

The Effect of an Assertiveness Training Program on Assertiveness skills and Self-Esteem of Faculty Nursing Students

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Abstract: Nursing students today are the nucleus of professional nurses of tomorrow. In order to ensure competent and safe practice, it is necessary for them to be individuals with high self-esteem and assertive skills. So, it is significantly important to enhance assertiveness and self-esteem of nursing students through implementing an assertiveness training program. This study aims to determine the effect of an assertiveness training program on self-esteem and assertiveness skills of students at the Faculty of Nursing, Alexandria University. The subjects composed of “80” nursing students, they were divided randomly to “40” students for study group and “40” for control group. The data were collecting by using assertiveness scale and self-esteem scale. A negative statistical significant correlation was proved between assertiveness skills and self-esteem, i.e., as students’ assertiveness skills score increases (becomes better), students’ self-esteem score decrease (becomes better). Also, a statistical significant difference was found between both of assertiveness skills and self-esteem mean scores of study and control groups immediately post and one month after program. The study concluded that assertive behavior and self-esteem can be learned and that students studied at faculty of nursing can significantly benefit from an assertiveness training program to increase their assertiveness skills and self-esteem.

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1. Introduction

Faculty students face pressures that are much different than those they faced in high school. They have increased responsibilities for all parts of their lives, including being assertive when necessary. Personal and emotional problems of faculty students may be manifested as global psychological distress, anxiety, low self-esteem, or depression⁽¹⁾.

As known, adolescence is characterized by marked changes; it is the most sensitive critical periods of life for development of lifelong perceptions, beliefs, values, and practices. The adolescent struggles with the developmental tasks of establishing an identity, becoming a contributing member of society, and selecting a vocation. Therefore, before entering adulthood, it is important for the adolescent to develop a healthy self-esteem⁽²⁾.

Self-esteem is a term used in psychology to reflect a person’s overall evaluation or appraisal of his or her own worth. Individuals with high self-esteem feel they are worthwhile despite their errors and flows⁽³⁾. Self-esteem is widely recognized as a central aspect of psychological functioning during adolescence. It plays a significant role in the development of a variety of mental disorders. Previous studies have found clear inverse

associations between self-esteem and symptoms of depression, anxiety and eating problems^(4, 5). Self-esteem has been found to be the most dominant and powerful predictor of happiness and life satisfaction^(6, 7). In addition, self-esteem has long been identified as an important predictor of adjustment to stress, high levels of self-esteem are considered important in terms of both managing the demands placed on nurses during their training and for developing a strong and therapeutic relationship with a patient⁽⁸⁾. Furthermore, self-esteem influences how student nurses think, feel, and motivate themselves and act which undoubtedly impacts on the care patients receive. It was reported that nursing students with low self-esteem have an effect on the level and the quality of patient care in a negative direction. Nurses' students with high level of self-esteem are confident, take pride in their work, and demonstrate respect and concern for patients and colleagues. From another perspective, low self-esteem is associated with a host of social and academic problems^(9, 10).

Assertiveness is an expression of self-esteem. Studies have shown that individuals who have assertive behaviors generally have higher self worth and are more successful in life⁽³⁾. Assertive persons maintain self respect and respect for others by

treating everyone equally and with human dignity. Assertive behavior is a behavior which directly expresses one's true, basic feelings, needs, desires, opinions and personal rights in a positive, productive way without denying the rights of others. It enables one to act in her or his interests without undue anxiety. Assertive individuals claim their own rights, make requests of others, can say no to things they do not want, accept praise and can easily verbalize their feelings. All of these make individuals' lives easier and experience positive responses from others. This in turn can decrease anxiety and increase confidence in interpersonal relations^(11,12).

Assertiveness is thought to be a healthy form of behavior. Becoming more assertive can lead to increased respect and recognition as a person and as a nurse. It can get individual more of what his/her want⁽¹³⁾. Assertiveness is considered to be an essential skill for nurses. It is a key attribute for nurses without it true autonomy and personal empowerment cannot be achieved⁽¹⁴⁾. Assertive behavior demands control over outbursts of anger, crying or other behavior patterns that exhibit lack of professionalism. Assertiveness skills can be seen as a "valuable component" for successful professional nursing practice, with which many conflicts in a nursing situation can be successfully ruled out⁽¹⁵⁾. Nurses interact with patients, colleagues and other health care professionals on a daily basis, such an interaction is improved when nurses have good communication skills. The potential benefits of assertive behavior to nurses are enormous where it enhanced self awareness, improved staff performance, improved patient care and interdisciplinary collaboration and cohesiveness⁽¹²⁾.

