness level between second and third year nursing students in a city's government university in the Midwest of the United States. Using a 15-questionnaire survey, and a convenient sampling method, it was established that sophomore level students were more assertive than the final year nursing students with a RAS mean score of 7.5 and 6.48 respectively.

Similarly, Eldeeb, Eid, Eldosoky, and Entsar, (2014) compared assertiveness and stress among undergraduates nursing students at Menoufyia University, using the Assertiveness Behavior Scale (Clarck & Shea, 1979) and Student Nurse Stress Index (SNSI) (Jones & Johnston, 1999). The findings indicated that second-year nursing students had higher mean scores of assertiveness than final year students. Nursing work faces a lot of stress coupled with the workload and maintaining high standards of job performance. Since nurses are tagged to these high expectations, newly qualified nurses may seem less assertive since they have not yet gained mastery of the difficult skills or task in achieving

nursing competency. In this same vein, second-year (sophomore) nursing students may have felt more assertive due to their inexperience as well as less responsibility incurred on them. In a longitudinal study for a four year programme conducted by Nesrin, Özge, Latife, and Makbule (2016), at Foundation University in Istanbul, Turkey throughout 2006-2010, 60 student nurses were used at the beginning of the nursing programme. The mean score of assertiveness using the RAS was higher at the end of the second and third year but decreased at the end of the fourth year of the nursing programme. Some studies conducted among nursing students revealed more than fifty percent of respondents obtained a high level of assertiveness (Abd El-Rahaman, Hosny, & Ata, 2018; Esin, Nazan, & Mürüvvet, 2013). This may have been as a result of theoretical knowledge in assertiveness during training at nursing school. In other studies, the assertiveness level was rated using low, moderate, or high. For instance, in a descriptive cross-sectional survey, Shrestha (2018) compared assertiveness and self-esteem using an assertiveness tool developed by Begley and Glacken (2004) as well as the Rosenberg Self-esteem Scale. The study involved 202 proficiency certificate level and degree nursing students at Manipal College of Medical Science (nursing program). The findings showed that nursing students had a moderate level of assertiveness and there were significant associations between assertiveness level and self-esteem ($p < 0.001$) as well as significant positive correlation ($r = 0.412$) among assertiveness and self-esteem. Even though these studies mainly look at assertive behaviour, previous authors on assertiveness training have supported that fulfillment of assertiveness skills has

been linked to high level of assertiveness and self-esteem (Shimizu, Kubota, Mishima, & Nagata, 2004; Scrutchfield, 2003).

Studies in assertiveness among nursing students on gender have several contradictory findings. For instance, Amicone and Miller (2015) recorded a high mean score for males (11.30) than their female (5.41) counterparts. Results also showed a significant association (0.033) between gender and assertiveness. Similarly (Abd El-Rahaman, Hosny, and Ata, 2018; Esin, Nazan, & Mürüvvet, 2013) study recorded a high mean score for males (17.1) than female (14.1), nursing students. On the contrary, (Larijani, Aghajani, Zamani, & Ghadirian, 2017; Kirst, 2011) studies did not show any significant association between assertiveness and gender ($p = >0.05$). This may have been due to equal educational opportunities given to girls as well. Meanwhile, Baghani and colleagues (2013) avowed that the rate of assertiveness is higher in female students than male students.

Assertiveness and Nursing Specialty

The nursing sub-specialties has become one of the commonly studied component of assertiveness especially at the work settings. Several studies have illustrated that some nursing subspecialties supersedes the other. Previously one could presume that a nurse working in Emergency Units or Intensive Care Units possesses the highest assertiveness level due to the high pressure emanating from the workplace. However, studies have shown that these nursing specialties passively assertive comparatively were not most assertive when compared with the other subspecialties. For instance, Amenta (1984) examined assertiveness traits between hospice and hospital nurses and findings showed that hospice nurses

carried more assertiveness traits than nurses involved in institutional care. Similarly, Kilkus (1993) posited that nursing professionals working in the area of, education, administration, and psychiatry had high assertiveness levels than that of the other subspecialties. He explained that these categories of nurses were seen to carry certain traits of autonomy or independence, responsible, and had good behaviour (Kilkus, 1993). Even though this study involves nursing students, it seeks to find out if there is a relationship between the specialty area of nursing and assertiveness and that if the style of training has an influence on assertiveness behaviour on the students. This is probably due to the independent mental health advocacy role that psychiatric nurse's play and its integration in the mental health training (Fleischmann, Machin, McKeown, Ridley, Newbigging & Sadd, 2015).

Taghavi, Larijani, Aghajani, Baheiraei, and Neiestanak, (2019) conducted a correlational, cross-sectional study among nursing and midwifery students at Tehran University of Medical Sciences in Iran. The purpose of the study was to determine the association between assertiveness and anxiety in nursing and midwifery students. In their findings more than fifty percent of the midwifery and nursing students (59.5% and 59.7%) had a moderate level of assertiveness. This finding indicates that the nursing specialty of training did not have any influence on the assertiveness level. There was however a negative correlation between assertiveness and anxiety in nursing ($r = -0.51, p < 0.001$) and midwifery ($r = 0.449, p < 0.001$). Similarly, Mohsen, Heidarzadi, Soroush, Janatolmakan, and Khatony, (2020) conducted correlational studies among 200 nursing and midwifery students in Iran. The purpose was to examine the correlations between psychological

empowerment and assertiveness among nursing and midwifery students. Results from the study did not show any significant variation in terms of the assertiveness level among the two specialties. Nursing students had 71.1% of its population being assertive while the remaining 28.9% were not assertive. Midwifery students had a population of 70.1% being assertive while the remaining 29.1% were not being assertive. Mean score averages for nursing and midwifery schools were 20.05 ± 32.15 and 20.08 ± 27.38 respectively.

Assertiveness and Type of Residence

Studies on assertiveness about residence have revealed significant relationships. However, some studies contradict these results and have shown no significant relationship between assertiveness and type of residence. Ibrahim (2010) conducted a study using a cross-sectional approach among 207 nursing students at the University of Port-Said, Egypt. The study was conducted to ascertain the assertiveness level among the students, identify the psychological empowerment as well as the relations between students' characteristics (age, residence, and family income) with assertiveness and psychological empowerment. Findings from the study showed a statistically significant correlation (0.054) between assertiveness and the type of residence (rural/village). Likewise, Shrestha (2019) carried out a study to identify assertiveness and self-esteem among nursing students. Assertiveness was compared to biographical data including the type of residence (rural or urban). Findings showed a significant association (0.032) between assertiveness and the type of residence. However, a study conducted by Parray & Kumar, (2016) contradicts with the previous findings. Their studies did

not find any significant association between assertiveness and type of residence (0.347).

Prevalence of factors that Impede and Facilitates Assertive Behaviour

Larijani and colleagues (2017) assessed factors that influenced assertiveness among nursing students at Tehran University. Results showed a reverse relation between age and assertiveness level using the Spearman correlation coefficient ($p < 0.004$ and $r = -0.215$). Several authors have researched to explore barriers as well as influences of assertive behaviours among nurses and nursing students (Larijani et al., 2017; Ibrahim, 2010; Poroch & McIntosh, 1995). Larijani et al., (2017) explored assertiveness and the factors that affect it among nursing students. Some of the factors include biographical data such as age, gender, year of education as well as type of residence. Others include; participation in the process of decision making, working besides education, and their interest in the nursing discipline. The ranking nature of the nursing profession seems challenging and creates the impression that nurses need not assert themselves (Burnard, 1992). He suggested that the hierarchical nature of the nursing profession often creates the impression that nurses need not be assertive. So that if a nurse falls within the lower ranks in the profession it will be an obvious situation where it will not require assertive behaviour. Meanwhile, O'Mara (1995) explained that, for nurses to empower their patients, they need to carry some form of assertiveness traits and skills.

A preliminary pilot study conducted by Timmins and McCabe, (2005) established the development and results of an instrument that outlines the assertive

behaviour of nurses. In this study, it appeared that the nurses conform to the public view of “nice nurse” as suggested by Percival (2001). They accommodated each other allowing their colleagues to express their opinion. Their skills at expressing their needs and opinions were inadequate even though this is a core aspect of assertive behaviour. Also, expression of opinions, disagreement with opinions, providing constructive criticism, and making suggestions were less frequently performed among nurses. In this same study, it was revealed that colleagues and management emerged as the top two factors that facilitated or prevented assertive behaviour at the workplace. Also, the general atmosphere of the work environment influenced the assertive behaviour among the nurses. This may suggest that both internal and external factors play a very significant role as far as assertiveness is concerned.

Conceptual Framework

The researcher invented a model that elaborates on the various factors that could lead to the influence of assertive behaviour among nursing students. With respect to this model, the practicability of assertive behaviour is influenced by five factors. The initial aspect is the personal factors; they involve the socio-demographic characteristics of the individual (age, gender, class level, type of residence, and nursing specialty) that are known to be associated with assertive behaviour among nursing students. The majority of nurses are females; and femininity is linked to unassertiveness (Hase, 1984; Barnett, 1983). Also, other studies (Renu, Sandhya, & Sunita, 2014; Warland, Mckellar, & Diaz, 2014; Esin, Nazan, & Mürüvvet, 2013; Kirst, 2011) assessed personal characteristics and the

significant association between assertiveness and those characteristics. Hence the concept of socio-demographic characteristics was incorporated in this conceptual framework. Also, assertive behaviours assess three-dimension; *Positive assertion* which involves the declaration of feelings of love, affection, admiration, approval, and agreement. *Negative assertion* describes the expressions of anger, disagreement, dissatisfaction, and annoyance. *Self-denial* entails over-apologizing, excessive interpersonal anxiety, an exaggerated concern for others (Begley & Glacken, 2004). Other areas of importance such as the ability to deal with criticism, confronting others, and the spontaneous expression of feelings (Gerry, 1989) are also considered in this framework. Some barriers and facilitators to assertive behaviour among nursing students are incorporated into the framework as some authors have established some of these factors. Bunard, (1992), Poroch and McIntosh (1995) and Farrell, (2001) suggest that the lack of knowledge about personal and professional rights, concerned about what others may think about behaviour, Fear and anxiety about negative responses from staff nurses, lack of confidence and poor self-esteem could contribute to some barriers to assertive behaviour among nursing students. The conceptual model also looks at some facilitators of assertive behaviours among nursing students. These include; *Supportive environment, effective role model/mentorship* in the clinical areas, and *positive relationships* among students and the health care team (Kilkus, 1993). The conceptual framework for this study is presented in Figure 3.