Assertive training program is a systemic approach to more assertive self-expression, based on a balance between achieving one's own goals and respecting the needs of others. It is a psychological intervention which helps participants learn to integrate assertive behavior skills into their daily lives. It deals with attitudes, beliefs, and cognitions about assertiveness as well as specific, overt assertive behaviors. The assertiveness training is

Aim of the Study:

The aim of the study is to determine the effect of an assertiveness training program on assertiveness and self-esteem of nursing students.

Research Hypothesis:

This study hypothesizes that assertiveness training program will improve nursing students assertiveness and self-esteem.

2. Materials and Method:

based on the assumption that individuals do not behave assertively because they have not had the occasion to learn assertive responses in given situations, the aggression and non assertive behavior are both learned response that can be replaced by an assertive response⁽¹⁶⁾.

It is believed that group-based intervention programs are more beneficial than individual ones especially for adolescents where counseling groups provide an atmosphere of acceptance and safe experimentation for new behaviors. Since peers strongly influence the young adolescent, group counseling enhances the possibility that youths will attempt new behaviors practiced and modeled by their peers and significant others. The members give each other support, encouragement, and feedback. It is also helpful for group members to see people who are having similar problems and to discuss these problems⁽¹⁷⁾.

Assertiveness training programs help the individual to self-actualize without abusing the rights of others. Therefore, it is more appropriate to assist nursing students to learn assertion skills through assertive training program before their graduation than to work with them as practitioners later with self-defeating patterns already ingrained⁽¹⁸⁾. Previous researches on assertiveness training have supported that attainment of assertiveness skills has been linked to increased assertiveness, and self-esteem^(11,19). Faculty nursing students who have poor self-esteem and poor interpersonal skills without a doubt exhibit negative professional attitudes and behaviors when they graduate. In order for nurses to become more influential in the improvement of health care delivery system, more competent in the provision of quality patient care, more comfortable in their communication within society and more effective in using their professional knowledge and skills, it is necessary for them to be more assertive and have high self-esteem^(20,21). Accordingly, it is significantly important to enhance assertiveness and self-esteem of nursing students through implementing an assertiveness skills training program.

Materials

Design

It is a quasi experimental design.

Setting

This study was conducted at the Faculty of Nursing, Alexandria University.

Subjects

The subjects of this study are composed of 80 nursing students, 40 males and 40 females.

Students were divided into two groups, a study and control groups (40 in each). The students were picked up by simple randomization technique from the 4th semester (second year), since they have the largest percent of the students with low self-esteem⁽¹³⁾. They recently transmitted their nursing practice from the faculty labs to hospital and thus confront a lot of strains during their clinical training in the hospital.

Tools:

In order to fulfill the objectives of the study, the data were collected using the following tools:

Tool (1): Assertiveness Scale (Modified Version):

This scale was originally developed by Wolpe & Lazarus (1966) (23). It measures how people behave in different situations. The scale was translated into Arabic language and modified by Ghareeb (1986) (24). The modified scale comprised 25 items, which are answered with "yes" or "no", with a total score ranging from 0 to 25. A High score indicates high degree of assertiveness. The Egyptian version was reliable and valid using test - retest reliability and constructed validity ($r = .84$ and $.87$ respectively) on a sample of faculty students (24).

Tool (2): Self esteem scale:

This scale was originally developed by Hudson (1994) to measure problems of personal self evaluations (25). It was translated into Arabic language by El-Desouky (2000), it is a valid and reliable measure of self esteem on a sample of faculty students ($r=.92$) (27). The scale is composed of 25 items, which are rated on a Likert scale that ranges from 1 (not at all/ never) to 7(all the time). Higher scores are indicator of low self esteem.

In addition, a socio-demographic data questionnaire was used to elicit data related to age, sex, family's residency, student's residency during the academic year, parents' education and occupation, family size, the number of rooms in parent's house, the student's order between his/her siblings, family's income, student's work status, and having failure experience in courses.

Method:

The steps followed in the present study were:

Administrative procedure

Before starting the study, an official approval for conducting the study was obtained from Dean and Head of departments of critical care and emergency nursing and medical surgical nursing at the Faculty of Nursing, Alexandria University

Preparation of the tools

The socio-demographic data questionnaire was developed by the researcher. The nursing students'

informed oral consent was obtained before any study conduction and after assuring them about the confidentiality of their information.

Development of the Training Program

The training program was developed by the researcher after a thorough review of the literature^(20, 27-30, 31-36). The training program aimed at enhancing the assertive skills of nursing students studying in Faculty of Nursing. This training program has a set of specific objectives for each of the 8 sessions. This was achieved through several teaching methods such as: lectures interweaved with group discussion, brain storming, and examples from real life, modeling, role playing / behavioral rehearsal, getting participants' feedback, providing feedback, providing corrective feedback, and assigning homework.