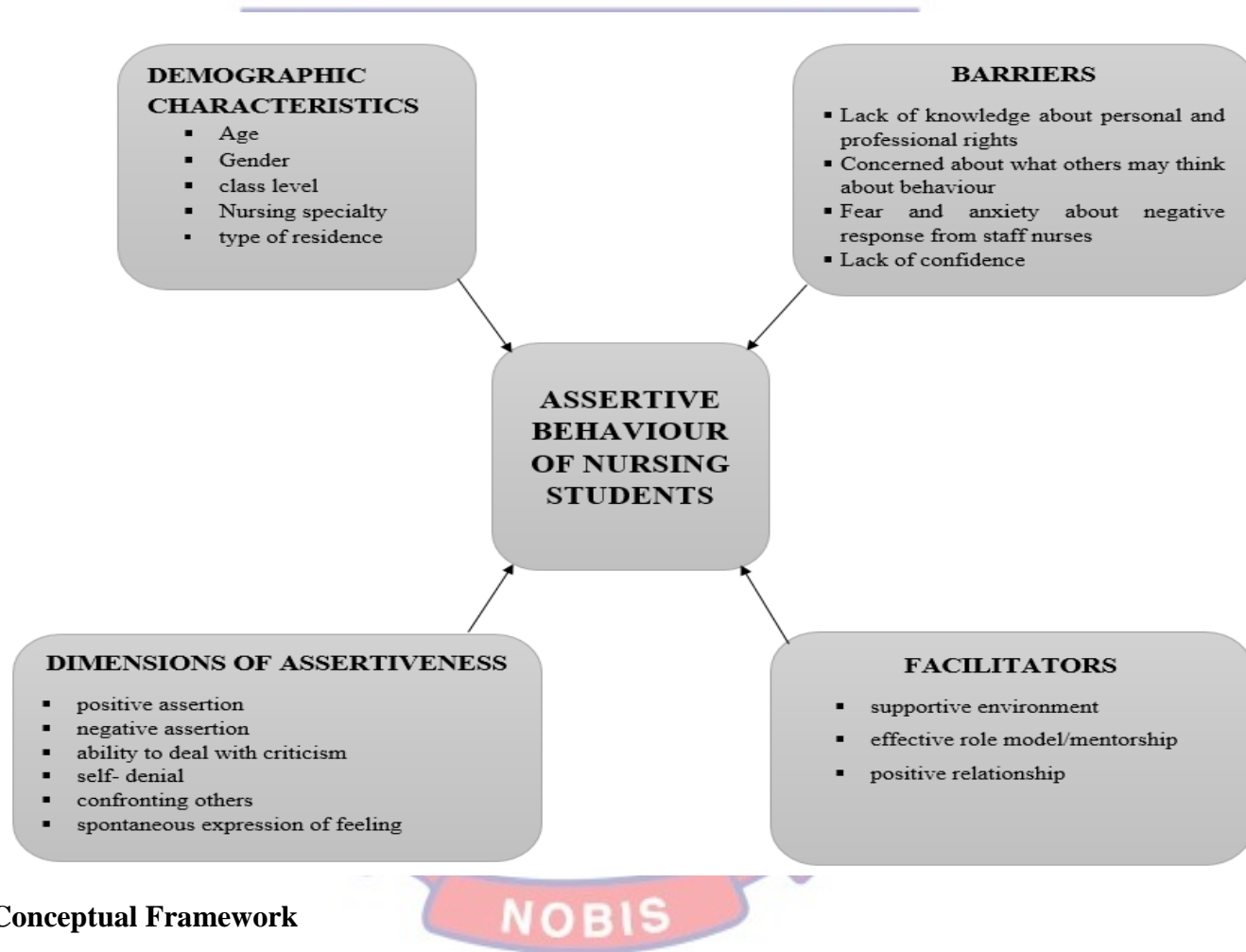


Figure 3: Conceptual Framework

Source: Author's Construct, (2020)

Chapter Summary

In this chapter, the literature review helps identify the various factors that influence assertive behaviour among nursing students. It highlights demographic variables that affect assertive behaviour among nursing students. The chapter identified the background to the theory of assertiveness which is specifically used as a conceptual framework for the study. The review of literature shows that there is sufficient literature on the subject matter in developed countries concerning assertiveness and nursing students. Regrettably, very little is reported in developing countries. At the national level, there is a limited report on the assertiveness level among nursing students. Furthermore, studies done by other researchers in Europe were mostly among baccalaureate nursing students. There seems to be no published study on assertiveness among nursing students in Ghana.

Again, in Ghana, assertiveness is taught as a topic in certain courses, however, the credit hours for teaching assertiveness among diploma nursing students are not adequate to equip them to develop assertiveness skills. Besides, assertiveness is thought theoretically in class without the use of role-plays even though it is recommended by some authors. This study seeks to examine nursing students' assertiveness at the diploma level. It will also add up to nursing literature and scientifically document the assertive behaviour among nursing students in Ghana. This study denied students in other categories of nursing such as community health nurses, enrolled nurses, health assistant clinicians as well as health assistant preventive. It is recommended that other research on assertiveness is conducted in the various nursing categories and specialties to ascertain their assertiveness level

and the need to provide assertiveness skills training for them. The subsequent chapter will expatiate on the methodology employed to the current study.



CHAPTER THREE

METHODOLOGY

Introduction

This chapter describes how the study was conducted and the methods employed to achieve the study objectives. The study seeks to assess the assertiveness level of nursing students in clinical practice training. The study design, settings within which the study was carried out, the sampling method used, and the study population are elaborated in this chapter. Also, the data collection method and analysis plan are presented as well. Finally, the rules and regulations regarding ethics was applied in this study are discussed.

Research Design

The research design is the total plan for obtaining answers to the research questions (Polit & Beck, 2010). It is a framework for empirical research that is focused on making responses at specified questions or the testing of stated hypothesis. (Bhattacharjee, 2012). It is the plan that guides the data collection process and analysis phases of the entire study. It enhances the framework that defines the type of information to be collected, collection procedure as well as its sources (Churchill & Iacobucci, 2005; Kinnear & Taylor, 1996). A very significant decision in the research design process is the ability to make choices regarding the research approach (Aaker, Kumar & George, 2000). Polit and Beck (2010) describe quantitative designs as the type that focuses on the size, prevalence, and quantifiable aspect of a study. The overall goal in the quantitative method is to bring numerically what is being seen in the research and to arrive at specific and

observable conclusions (Juo, 2020). To accomplish the objectives of this study, a quantitative method was employed.

Bhat (2019) describes four types of quantitative designs. These are surveys (which comprise of cross-sectional and longitudinal surveys), correlational research, casual-comparative and experimental designs. Levin (2006) describes cross-sectional studies to possess certain characteristics. These include; its ability to take place at a single point in time, ability to provide current information about a population, and the researches ability to look at numerous characteristics at once (for example age, gender, income, etc.) The design for this study was chosen based on the fact that it supported the purpose of the study. It also helped obtain information and analyze data at one point in time. Additionally, the design carries the advantage of being relatively less time consuming and less costly. A cross-sectional design was applied to this study because it will aid in answering the research questions stated as well as meet the research objectives. It will reveal those demographic characteristics that influence assertiveness as well as capture the assertiveness level of the student selected. Notwithstanding these advantages, cross-sectional designs also have limitations. It does not offer data about causal relationships, it is unable to measure the incidence and may be subjected to response biases (Gaille, 2018). However, a structured self-administered questionnaire was used to collect data for this study. Additionally, a piloting of the data collection instruments with less contact with respondents was used to curb the shortfalls.

Study Area

The study was conducted in two nursing schools. These are Psychiatric Nursing Training School, Ankaful and Nursing and Midwifery School, Cape Coast. Since Nursing and Midwifery Training School Cape Coast, runs both general and midwifery Programs, the two programmes were considered as separate schools making a total of three schools for the study. The schools involved in the study are located in the Komenda Edina Eguafo Abirem District and Cape Coast Metropolitan District respectively.

Population

A study population refers to all the elements that meet the criteria for inclusion in a study (Brink et al., 2012; Burns & Grove, 2009). The study population is a nursing student under training for a diploma in nursing at the various nursing training colleges in the Cape Coast Metropolis. It comprises of general, psychiatric, and midwifery students. The table below shows the population of students in each class level of schools.

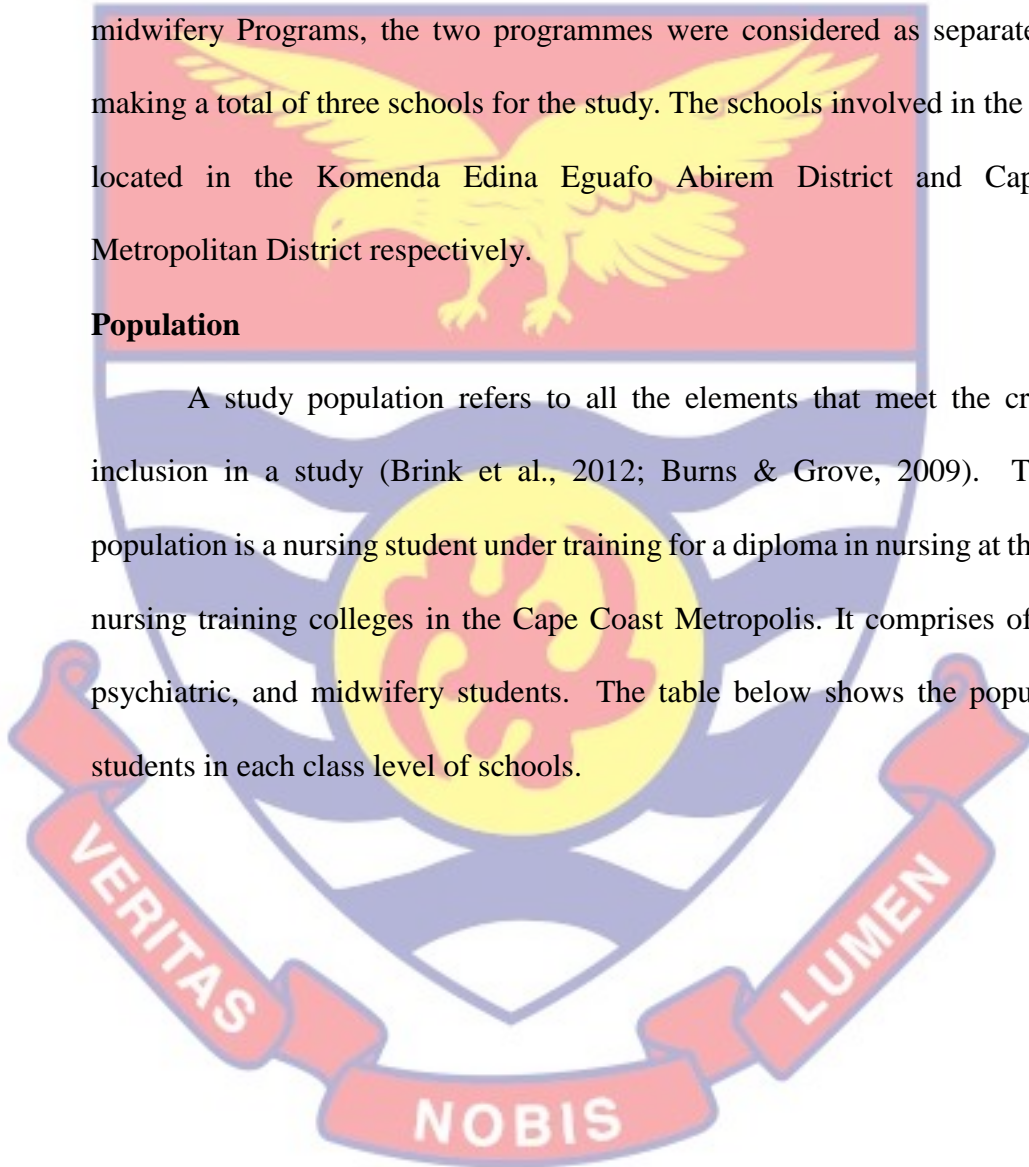


Table 1: Population of students and class level

Specialty			Class Level			Total
			First Year	Second Year	Third Year	
Registered General Nursing, Cape Coast	Sex	Male	37	45	33	115
		Female	78	72	57	207
	Total		115	117	90	322
Registered Mental Health	Sex	Male	60	91	83	234
		Female	146	117	114	377
	Total		206	208	197	611
Registered Midwifery	Sex	Male	0	0	0	0
		Female	120	120	94	334
	Total		120	120	94	88
Total	Sex	Male	43	36	56	135
		Female	71	66	62	199
	Total		114	102	118	334
Grand Total			1,267			

Source: Semester Nominal Roll of Schools, (2019)

Sample size and Sampling Procedure

The formula for calculating the sample size was done employing Slovin's (1960) sample size formula;

$$n = \frac{N}{1 + N(1 + e^2)}$$

Where,

'n' is the desired sample size,

'N' is the population size and

'e' the error tolerance level (0.05).

Using the formula with 1,267, the number of respondents required for the study was calculated as;

$$n = \frac{1267}{1 + 1267(0.05^2)}$$

$$= 303$$

Ten percent (10%) non-response rate as recommended by Israel (2009) was added to the study population to make a total of 334 nursing students sampled out of a population size of 1267. The sample size selection across the different strata was done using probability proportionate sampling by size to obtain the number of sample number for each of the categories of nursing students in the schools to obtain their corresponding sample as presented in Table 2.

Stratified random sampling entails a division where homogenous groups called strata are obtained with which random samples are then selected from each stratum. (Hayes, 2019). In this study, the strata were a specialty area of nursing school, the class level, and the gender for each class level. Having obtained the sample size for the study, the selection of schools was done using a simple random sampling method and Purposive sampling. In employing the simple random sampling, the names of all public Nursing Training College offering the diploma programme (Thus, NMTC, Cape Coast, NMTC, Twifo Praso, NMTC, Dunkwa-on-Offin) were written and placed in a container after which it was shuffled. One of the schools was selected for the study. Eventually, Cape Coast NMTC was picked and hence became the selected school for the study. Furthermore, Psychiatric Nursing Training College was purposefully selected because it is the public mental health training institution in the Region. The sample size for each of the nursing school (specialty) and the class level was determined and underpinned by the proportion of students in that group in the total population. The sample size for the gender at each class level was selected using proportionate sampling except for midwifery school. This was because it had only female students. Finally, the stratified random sampling method was employed to segregate participants from

each stratum, to sum up to the expected sample size of 334. This was done by obtaining the entire class list and representing the names of students with numbers. This was balloted and picked randomly to select participants for the study.

Table 2: Calculated Sample Size for Specialty, Class Level, and Sex

Specialty		Sex	Class Level			Total
			First Year	Second Year	Third Year	
Registered General Nursing		Male	5	10	18	33
		Female	21	15	15	51
		Total	26	25	33	84
Registered Mental Health		Male	38	25	38	101
		Female	25	20	16	61
		Total	63	45	54	162
Registered Midwifery		Male	0	0	0	0
		Female	26	31	31	87
		Total	25	32	31	88
Total		Male	43	36	56	135
		Female	71	66	62	199
		Total	114	102	118	334

Source: Researcher's Construct (2020)

Sampling Procedures / Technique

Sampling is the process of choosing units from a population under study so that by studying the sample it may equitably generalize results back to the population from which they were chosen (Trachoma, 2006). It is important to use sampling techniques to select a smaller group - or sample - from the population that will statistically represent the whole population. The sampling technique can either be non-probability or probability. In non-probability sampling, the researcher

selects samples based on the subjective judgment of the researcher rather than random selection. Non-probability sampling constitute selecting respondents by non-random methods where it is hard to estimate the probability of including each element in the sample. Thus, every element usually does not have a chance for inclusion (Polit & Beck, 2010). In probability sampling, the random sampling technique is employed. There is equality of chance each member of the group to be chosen. (Leavy, 2017). These consist of a simple random, systematic, and stratified and cluster (multi-stage) sampling techniques. A multistage sampling method which is a probability procedure was used to obtain respondents for the study.

Inclusion Criteria

The study included nursing students from the two selected schools who are in the Central Region and within their six-semester study period. The school selected should be regulated by the Nursing and Midwifery Council of Ghana that leads to the award of diploma certificate.

Exclusion Criteria

Community health nursing students, students enrolled in private nursing schools, students offering degree nursing programme, and students on national service were all excluded from the study. This was because these schools shared different characteristics from the schools selected for the study. For instance, community health nursing students are not involved in the institutional care of patients.

Data Collection Instrument

Backing an extensive review of literature, the Assessment Tool of Assertive Behaviour in Nurses (ATABN) developed by Begley and Glacken (2004) was adapted (see appendix A). This tool was initially designed for use with Irish baccalaureate nursing students. However, it was adapted for the study by changing the words “senior colleague” to “senior nurse” following the pre-testing of the instrument. The phrase “senior colleague” seems ambiguous and students were likely to misunderstand it for their seniors in the higher class or level. The self-administered questionnaire comprises section “A” which involves the demographic characteristics of respondents. These include; age, sex, type of residence, class level, and nursing specialty. Section “B” measures assertive behaviours through the use of the Assessment Tool of Assertive Behaviour. It consists of a 28 point Likert scale (always’, ‘often’, ‘rarely’, and ‘never’) items. The scores for each of the item is scored “Always= 4, “often” = 3, “rarely”=2 and “never”=1. However, some of the items on the questionnaire are reversed scored. Questions 4, 5, 7, 10, 11, 16,17,18,19, 20, 24, are scored so that “Always” receives 4 marks, “Often” gets 3, “Rarely” is 2, and “Never” receives 1. Questions 1, 2, 3, 6, 8, 9, 12, 13 14, 15, 21, 22, 23, 25, 26, 27, 28, on the other hand, are reverse-scored so that “Always” receives 1 mark, “Often” gets 2, “Rarely” is 3, and “Never” receives 4. The level of assertiveness was based on the total scores of the items on the tool. The level of assertiveness was classified into low (28-54), moderate (55-83), and high (84-112) (Shrestha, 2019). Section “C” is a researcher-developed question on prevalence of the factors that facilitates or impede assertive behaviour at the workplace. These include supportive environment, effective role modeling, and positive

relationships. Also respondents are to respond factors that impede assertiveness on the ward. These includes limited information about personal and professional rights, concerned about other people's perception about your behaviour, fear and anxiety about negative responses from staff nurses, poor self-esteem, low level of confidence, and inadequate information about how to be assertive. Respondents were asked to select multiple responses from these factors provided by researcher in the questionnaire. It also has two open-ended questions asking for information on factors perceived to facilitate or impede assertive behaviour in the workplace.

Pretesting of Instrument

Pretesting is the stage in survey research that test survey questions and questionnaires on members of a target population to evaluate the reliability and validity of the survey instruments before their final distribution (Hu, 2014). The purpose of the pre-test is to confirm that the target population understands the statements or questions as well as proposed response options intended by the researcher and answer meaningfully (Perneger, Courvoisier, Hudelson & Gayet-Ageron, 2015). Although most of the items on this questionnaire are pretested with high internal validity, the pretest was done to make sure that the sections on demographic variables as well as the general organization are well understood to yield the desired information. The questionnaire was pre-tested at Sunyani NMTC on 10th March 2020 with a sample size of 30 as lauded by Perneger, Courvoisier, Hudelson, and Gayet-Ageron (2015). Respondents comprised 20 general and 10 midwifery students. Perneger, Courvoisier, Hudelson, and Gayet-Ageron (2015) explain that the ability to identify challenges in a sample rises with increasing the sample size. Hence obtaining a default minimum sample of 30 and above provides

a statistical power of 80% or more. The figures obtained from the thirty (30) answered questionnaires (100% return rate) was keyed into Statistical Package for Social Sciences (SPSS) version 22 and statistically tested to determine the normality of the data as well as the internal consistency of the instrument. The Q-Q and scatter plot test of normality was done and the results showed a dispersed distribution indicating a non-normal distribution.

Validity and Reliability of Instrument

Validity is the extent to which an instrument measures what it is required to measure. It refers to the degree to which an instrument accurately measures what it is intended to measure. Reliability on the other hand refers to the ability to which research methods produce stable and consistent results (Middleton, 2019). To verify the validity and reliability of the instrument, steps were taken by the researcher to confirm that the objective set reflected the main purpose of the study. Moreover a pilot study was conducted on thirty (30) nursing students at the Nursing and Midwifery School, Sunyani. This school shares similarities in characteristics with that of the Nursing and Midwifery Training School, Cape Coast. Rovai, Baker, and Ponton (2014) recommended measuring internal consistency and reliability using Cronbach's alpha. In this study, a Cronbach's alpha test was done on the piloted questionnaire to determine the internal correlation between variables. A 0.75 alpha (α) value was considered and accepted as suggested by George and Mallery (2003). In this study instrument, the reliability statistics of the Cronbach's coefficient alpha value is 0.78. This indicates that, there was possibility in consistency with the scales used for measuring the variables as specified. Also,

participants were carefully selected using a stratified random sampling method which offered a fair representation of the participants from three nursing school specialties. Also, the questionnaire was subjected to critiquing by the supervisor which led to some modification and improvement. This however improved the credibility of data produced.

Data Collection Procedure

Data collection was done for four (4) weeks thus, from 7th April to 29th May 2020. The questionnaires in addition the letter of introduction was given to participants. Also, the objective of the study and rights of respondents were electronically sent to participants via Google Forms and then to class Whatsapp groups for each school. School Principals for Psychiatric Nursing Training School, Ankaful, and Nursing and Midwifery Schools Cape-Coast were contacted on phone to obtain approval and later permission was granted. Class tutors for the various classes of the two schools were contacted and they help in relaying of information on the research to the various classes on their WhatsApp Platforms. The questionnaire was not distributed in person as planned earlier as a result of the the outbreak of the Covid-19 pandemic. Information was made assessable and available to each of the respondents on the objectives, relevance of the study, confidentiality, and informed consent. Respondents were given one week to complete the questionnaire. Some students' hesitation to take part in the research was the initial challenges encountered during the data collection process. Because the collection of responses was done on-line, some of the respondents complained of the unavailability of mobile data.

Also, respondents had little information about how to answer the questionnaire using this approach. They were however made to understand that, it was similar to responding to the hard copy and that this medium was more of an electronic medium. They were made to understand that, their identities were not going to be traced and that all information about their responses was going to be kept confidential. A total of 337 responses were obtained, however, three responses were incomplete and were hence rejected amounting a 100% response rate of 334.

Data Processing and Analysis

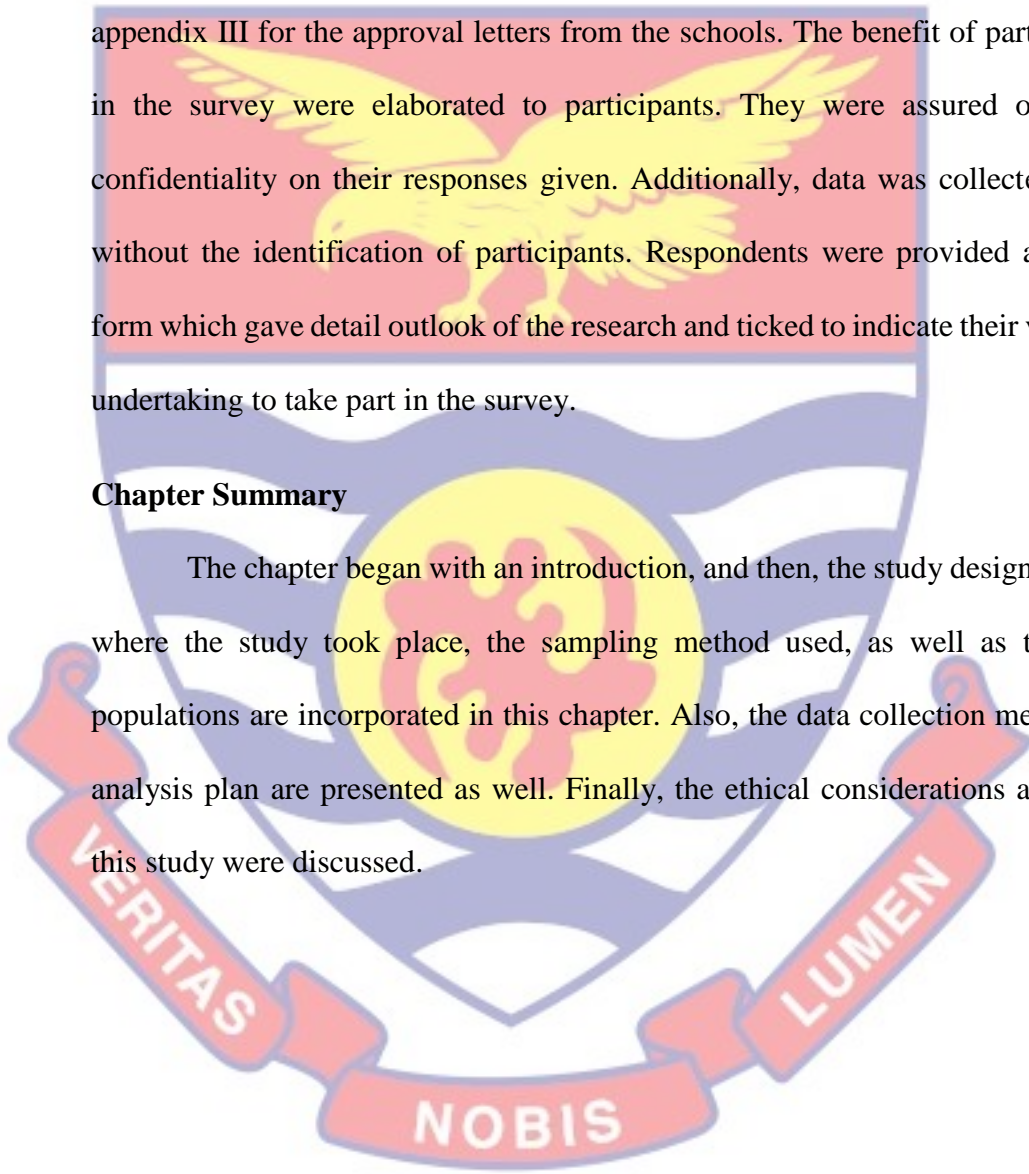
The data was edited after collection to address questions that have been answered partially or not at all. After the editing, there was coding of responses. The assignment of codes to these responses made them machine-readable. After editing and coding, data were entered into the Statistical Package for Social Sciences (SPSS) file to perform data transformation and analysis. Descriptive statistics in the form of frequency distributions and other statistical measures were used in the analysis of the data. Correlation and Chi-Square analyses were conducted to determine the relationship among variables or test the stated hypotheses. Additionally, a section of the ordinal variables were modified into a dichotomous variable to allow for a better presentation of findings and discussion. For example, the variable 'age' which was recorded as a continuous variable was transformed into a categorical variable based on the following groups: 19-21, 22-24, 25-27, and 28 and above. Also, the type of residence of respondents was categorized into urban and rural.