The content of the training program sessions was as follows:

1. Introduction about the concept of assertiveness; the importance of the assertiveness for nurses and nursing students; and the comparison of passive, aggressive, passive-aggressive and assertive behavior.
2. The individual's basic rights of assertive behavior.
3. How to say "No" assertively.
4. How to make a request assertively.
5. How to respond and give criticism assertively; and give constructive criticism.
6. Handle and express anger assertively.
7. How to give and accept compliments assertively; and how to make apology assertively.
8. How to promote self esteem.

Various techniques were used to effectively help the participants in the process of becoming an assertive person. Such techniques include responding as a *broken record* to repeat in a calm voice the simple statement of refusal. Also, *agreeing assertively* on negative aspects about oneself when accepting constructive criticism. *Negative inquiring* which consists of requesting further, more specific criticism about the negative aspects is another technique. Moreover, *defusing/delaying assertively* by putting off further discussion with another angry individual until one is calmer. *Clouding/fogging* technique when one can respond to destructive criticism without becoming defensive and without agreeing to change by agreeing with a small part of what an antagonist is saying. Finally, using of "*I*" statement instead of "You" to express one's feelings and wishes from a personal position⁽²⁷⁻³⁰⁾.

Pilot study:

Before embarking on the actual study, the pilot

study was carried out in order to assess the clarity and applicability of the study tools. It was conducted on 8 nursing students from the 4th semester (second year) after obtaining their oral consent to participate in the study. These students were later excluded from the sample. The study tools proved to be clear and no modification were needed.

Actual study:

- The actual study was carried out in three phases:

Phase I: Selection of subjects:

The total number of nursing students in the 4th semester was 210 students in the academic year 2009-2010. The 80 nursing students (40 male and 40 female) were selected randomly, were divided randomly to 40 students for study group and 40 students for control group. The study group was further divided to four groups according to the students' study schedule, with each group containing 10 students with a nearly 1:1 proportion of males to females.

An oral consent was obtained from all subjects participating in the study after explanation of the aim of the study. They were also reassured that all research data will be confidential and used only for the purpose of the study.

Study and control groups were asked to respond to the study tools as pre- intervention assessment. This was done in small groups (4-6 students) as a self report on an individual basis, and in the presence of the researcher.

Phase II: Implementation of the assertiveness training program:

The assertiveness training program was implemented on the study group which encompasses four subgroups, one session per week i.e., 8 sessions for each subgroup, once session per week gives the students a plenty of time to find more opportunities for practicing the learned skills during the rest of the week. The time consumed for each session was about 60 minutes except for the first, fifth, sixth, seventh and eight sessions that took about 90 minutes.

In the first session, the researcher provided detailed information in relation to:

- ✓ Number of group members, place of meeting, duration of program, frequency of meeting and length of each session.
- ✓ Clarification of the specific goals of program.
- ✓ Grounded rules of group e.g. confidentiality and honesty.
- ✓ What to expect in the group in the terms of their roles.

Starting from the 2nd session, the researcher started with reviewing the homework assignment of skills of previous session, positive reinforcement was

provided for student's efforts. Then the objectives from the session were described followed by using different teaching strategies depending on the content of each session to learn assertiveness skills. Modeling the assertive skills was done by the researcher and then role play was done by the students in order to master the skills, and the other students gave feedback about role play. In addition after the corrective feedback from the researcher, another opportunity was given to them to rehearse in order to master the skill efficiently. The students were asked to describe how they would use the learned assertive skill in real- life situations until the coming week.

Phase III: evaluation of the effectiveness of assertiveness training program

The study tools were reapplied on the students of study group immediately after the program and then again one month later following the training program. As for the control group, the study tools were reapplied on the students involved in this group with two months after the pre-test interval and one month later.

Statistical analysis:

Data were analyzed using SPSS (Statistical Package for Social Science) software version 16. Categorical variables were contrasted by Chi-square test. Mann-Whitney test was used to compare between two different groups when the studied variables were not normally distributed. Wilcoxon Signed Ranks test was used to compare the mean values during pre, immediately post and one month after program within the same group when the observations were not found to follow normal distribution. Quantitative variables were compared within the same group using Mann-Whitney test or Kruskal-Wallis test (for comparison of more than two categorical variables). Correlations between two quantitative variables were tested using Spearman's rho test when the studied variables were not normally distributed. Significance of the obtained results was judged at the 5% level.

3. Results:

I- Subjects' description according to their socio-demographic characteristics:

About two thirds of the nursing students in both groups were aging "19 years to less than 20" (67.5%), with a mean age of 19.14 ± 0.71 years and 19.15 ± 0.74 years respectively. It was found that 72.5% of the subjects in the study group and 77.5% in the control group were living out of Alexandria, about two thirds of the students in the study and control groups were living in university hostel (60% and

65% respectively). Concerning educational level of father, 37.5% of the subjects in the study group and 32.5% in the control group their fathers had university degree of education. On the other hand, regarding to mother's level of education, more than one third of subjects in the study and control groups (37.5% and 35% respectively) their mothers had secondary level of education.