Ethical Consideration

Approval was sought from the Institutional Review Board (IRB) of the University of Cape Coast and permission obtained from the management of various training schools where participant is recruited. References can be made to the appendix III for the approval letters from the schools. The benefit of participating in the survey were elaborated to participants. They were assured of utmost confidentiality on their responses given. Additionally, data was collected online without the identification of participants. Respondents were provided a consent form which gave detail outlook of the research and ticked to indicate their voluntary undertaking to take part in the survey.

Chapter Summary

The chapter began with an introduction, and then, the study design, settings where the study took place, the sampling method used, as well as the study populations are incorporated in this chapter. Also, the data collection method and analysis plan are presented as well. Finally, the ethical considerations applied in this study were discussed.



CHAPTER FOUR

RESULTS AND DISCUSSIONS

Introduction

The purpose of the study is to assess the level of assertiveness among nursing students in the various nursing specialty training schools in the Central Region of Ghana. The study specifically sought to:

1. Measure the level of assertiveness of nursing students in the central region.
2. Ascertain whether there are differences in assertiveness between mean scores for male and female nursing students.
3. Determine the relationship between the demographic characteristics of respondents and assertiveness among nursing students.
4. Assess the relationship between assertiveness and the class level as well as the nursing specialty of nursing students.
5. Identify the prevalence of factors that influence assertive behaviour among nursing students in clinical practice training.

This chapter shows the findings of data gathered from the field as well as discussions. In analyzing the data, means, standard deviations, frequencies, and percentages are used. Again, tables were used to illustrate the interpretations. Three hundred and thirty-four (334) nursing students from three (3) specialties were used for the study. The results presentations were in reference to the objectives guiding the study. The data presented include the demographic characteristic of the respondents, the assertive behaviour among nursing students on clinical practice

training, comparison of differences in the mean score on assertiveness between male and female nursing students, the demographic variables that affect assertiveness among nursing students, factors that influence assertive behaviour among nursing students, and the relationship that exists between training specialty and assertiveness level of student nurses.

Demographic Characteristics of Respondents

In this study, information was collected on the demographic variables of the respondents. Information was collected on gender, age, and class level, the specialty of student nurses as well as the place of residence of student nurses. The results are shown in Table 3.

Table 3: Demographic Characteristics of Respondents

Demographic Variables	Frequency	Percentage (%)
<i>Sex</i>		
Male	135	40.4
Female	199	59.6
<i>Class Level</i>		
First-year	114	34.1
Second Year	102	30.5
Third Year	118	35.3
<i>The specialty of Student Nurses</i>		
Registered General Nursing	84	25.1
Registered Mental Health	162	48.5
Registered Midwifery	88	26.3
<i>Place of Residence of Student Nurses</i>		
Urban	216	64.7
Rural	118	35.3

Source: Field Survey, (2020)

It was observed that approximately 40% (n=135) were males while the remaining proportion (n=199) were females. Concerning the class level of the student nurses, it was seen that about 35% (n=118) are in the third year. This was followed very closely by approximately 34% (n=114) who are also in the first year. The least was approximately 31% (n=102) for students in the second year of their programme. For the specialty of student nurses, it was observed that approximately 49% (n=162) are specializing in mental health. This was followed by about 26% (n= 88) and 25% (n=84) for those who are specializing in midwifery and general nursing respectively. Regarding the place of residence of nursing students, it was observed that approximately 65% (n=216) of the respondents were from urban areas within the country while the remaining proportion was from rural areas. The mean age of the students is 22.83 years with a standard deviation of 2.5 years.

Research Objective One: Assertive Behaviour among Nursing Students

The first objective of the study was to examine assertive behaviour among nursing students. The respondents were provided with a questionnaire (Assessment tool for assertive behaviour for nurses developed by Begley and Glacken (2004). Items on the scale were rated on a 4-point Likert scale, where 4 is the maximum score associated with the item and 1 is the minimum score associated with the item. The items were reverse-scored at a point. The total scores obtained by respondents were classified as low, moderate, and high levels of assertiveness (Shrestha, 2019; McFall, Winnett, Bordewick & Bornstein, 1982). The result was organized and illustrated in Table 4.

Table 4: Level of Assertiveness among Nursing Students

Assertive						
Behaviour	Freq.	Percent (%)	Min	Max	Mean	SD
Low	2	0.6	50	52	51.00	1.414
Moderate	294	88.0	55	83	72.98	6.257
High	38	11.4	84	110	89.46	5.221
Total	334	100.0	50	110	74.25	8.33

Source: Field Survey, (2020)

Regarding the assertive behaviour among the nursing students, 88% (n=294) were moderately assertive while about 11.4% (n=38) were highly assertive. Only approximately 0.6% (n=2) were lowly assertive. For the students who are lowly assertive, the minimum score was 51 while the maximum was 52 with a mean of 51 and corresponding standard deviation as shown in the table. For those with moderate assertiveness, the minimum was 55 and the maximum was 83 with a mean of 72.98. The final group (High) had a mean of 89.46, minimum and maximum scores of 84 and 110 respectively.

Objective Two/ Hypothesis One: Assertiveness of Male and Female

The researcher sought to ascertain possibilities in differences in the mean scores on assertiveness behaviour between the genders of nursing students in the various specialties. The result is presented in Table 5. The differences in the mean score on assertiveness behaviour between the male and female nursing students is tested hypothetically as presented in Table 6.

Table 5: The assertiveness of Male and Female Nursing Students

Gender	Mean	SD
Male	73.92	8.13
Female	74.48	8.47

Source: Field Survey, (2020)

From Table 5, it is noticed that the mean score for male students was lower compared with the scores from their female counterparts. Even though male student nurses recorded the lower mean scores on a whole, they recorded a better variability in scores (8.13). Since the mean score for females is higher than that of males, it appears the performance of female student nurses is better than their male counterparts. As such, a hypothesis was postulated to test the differences in means scores between the two groups as:

H₀: There is no difference in the mean score on assertiveness behaviour between male and female nursing students.

H_A: There is a difference in the mean score on assertiveness behaviour between male and female nursing students.

Table 6: Significance of difference in Assertiveness of Males and females

	Levene's Test for Equality of Variances		t-test for Equality of Means	
	p-value	t-value	df	p-value
Equal variances assumed	0.47	-0.60	332	0.55
Equal variances not assumed		0.61	295.6	0.55

Source: Field Survey, (2020)

The results from Table 6 illustrates that Levene's Test for Equality of Variances was not significant ($F=0.052$; $p=0.47$). This indicates the assumption of equality of variances have not been violated. In relation to the substantive test, the figure for the probability more than the baseline point of 0.05. Since the probability value is greater than 0.05 ($p=0.55 > 0.050$), we fail to reject the null hypothesis and therefore conclude that there is no statistically significant difference in the mean score on assertiveness behaviour for males ($M=73.92$; $SD=8.13$) and females [$M=74.43$; $SD=8.44$], $t(332) = -0.60$; $p=0.55$].

Objective Three/Hypothesis Two: Relationship between Assertiveness and Demographics and student characteristics

Demographic and student characteristics variables have roles to play on assertiveness. The researcher, therefore, was determined to examine the particular demographic factors that can influence the assertiveness of the student nurses. Demographic and student characteristics considered in this study include sex, age, and level of class, specialty, and type of residence (whether rural or urban). As such, the hypothesis was stated as:

H₀: There is no difference in the relationship between demographic variables and the assertiveness of nursing students.

H_A: There is a difference in the relationship between demographic variables and the assertiveness of nursing students.

In this study, chi-square test was done to examine if there was a statistically significant relationship between assertiveness and the demographic characteristics of respondents. The result is summarized in Table 7.

Table 7: Relationship between Assertiveness and Demographic and student characteristics

Demographics	Cases	df	Chi-Square	p-value
Sex	334.00	45.00	39.06	0.72
Age	334.00	495.00	521.99	0.19
Residence	334.00	45.00	42.81	0.57

Source: Field Survey, (2020)

Table 8: Assertiveness versus nursing specialty and class level

	Cases	df	Chi-square	p-value
Specialty	334.00	90.00	102.04	0.18
Class Level	334.00	90.00	100.22	0.22

Source: Field Survey, (2020)

It was observed from table 7 and 8 that none of the demographic variables considered has a significant relationship to the assertiveness of the students. This is because the p-values associated with the Chi-Squared test values for the variables are all greater than 0.05. This indicates that the assertiveness of the students is not influenced by the demographic status that was tested in this study. The insignificant relationship observed between sex and assertiveness is congruent with the earlier conclusion that the mean assertive scores of nursing students do not differ significantly. For instance, in Table 8, the frequency distributions, means and

standard deviations for two of the demographic characteristics (Specialty and Class Level) shows no statistical significant Relationship with assertiveness.



Table 9: Relations between specialty and Assertiveness Level

			Assertiveness level						
			Low		Moderate		High		Total
			Freq.	%	Freq.	%	Freq.	%	
	Registered General Nursing	% within specialty	0	0	70	83.3	14	16.7	100%
		% within Assert. level	0	0	20	23.8	31	36.8	61%
		% of Total	0	0	18	21.0	4	4.2	25.2%
Specialty	Registered Mental Health	% within specialty	1	0.6	150	92.6	11	6.8	100
		% within Assert. level	82	50.0	83	51.0	47	28.9	48.5
		% of Total	0	0.3	73	44.9	5	3.3	48.5
	Registered Midwifery	% within specialty	1	1.1	74	84.1	13	14.8	100
		% within Assert. level	44	50.0	22	25.2	30	34.2	26.3
		% of Total	0	0.3	2	2.2	3	3.9	26.3
Total		% within specialty	2	0.6	294	88.0	38	11.4	100
		% within Assert. level	334	100	334	100	334	100.0	100
		% of Total	2	0.6	294	88.0	38	11.4	100

Source: Field Survey, (2020)

Table 10: Class Level versus Assertiveness Level

			Assertiveness level						
			Low		Moderate		High		Total
			Freq.	%	Freq.	%	Freq.	%	
First Year	% within class level		1	0.9	96	84.2	17	14.9	100%
	% within Assert. level		57	50	37	32.7	51	44.7	34 %
	% of Total		0	0.3	32	28.7	6	5.1	34.1%
Class level Second year	% within class level		1	1.0	92	90.2	9	8.8	100%
	% within Assert. level		51	50.0	32	31.3	24	23.7	30.5
	% of Total		0	0.3	28	27.5	3	2.7	30.5
Third year	% within class level		0	0	105	89.8	12	10.2	100
	% within Assert. level		0	0	43	36.1	37	31.6	35.3
	% of Total		0	0	37	31.7	4	3.6	35.3
Total	% within class level		0	0.6	294	88.0	38	11.4	100
	% within Assert. level		0	100	334	100	334	100.0	100
	% of Total		0	0.6	294	88.0	38	11.4	100

Source: Field Survey, (2020)

Table 9 represents the level of assertiveness in relation to the nursing specialty. An objective of the study was to determine if there is a relationship between the student's specialty and their level of assertiveness. The findings indicate that Registered General Nursing (RGN) student's recorded higher scores for "high assertiveness" (36.8%) whereas Registered Mental Nursing (RMN) students, and Midwives scored 28.9% and 34.2% respectively. There was no significant relationship between the type of specialty and assertiveness level. ($X^2 = 102.04$, $df = 90$, $p = 0.18$) as shown in table 8.

The study also sought to establish if there is a relationship between the class level of the nursing students and assertiveness. The findings showed that the proportion of first year students that scored "high" on the assertiveness scale were (44.7%) compared to second years (23.7%) and third years (31.6%). However, the differences in scores were not statistically significant ($X^2 = 100.22$, $df = 90$, $p = 0.22$)

The results from this study did not show any significant variation in terms of the assertiveness level among the three specialties as mentioned earlier (Table 9). The study concludes that there are no statistically significant differences in the mean assertiveness scores of nursing students.

Objective Four: Prevalence of factors Influencing Assertive Behaviour of Nursing students

Certain factors are reported in the literature to influence and/or impede the assertive behaviour of nursing students. The researcher intends to find the prevalence of some of these factors in the context of the current study. The student nurses were provided with a series of items from which they were required to make

their choices. They were also required to choose as many responses as may apply to them. The prevalence of factors that facilitate assertive behaviour are presented in Table 10 while those factors that impede assertive behaviour are presented in Table 11.

Table 11: Prevalence of factors Facilitating Assertive Behaviour of Nursing students

	N	Responses Percentage (%)	Percent of Cases (%)
Supportive Environment	228	36.0	68.3
Effective Role Model	204	32.2	61.1
Positive Relationships	194	30.6	58.1
Others	8	1.3	2.4
Total	634	100.0	189.8

Source: Field Survey, (2020)

From Table 11, on factors facilitating the assertive behaviour of nursing students, it was observed that 36% of the respondents chose a ‘*supportive environment*’ and this culminated in a percentage of 68% as a number of cases. This was followed closely by approximately 32% of respondents who selected the ‘*Effective role model*’ which had a culminated percentage of 61.1%. Again, the next factor is ‘*positive relationships*’ with which approximately 30% of respondents chose as the factor facilitating assertive behaviour with a culminated 58.1%. The

least was only approximately 1% of respondents who support that ‘*other*’ factors may have facilitated assertive behaviour among nursing students.

Table 12: Prevalence of factors that Impede Assertive Behaviour

	Responses		Percent of Cases (%)
	N	Percentage (%)	
Lack of knowledge about personal and professional rights	229	22.8	68.6
Concerned about what others may think about your behaviour	151	15.1	45.2
Fear and anxiety about negative responses from staff nurses	182	18.1	54.5
Poor self esteem	127	12.7	38.0
Lack of confidence	148	14.8	44.3
Lack of knowledge on how to be assertive	160	16.0	47.9
Others	6	0.6	1.8
Total	1003	100.0	300.3

Source: Field Survey, (2020)

From the table on factors impeding the assertive behaviour of nursing students, it is observed that approximately 23% of respondents chose ‘*lack of knowledge about personal and professional rights*’ as the main factor impeding assertive behaviour. This was followed by ‘*fear and anxiety about negative responses from staff nurses*’ with a response of approximately 18%. Furthermore, ‘*lack of knowledge on how to be assertive*’ and ‘*concerned about what others may think about their behaviour*’ sums up the top four major impediments with about 16% and 15% respectively. The least of the factors are ‘*concerned about what*

others may think about your behaviour, *lack of confidence*, *poor self-esteem*, and *others*

Discussions of Findings

The discussions of data acquired from the study relied on the themes in the research objectives used to as a guideline for the study. A summary of the findings is first introduced. Then findings are discussed in relation to the empirical evidence on assertiveness from the literature review comparing similarities and dissimilarities of findings on the subject matter. Ultimately the discussion allows for deduction suitable for conclusions and possible recommendations. These are presented below.

Assertiveness level among Nursing Students

The findings of the study showed that most of the nursing students had moderate level of assertiveness 294 (88%) among nursing students. These findings are consistent with most of the previous studies on the subject matter. For instance, in a descriptive cross-sectional survey, Shrestha (2018) compared assertiveness and self-esteem using an assertiveness tool developed by Begley and Glacken (2004) as well as the Rosenberg Self-esteem scale. The study involved 202 proficiency certificate level and degree nursing students at Manipal College of Medical Science. The findings of the study showed that 96% of nursing students had a moderate level of assertiveness. Also, Taghavi, Larijani, Aghajani, Baheiraei, and Neiestanak (2019) conducted a correlational, cross-sectional study among nursing and midwifery students at Tehran University of Medical Sciences in Iran. The aimed to determine the association between assertiveness and anxiety in nursing

and midwifery students. In their findings, more than half of the nursing and midwifery students (59.5% and 59.7%) had a moderate level of assertiveness. The moderate level of assertiveness among nursing students may have been due to the fact that, nursing is a female-dominated profession and since the majority of the students for the students comprised of females, they felt confident and comfortable in about being assertive. Other reasons that could be responsible for the moderate level of assertiveness among nursing students could be due to the difference in power as well as power struggle between students and their tutors, supervisors, and other clinical instructors on the ward; lack of information about how to be assertive, and lack of knowledge about personal rights while at work. Again, due to the hierarchical style of the nursing profession which emphasizes authority, discipline, and punishment, it may create the impression that nursing students must not be assertive (Fagin & Garelick, 2004) since they are the lowest in the rank.

In this study, approximately one out of 10 (11%) of respondents had a high level of assertiveness. This finding is dissimilar to earlier studies that have reported assertiveness level as 'high' among students. For example, Esin, Nazan, and Mürüvvet (2013) and Abd El-Rahaman, Hosny and Ata (2018) conducted a study among nursing students and the results revealed that more than fifty percent (50%) of students rated their assertiveness level as 'high'. Similarly, in a study conducted in Turkey by Arslan et al., (2014) to determine levels of assertiveness and peer pressure of the nursing students, it was concluded that more than half of respondents had a high level of assertiveness. The difference in findings could be that the high level of assertiveness recorded in the previous studies may be

attributed to the fact that the respondents were drawn from the university nursing students who feel more matured and capable of asserting themselves. Also due to the theoretical knowledge in assertiveness during training at the university nursing schools, students may have some foundational information on assertiveness which may equip them with the pre-requisite knowledge on the concept.

Contrarily, fifty percent (50%) obtained a high level of assertiveness. The low and high level of assertiveness may be due to the hierarchical nurture of the nursing profession. Nursing students may have realized that they may have been at the bottom of the nursing hierarchy and did not see the need to be assertive especially at the clinical area where they come in constant contact with their superiors.

Males versus females mean score on assertiveness

In this study, the mean score for the assertiveness of male and female respondents was 73.92 and 74.48 respectively but the difference between the two populations was not statistically significant. These findings are similar to earlier studies by Kirst (2011) and Larijani, Aghajani, Zamani, and Ghadirian, (2017). Their studies did not show any significant association between assertiveness and gender. This reflects a general trend of research on assertiveness among nursing students. This may have been due to equal educational opportunities given to males and females. Also, the result may reflect the submission nature of the nursing profession to doctors prevents suitable assertive behaviour even for male students.

However, other study findings have shown difference assertiveness among males and females. For instance, Amicone and Miller (2015) compared the

assertiveness level between second and final year nursing students in an urban public university in the Midwest of the United States. Using a 15-questionnaire survey, and a convenient sampling method, it recorded a high mean score for males than their female counterparts. Similarly, Esin, Nazan, and Mürüvvet, (2013), and Abd El-Rahaman, Hosny, and Ata (2018) studies recorded high mean scores for males than female nursing students. This may be due to the cultural factors where males are allowed to speak freely and openly than women in society. For instance, Onyeizugbo, (2003) reported that younger men were more assertive than younger women whereas older women reported more assertiveness than older men. Contrarily, Baghani and colleagues (2013) concluded that the level of assertiveness is higher in female students than male students even though there was no statistical difference. However the difference in their findings may probably be due to the different settings, coupled with cultural and religious factors.

Relationship between Assertiveness and demographic characteristics of nursing students

The demographic characteristics of the students that were considered in this study were age, gender, and type of residence. An attempt was made to determine if assertiveness was associated with the demographic characteristics of respondents. The chi-square test indicated that assertiveness had no significant relationship ($p > 0.05$) with the demographic characteristics of respondents. Similarly, Kirst (2011) also conducted a study to identify the demographic characteristics associated with assertiveness. The findings from the study implies that there was no association between assertiveness and the demographic characteristics of respondents ($p >$

0.05). This findings however contradicts the findings of the other researchers. For instance, Ibrahim (2010) lead a transverse study among 207 student nurses in the university of Port-Said, Egypt. The study was aimed at determining the assertiveness level among the students, identify the psychological empowerment as well as the relations between students' characteristics (age, residence, and family income) with assertiveness and psychological empowerment. Results from the study indicates that there is statistical significant correlation (0.054) between assertiveness and the type of residence (rural/village). Similarly, Shrestha (2019) carried out studies to identify assertiveness and self-esteem among nursing students. Assertiveness was compared to biographical data including the type of residence (rural or urban). Findings showed a significant association (0.032) between assertiveness and the type of residence.

Furthermore, the current study indicated that residence does not influence the assertiveness of the student nurses. Thus, the geographical location of the home of the students does not have any association with assertiveness. This finding is congruent with the findings in a study conducted by Parray and Kumar, (2016). In their study, their findings did not show a significant association between assertiveness and type of residence (0.347). Even though people normally assume that assertiveness is associated with people in urban areas, this study proved otherwise. Contrary to this study, Amicone and Miller's (2015) findings showed a significant association between gender and assertiveness. Also, Larijani and colleagues (2017) assessed assertiveness and the elements that influence it among nursing students at Tehran University. The findings showed a reverse relation

between age and assertiveness. Even though there seem to be contradictory findings, it appears that generally younger age groups are more assertive than the older cohort (Kilkus, 2008) while some studies have also shown a statistically significant negative correlation between nursing students' age and assertiveness (Eldeeb et al., 2014)

Class level and Nursing specialty of students

In this study, the proportion of first year students had a high score on high level of assertiveness (44.7%) while the second and third years scored high with a percentage of 23 and 31% respectively. However, the difference in score was not statistically significant. Meanwhile the following studies contradict with the current study. Several studies reported a significant relationship between class level and assertiveness. For example, studies conducted by Ibrahim, 2010; Deltsidou, 2008; Begley & Glacken, 2004 shows that assertiveness level increases progressively as nursing students reach their final year in the nursing programme. Conversely, in a descriptive comparative study, Amicone and Miller (2015) compared the assertiveness level between sophomore and senior-level nursing students in an urban public university in the Midwest of the United States. Using a 15-questionnaire survey, and a convenient sampling method, it was revealed that sophomore level students were more assertive than the senior-level nursing students with a Rathus Assertiveness Scale mean score of 7.5 and 6.48 respectively. Similarly, Eldeeb, Eid, Eldosoky, and Entsar (2014) concluded that second years (sophomore) nursing students may have felt more assertive due to their

inexperience as well as less responsibility incurred on them during clinical practical training.

In a longitudinal study for a four year period by Nesrin, Özge, Latife, and Makbule (2016) at Foundation University in Istanbul, Turkey, over a span of six years from 2006-2010, 60 student nurses were recruited at the beginning of the nursing programme. The mean score of assertiveness using the RAS was higher at the end of the second and third year but decreased at the end of the fourth year of the nursing programme.

However studies conducted by Mohsen, Heidarzadi, Soroush, Janatolmakan, and Khatony, (2020) show a similarity with the current study. Their study was conducted using a correlational study among 200 nursing and midwifery students in Iran. Findings did not show significant variation in terms of assertiveness and class level. Also the purpose of the study was to examine the correlations between psychological empowerment and assertiveness among nursing and midwifery students. Results from the study did not show significant variation in terms of the assertiveness level among the two nursing specialties. This may have been due to the level of exposure on assertiveness at each class level. Also first year students may have felt assertive because they are probably naïve about their job description and expectation from them during clinical practical training and therefore considers themselves more assertive. Third years nursing students may have felt less assertive because of their long exposure to the clinical field and honestly rating themselves about the realities on the ward culture and its hierarchical nature.

The following studies also gave the same findings on the link between specialty and assertiveness as found in this study. For instance, Taghavi, Larijani, Aghajani, Baheiraei, and Neiestanak (2019) conducted a correlational, cross-sectional study among nursing and midwifery students at Tehran University of Medical Sciences in Iran. The purpose of the study was to determine the association between assertiveness and anxiety in nursing and midwifery students. One of the findings indicated that the nursing specialty of training did not have any influence on the assertiveness level.

Prevalence of factors influencing assertive behaviour among nursing students

The study ascertained the prevalence of some factors that have been reported to have influenced assertive behaviour among the respondents. The factors included a *supportive environment*, an *effective role model*, and *positive relationships*. It was clear that more respondents felt that the *lack of knowledge about professional rights* was the major factor impeding their assertive behaviour (22.8% n=229). Also, the study revealed that the major factors facilitating the assertive behaviour of nursing students are a *supportive Environment*, *effective role model*, and *positive relationships*. Most students in this study believe that with a *supportive environment* (36.0% n=228), they will be able to assert themselves during clinical practical training. A preliminary pilot study conducted by Timmins and McCabe (2005) outlined the development and results of an instrument that describes the assertive behaviour of nurses. Thus, the general atmosphere of the work environment also influenced the assertive behaviour among the nurses. This may suggest that both internal and external factors play a very significant role as

far as assertiveness is concerned. However, in the study of Larijani et al. (2017) who explored assertiveness and the factors that affect it among nursing students, the following factors were found; biographical data such as age, gender, year of education as well as the type of residence. Others include; participation in the process of decision making, working besides education, and their interest in the nursing discipline.

Also, the major impeding factors are; lack of knowledge about personal and professional rights, fear and anxiety about negative responses from staff nurses, lack of knowledge on how to be assertive, and concerns about what others may think about your behaviour. These findings are similar to those of the following studies. In the studies of (Farrel, 2001; Poroch & McIntosh 1995; Bunard, 1992), some of the barriers to assertive behaviour among nursing students are; lack of knowledge about personal and professional rights, concerned about what others may think about behaviour, Fear and anxiety about negative responses from staff nurses, lack of confidence and poor self-esteem. Some barriers that prevented nurses from being assertive were identified by Poroch and McIntosh (1995). These included the lack of knowledge about professional rights, concern about other people's perceptions about their behaviour, and anxiety due to lack of confidence and poor self-esteem.

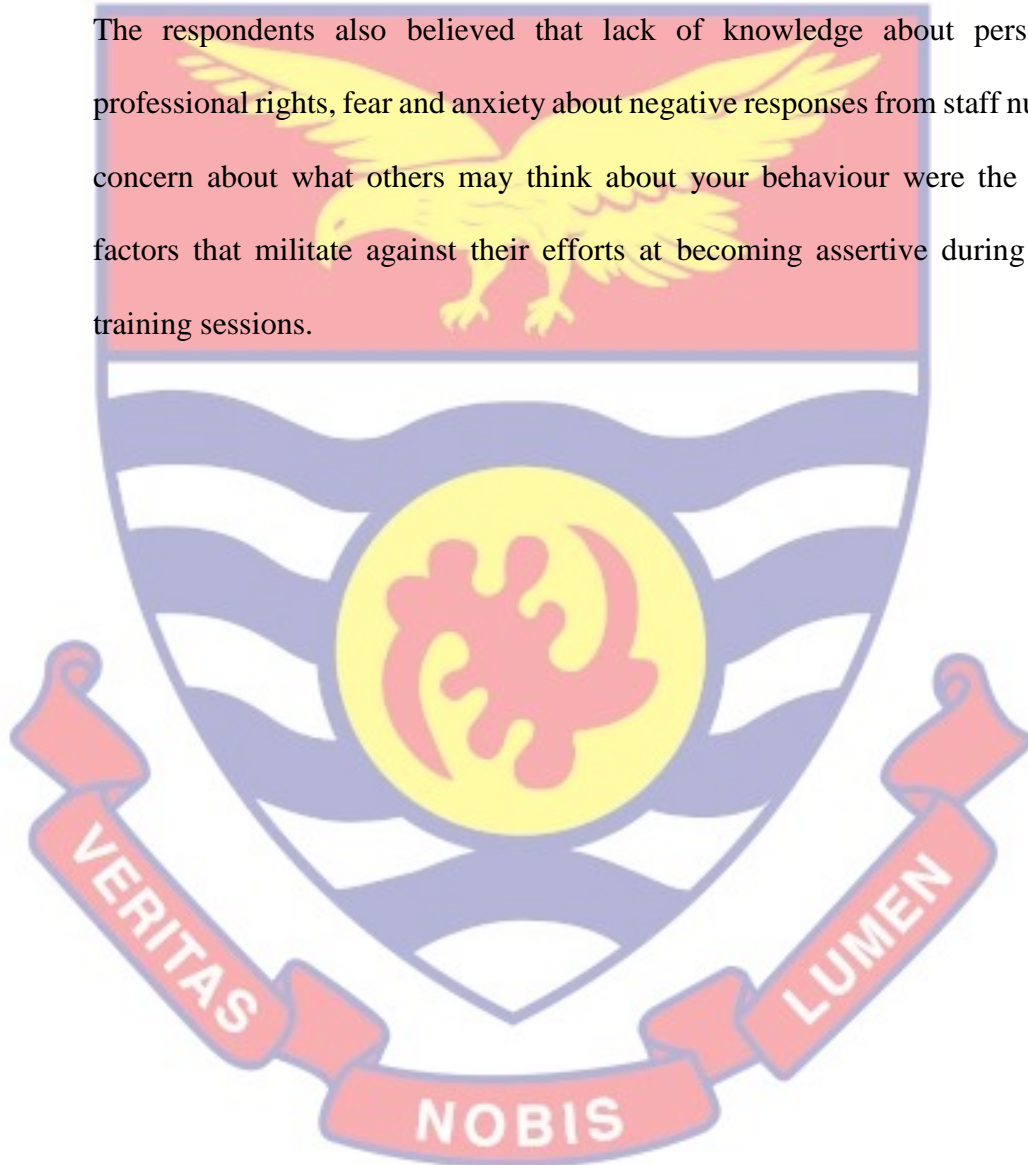
Summary of Key Findings

It is observed from the findings that 88% (n= 294) of the student nurses are moderately assertive therefore it is predictive that the nursing students are moderately assertive during clinical practice training. Contrary, to the earlier notion

that males are more assertive than women, this study has established that being assertive is independent of a nursing student's gender.

Regarding the factors that promote assertive behaviour, the respondents chose a supportive environment, effective role modeling, and positive relationships.

The respondents also believed that lack of knowledge about personal and professional rights, fear and anxiety about negative responses from staff nurses, and concern about what others may think about your behaviour were the top three factors that militate against their efforts at becoming assertive during practical training sessions.



CHAPTER FIVE

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of the study is to assess the assertiveness level among nursing students in the various nursing specialty training schools in the Central Region of Ghana and determine the factors that affect assertiveness among the students during clinical practice training. This chapter concludes the study and shows the summary of findings, recommendations as well as suggestions for future study. This study was designed with the following research objectives:

1. Measure the assertive behaviour among nursing students on clinical practical training.
2. Ascertain whether there are differences in assertiveness between male and female nursing students.
3. Assess the demographic variables (age, gender and type of residence) that affect assertiveness among student nurses.
4. Assess the relationship between assertiveness and the class level as well as the nursing specialty of nursing students.
5. Identify the prevalence of factors that influence assertive behaviour among nursing students.

To achieve these objectives, a cross-sectional design was employed. Respondents were recruited from three nursing specialties (General, Midwifery, and Mental health) in three nursing schools in the Central Region of Ghana. Sampling was done by multistage cluster sampling method with a well-structured

questionnaire which comprised of three sections. The first part was on the demographic characteristics of respondents. The second section which was an adapted tool (Begley & Glacken, 2004) comprised 28 items on a four-point Likert scale. The last component had questions on factors that facilitate and impedes assertive behaviours among nursing students. Respondents were given options with which they were to make multiple choices as they desire. The questionnaire was tested among 30 nursing students to ensure that it measured the variables as it is supposed to measure. An adjustment was made to the final instrument to make it more suitable for meeting the study objectives.

The questionnaire was sent through an on-line medium through google forms over eight weeks. Finally, a total of 334 responses was retrieved representing a 100% response rate. The questionnaire was scrutinized for fullness and totality as well as coded for entry into SPSS software for data analysis. The instrument was tested for validity and reliability with Cronbach's alpha of 0.78. Descriptive statistics were employed to report the demographic characteristics of respondents. Additionally, inferential statistics were used to explore the diversity and the interaction between some of the variables.

Summary of Findings

The study showed that there were more female (59.6% n = 199) student nurses than males (40.6% n=135). This may be so because nursing seems to be a female-dominated profession. The mean age of the students was 22.83

General nursing students were made up of 25.1% while Midwifery students represented 26.3%. The Mental health students who form the greater part were

48.5%. Regarding the place of residence of nursing students, the study indicated that the majority (65%) of the student nurses are from urban areas.

Concerning the assertiveness level among nursing students on clinical practice training, the study revealed that 88% (n=294) of the students were moderately assertive whereas 11.4% (n=38) fell within the high level of assertiveness. The remaining 0.6% (n=2) were considered low in the assertiveness level. The finding suggests that the assertiveness level among nursing students is moderate considering the results from above.

Furthermore, the study revealed no statistical differences in terms of the mean scores of male and female respondents. The finding suggests that assertiveness is not influenced by the gender of nursing students. The study also showed that none of the demographic characteristics was statistically associated with assertiveness.

Finally, in examining the factors that facilitate and impede assertive behaviour among nursing students, the study showed that a supportive environment (36%) was very paramount when enhancing their assertiveness skills whereas the lack of knowledge about personal and professional rights (22.8%) could hamper their assertiveness behaviour while at work.

Conclusions

Based on the summary of findings from the study, the following conclusions are drawn;

- i. The assertiveness level of the nursing students for this study was moderate.

- ii. Males and females have almost the same level of assertiveness based on their mean scores.
- iii. The demographic characteristics of respondents have no significant relationship with assertiveness.
- iv. *Supportive environment, effective role modeling, and positive relationships* are the top three factors considered to facilitate assertive behaviour by the respondents in this study.
- v. The study also revealed that '*lack of knowledge about personal and professional rights*', '*fear and anxiety about negative responses from staff nurses*', and '*concern about what others may think about your behaviour*' are the factors that militate against student nurses' efforts at becoming assertive during practical training sections.
- vi. Finally, the top most major factor in facilitating the assertive behaviour of nursing students is a *supportive environment* (36%, n=228). That of major factor impeding assertiveness among nursing students on clinical practice training is '*lack of knowledge about personal and professional rights*' (22.8%, n=229).

Recommendations

The following recommendations were made hinging on Practice, Education, and Regulators (NMC).

Nursing Education

1. As the findings of the study recorded a moderate assertiveness among students, it is recommended that the principals of the various training

schools organize a workshop for nursing tutors on assertiveness skills and provide constant updates on the subject matter. Some topics areas where training may focus include; listening actively, aiming for open communication, learning to say “No” without feeling guilty, and expressing one’s needs and feelings.

2. Management should assist students in pre-clinical discussions and also make time to undertake post clinical conferences to elicit challenges faced by students during the clinical practice period.
3. Nursing students need to recognize the concept of assertive behaviour when it comes to working in the ward. The researcher, therefore, recommends that nursing students take a keen interest in educational programmes and avenues on assertiveness. This will equip them with the pre-requisite knowledge on the subject.
4. Nursing students should develop the habit of speaking confidently and desist from passive assertive behaviour

Regulators (NMC)

The Nursing and Midwifery Council of Ghana should increase the credit hours for teaching assertiveness and include demonstrations, role-play, and other teaching methods to improve nursing students' skills on assertiveness.

Practice (clinical site)

1. Since empirical evidence is limited in supporting teaching in this area, it is recommended that staff nurses and preceptors uses role-play to enhance experiential teaching of assertiveness skills. Incorporating role-play as an

important medium, and accessible literature on the topic, a 4-hour assertiveness training workshop should be organized for nurses, preceptors, and clinical instructors. Some recommended topics include; expression of one's needs honestly, the use of anger constructively, improvement in personal and work relationships, and building of self-confidence through assertive behaviour.

2. Management should provide education on professionalism, professional rights as well as ethics, and job description for nursing students both at school and in the clinical area. This will expose nursing students to their professional rights and give them bases for refusal of unnecessary errands at the ward.

Suggestions for Further Research

This study involves determining the assertiveness level of nursing students in the Central Region and indicates a relationship between some variables using a cross-sectional method involving General nursing, Midwifery, and Mental health students in the region. This, therefore, challenges the generalization of findings.

Some suggestion made for the research are as follows:

1. The study recommends that a longitudinal study may be conducted on a large sample to assess assertive behaviour among students throughout their completion of the nursing programme.
2. There is also the need to conduct full-scale research on assertiveness on other categories of nurses such as community health nurses, enrolled nurses, and others.

3. A similar study can also be conducted with larger sample size and more specialties so that results can be generalized to a larger population.
4. Furthermore, whilst our students reported feeling moderately assertive, this may not necessarily translate to changed personal behaviours in the clinical environment. It would be important for future studies to explore this using a qualitative approach and also if there are any barriers to change what the students experience when they attempt to put assertive skills into practice.
5. More research is also needed to identify cultural diversity and the need to incorporating different approach when teaching nursing students on assertive skills.

Limitations of the Study

1. The study involved nursing students within the Central Region and three nursing specialties therefore, the results cannot be generalized to include the situations in other areas or the whole of Ghana.
2. Just like all cross-sectional studies, the self-report of students' assertive behaviour may not reflect actual practice.
3. Notwithstanding these limitations, this study gives an insight into assertiveness among nursing students.

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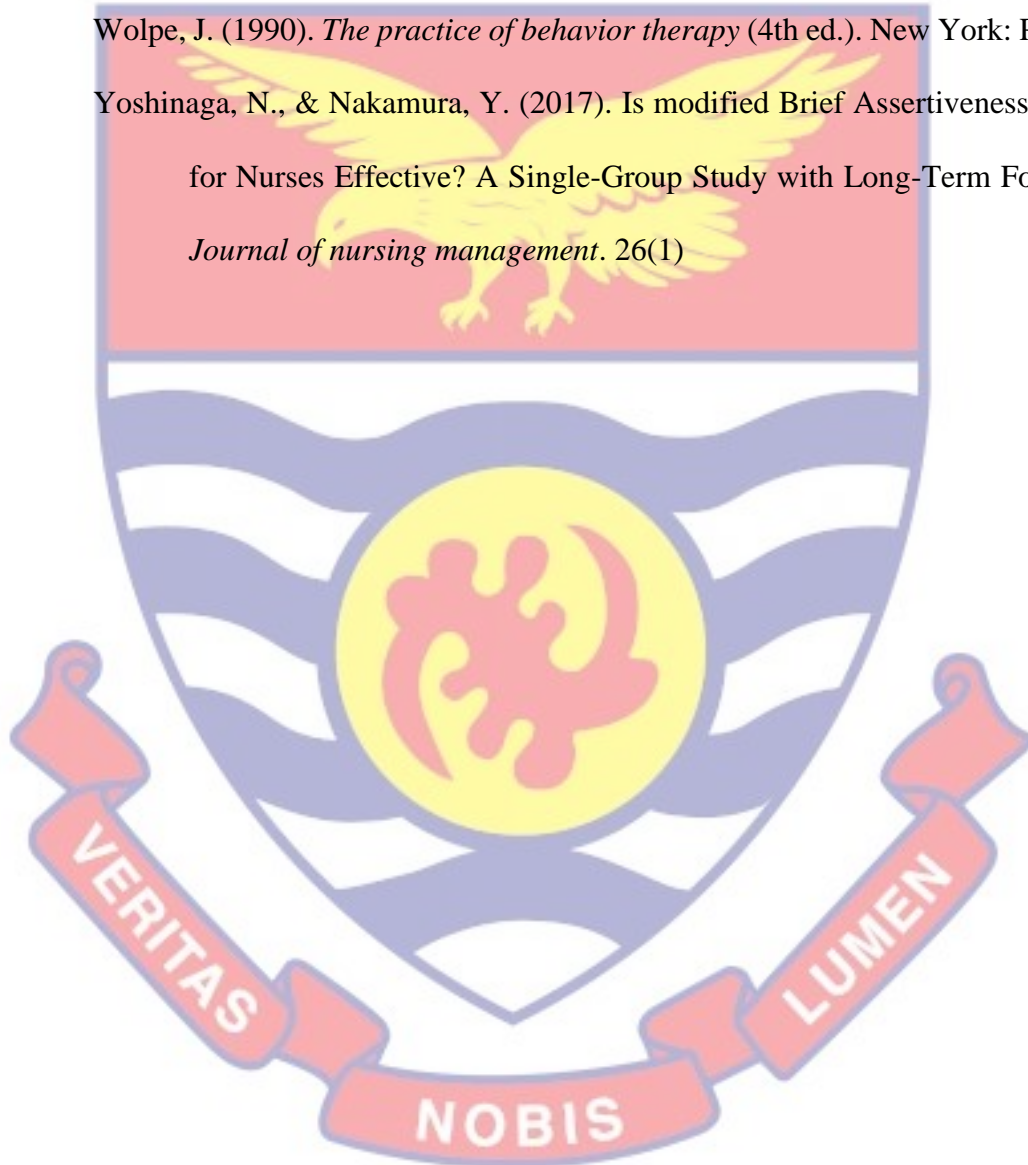
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APPENDICES

APPENDIX A: Questionnaire for Data Collection

UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES

SCHOOL OF NURSING AND MIDWIFERY
Research Instrument@2020

Background

Dear Respondent,

I am Master of Nursing (MN) student of the School of Nursing and Midwifery, University of Cape

Coast (UCC). I am conducting a research on the “*The Assertiveness among Nurse Trainees in the central Region*” as part of the requirements for the award of the Master of Nursing Degree. The study is academic-oriented, and you are assured that your responses will not be used for any other purpose other than those stated before. Your participation in this study is absolutely voluntary and will mean completing a questionnaire which will take 10-15 minutes of your time. You may also pull out of the study at any time during the study without any punitive actions against you. For the purposes of improving the quality of the study, you are humbly requested to take your time to read and understand the items on this questionnaire before responding to them. Objective responses offered will be highly appreciated. Please read the instruction(s) under each section of the questionnaire to assist you in your responses. If you have any questions about this survey, please email me at sevalamis85@gmail.com or call me on 0242280288. Thank you for your decision to take part in this study.

PLEASE TICK [√] THE APPROPRIATE RESPONSE AND PROVIDE ANSWERS WHERE NECESSARY

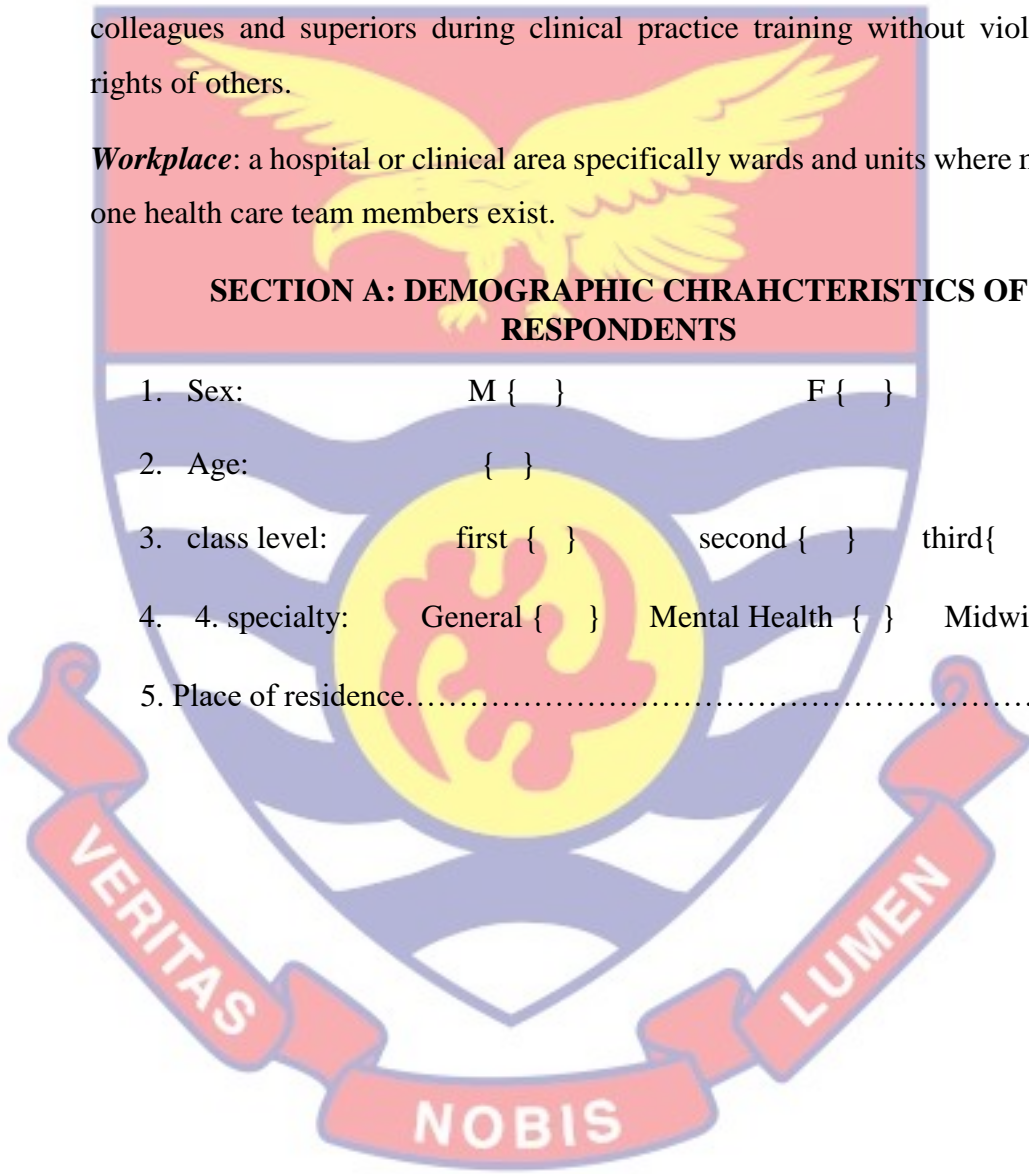
For you to complete the questionnaire effectively, the following terms have been defined as follows for the purpose of the study;

Assertiveness: being able to express one's feelings, thoughts, and opinions to colleagues and superiors during clinical practice training without violating the rights of others.

Workplace: a hospital or clinical area specifically wards and units where more than one health care team members exist.

SECTION A: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1. Sex: M { } F { }
2. Age: { }
3. class level: first { } second { } third { }
4. 4. specialty: General { } Mental Health { } Midwifery { }
5. Place of residence.....



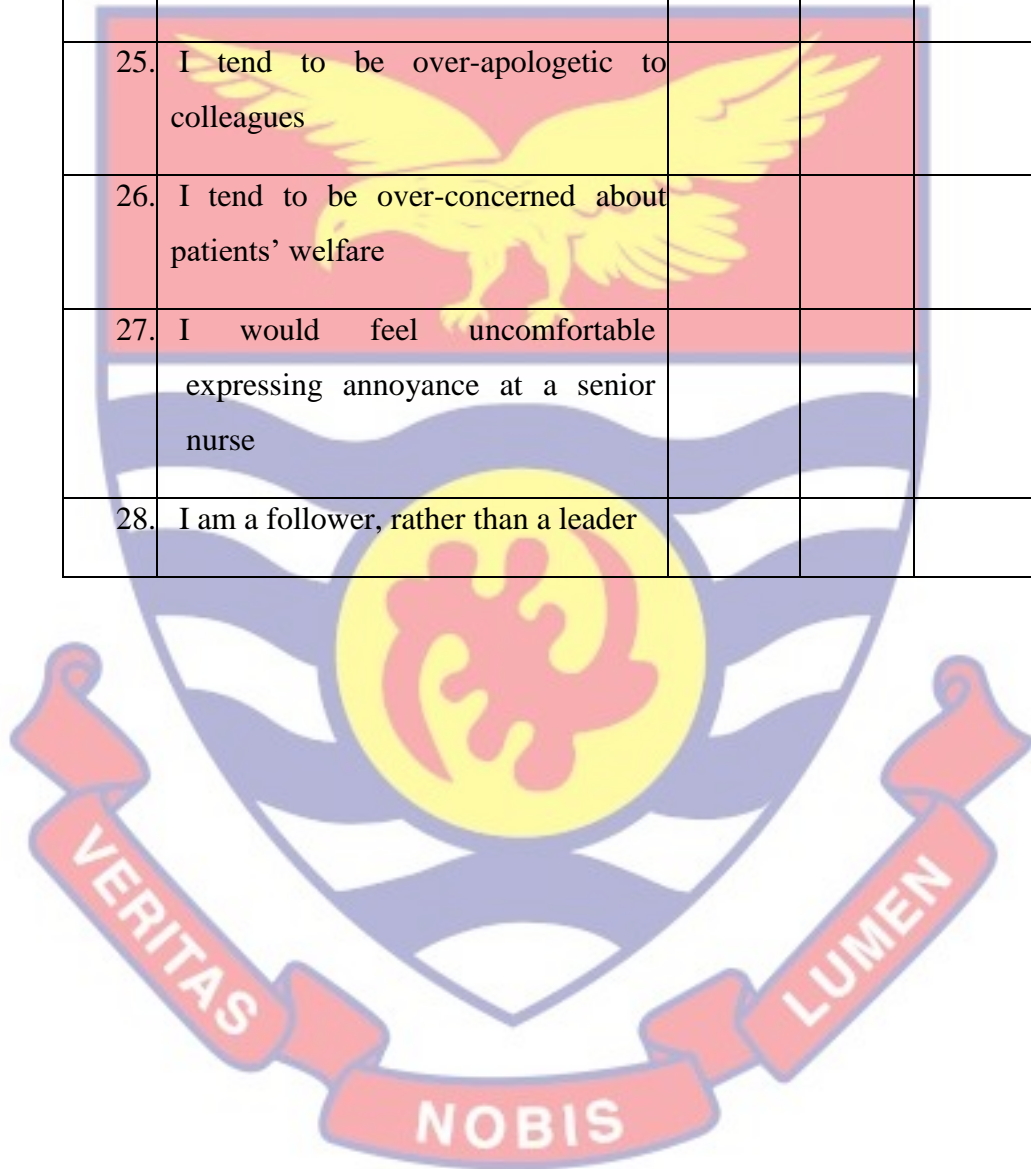
SECTION B: LEVEL OF ASSERTIVENESS AT THE WORKPLACE

The following section concerns your level of assertiveness at the workplace. Please indicate your agreement with the statements by ticking (√) under the options and space provided.

No.	Statements	Always	Often	Rarely	Never
1.	At work I tend to keep my feelings to myself				
2.	I feel uncomfortable asking a colleague to do a favour for me				
3.	I find it difficult to compliment and praise friends and acquaintances				
4.	If a senior nurse made an unreasonable request, I would refuse				
5.	I enjoy starting conversations with acquaintances and strangers				
6.	I find criticism from friends and acquaintances hard to take				
7.	I want to know what my rights are in the work situation				
8.	If a friend makes an unreasonable request, I would find it difficult to refuse				
9.	I would feel uncomfortable paying a compliment to a junior colleague				

10.	If I was busy, I would ignore the demands of a senior nurse				
11.	When I know a friend's opinion is wrong, I would disagree with him/her				
12.	At work I feel unsure what to say when I am praised				
13.	I tend to be over-apologetic to friends and acquaintances				
14.	I try to avoid conflict at work				
15.	I am very careful to avoid hurting other people's feelings				
16.	In a group, I make the decisions				
17.	I would ask for constructive criticism about my work				
18.	When I am with friends, I am frank and honest about my feelings				
19.	If a colleague upsets a patient, I would challenge him/her about it				
20.	If I disagreed with a decision made by a senior nurse, I would tell him/her				
21.	At work I avoid asking questions for fear of sounding stupid				
22.	I feel uncomfortable asking friends to do favour for me				

23.	When someone pays me a compliment, I feel unsure of what to say				
24.	If I was impressed by the actions of a senior nurse, I would tell him/her				
25.	I tend to be over-apologetic to colleagues				
26.	I tend to be over-concerned about patients' welfare				
27.	I would feel uncomfortable expressing annoyance at a senior nurse				
28.	I am a follower, rather than a leader				



APPENDIX B: Ethical Clearance

UNIVERSITY OF CAPE COAST
INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309 / 0244207814
E-MAIL: irb@ucc.edu.gh
OUR REF: UCC/IRB/A/2016/678
YOUR REF:
OMB NO: 0990-0279
IORG #: IORG0009096

C/O Directorate of Research, Innovation and Consultancy



29TH MAY, 2020

Ms. Eva Lamisi Soyel
Department of Adult Health
University of Cape Coast

Dear Ms. Soyel,

ETHICAL CLEARANCE – ID (UCCIRB/CHAS/2020/49)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for the implementation of your research protocol **Assertiveness among Nurse Trainees in the Central Region**. This approval is valid from 29th May, 2020 to 28th May, 2021. You may apply for a renewal subject to submission of all the required documents that will be prescribed by the UCCIRB.

Please note that any modification to the project must be submitted to the UCCIRB for review and approval before its implementation. You are required to submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'S. Asiedu Owusu'.

Samuel Asiedu Owusu, PhD
UCCIRB Administrator

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST

APPENDIX C: Introductory Letter from School



UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF ADULT HEALTH



Tel: 033-3321-33342/33372
Fax: 033-3321-33342
Email: msn@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA.

Our Ref: SNM/DAH/I/VOL.1/45

Your Ref:



3rd July, 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION: MISS EVA LAMISI SOYEL

The above named person is a level 850 student of the School of Nursing and Midwifery, University of Cape Coast with registration number SN/MNS/18/0007.

Miss Soyel is conducting a research work and would like to collect data from your institution on the topic: **Assertiveness among nursing students in the Cape-Coast Region.**

We would be grateful if you could give her all the necessary assistance to enable her collect the relevant data that she would require.

Thank you.

Yours Faithfully,

Dr. Andrews Adjei Druye
Head of Department

*Received
Ankaful
24/07/2020*

APPENDIX D: Application Letter for Ethical Clearance



UNIVERSITY OF CAPE COAST, INSTITUTIONAL REVIEW BOARD (UCC-IRB)

University of Cape Coast
College Of Health and Allied Science
School of Nursing and Midwifery
31st December, 2019

The Chairman,
Institutional Review Board
University of Cape Coast.

Through:

The head of department
Adult health, School of Nursing and Midwifery.

Dear Sir,

APPLICATION FOR ETHICAL CLEARANCE TO CONDUCT RESEARCH, EVA
LAMISI SOYEL (SN/MNS/18/0007)

I would be very grateful if you could grant me ethical clearance to conduct a study on the topic: "Assertiveness among nurse trainees in the central region". This will enable me write and present a thesis to the school of Nursing and Midwifery and school of graduate studies. This is in partial fulfilment for the award of Master of Nursing (MN).

Attached to this are all relevant document required. I hope my request will be given the necessary consideration. Thank you.

Yours Faithfully,

A handwritten signature in blue ink, appearing to be 'EVA LAMISI SOYEL'.

APPENDIX E: Introductory from Supervisor to IRB



UNIVERSITY OF CAPE COAST, INSTITUTIONAL REVIEW BOARD (UCC-IRB)

UNIVERSITY POST OFFICE

CAPE COAST

17/02/2020

THE CHAIRMAN,

IRB

Dear Sir,

Letter of approval,

REQUEST FOR IRB CLEARANCE FOR MISS EVA LAMISI SOYEL

Miss Eva Lamisi Soyel is a Master of Nursing student at the school of nursing and Midwifery, UCC. She has successfully defended her thesis proposal at the school and has considered the suggestions made in consultation with the supervisor.

As the primary supervisor, I approve of Ms Soyel's application for UCC- IRB clearance.

I would be grateful if you could review her thesis proposal entitled "**Assertiveness among nurse trainees in the central region**" for ethical clearance.

Thank you.

Yours Faithfully,

A handwritten signature in black ink, appearing to read 'Andrew Druye', written over a faint circular stamp.

Dr. Andrew Adjei Druye

(Principal supervisor)

APPENDIX F: Application Letter from Dean's Office to IRB



APPENDIX G: Approval Letter from Field

NURSING AND MIDWIFERY TRAINING COLLEGE

In case of reply the number
and the date of this

letter should be quoted

My Ref No. NTC/CC/402/149-20

Your Ref No.

Email: info@cenmtc.edu.gh /

nmccapecoast@cenmtc.edu.gh

Tel: 031 229 1875



Ministry of Health,
P. O. Box 792,
Cape Coast.
Ghana.

16th July, 2020.

REPUBLIC OF GHANA

THE HEAD
COLLEGE OF HEALTH AND ALLIED SCIENCES
UNIVERSITY OF CAPE COAST
CAPE COAST

RE: INTRODUCTORY LETTER: MISS EVA LAMISI SOYEL

Reference to the letter No. SNM/DAH/I/VOL.1/45 dated 3rd July, 2020.

In response to your research topic "ASSERTIVENESS AMONG NURSING STUDENTS IN THE CAPE COAST, CENTRAL REGION", we wish to inform you that approval is given to the above-named student to conduct her research in this Institution.

The school would be grateful if it is furnished with a hard copy of the complete work.

Anticipating on your co-operation.

PRINCIPAL
JEMIMAH FATI ACKON (MRS.)

CC:

Eva Lamisi Soyel(Ms.)