The majority of study and control group (82.5% and 85% respectively), "one or two persons occupied one room of family's home", and 45% of the study group were middle among their siblings. Moreover, three quarters of study subject's families in both groups had enough income. More than half of the students in the study (55%) and about two thirds of the control groups (67.5%) were not having any previous work experience. Moreover, nearly half of the nursing students in the control group (47.5%) having failed courses as compared to 40% of the study group. No statistical significant differences were found between the study and control groups in relation to all socio-demographic characteristics.

II- The effect of assertiveness training program on nursing student's assertiveness skills and self esteem:

Table (1) presents the mean difference of assertiveness skills scores of the study and control groups during pre, immediately post and one month after program. The mean difference of **immediately post program minus pre- program** in the study group was 4.10 ± 2.46 , compared to 0.42 ± 1.37 in the control group. A statistical significant difference was found between the two groups (Mann- Whitney test = 6.27, $p=0.000$). Similarly, the mean difference of **one month after program minus pre- program** in the study group was 3.95 ± 2.21 compared to 0.62 ± 1.66 in the control group. A statistical significant difference was found between the mean differences of the two groups (Mann- Whitney test = 5.98, $p=0.000$). However, No statistical significant differences was found between the mean differences of **one month after program minus immediately post program** in relation to the study and control groups.

Table (2) shows comparison of assertiveness skills mean scores within both study and control groups during pre, immediately post and one month after program. In the study group, the mean score before the program was 14.15 ± 2.58 that was raised to 18.52 ± 2.81 immediately post program. A statistical significant difference was found between the pre- and immediately post program mean scores (Wilcoxon Signed Ranks Test=5.36, $P=0.000$), while a slight decrease was observed in students' mean scores 18.10 ± 2.60 at one month after program. However, a statistical significant difference was

found between the pre- and one month after program mean scores (Wilcoxon Signed Ranks Test =5.47, $P=0.000$). On the other hand, in the control group, the mean score before the program was 14.15 ± 2.73 that was slightly raised to 14.57 ± 2.65 immediately post program. However, a slight increase was seen in subjects' mean scores 14.77 ± 2.68 at one month after program with a statistical significant difference between the pre- and one month after program mean scores (Wilcoxon Signed Ranks Test =2.27, $P=0.023$).

Table (3) shows the mean differences of self esteem scores of the study and control groups during pre, immediately post and one month after program. The mean differences of **immediately post program minus pre- program** for the study and control groups were -2.57 ± 5.41 and -0.85 ± 5.79 respectively. A statistical significant difference was found between the two groups (Mann- Whitney test =2.40, $p=0.016$). Similarly, the mean differences of **one month after program minus pre- program** were -3.47 ± 5.52 and 0.17 ± 6.20 for the study and control groups respectively. A statistical significant difference was found between the two groups (Mann- Whitney test = 3.33, $p=0.001$). (Figure I).

Table (4): illustrates comparison of self esteem mean scores within both study and control groups during pre, immediately post and one month after program. . In the study group, the mean score before the program was 53.52 ± 5.85 that was decreased to 50.95 ± 6.53 immediately post program. A statistical significant difference was found between the pre- and immediately post program mean scores (Wilcoxon Signed Ranks Test =2.99, $P=0.003$). Also, a slight decrease was observed in students' mean scores 50.10 ± 5.67 at one month after program with a statistical significant difference was found between the pre- and one month after program mean scores (Wilcoxon Signed Ranks Test =3.54, $P=0.000$). Moreover, no statistical significant difference was found between immediately post and one month after program mean scores. On the other hand, in the control group, no statistical significant difference was found between the pre- and immediately post program mean scores, and between mean scores of the pre- and one month after program. While, the mean score immediately post program was 52.13 ± 7.32 that was increased to 53.15 ± 6.81 one month after program with a statistical significant difference (Wilcoxon Signed Ranks Test =2.48, $P=0.013$).

III- Correlation between nursing students' assertive skills and self esteem during all levels of program:

Table (5) shows the correlation between nursing students' assertiveness skills and self esteem during

pre, immediately post and one month after program. Spearman's rho test proved that there was a negative statistical significant correlation between nursing students' assertiveness skills and their self esteem during pre, immediately post and one month after

program ($r = -0.29$ $P = 0.009^*$, $r = -0.23$ $P = 0.044^*$, $r = -0.28$ $P = 0.011^*$ respectively). This means that, as students' assertiveness skills score increases (becomes better) students' self esteem score decreases (becomes better).

Table (1): The mean differences of assertiveness skills scores of the study and control groups (pre, immediately post and one month after program).

| Time of Comparison | Assertiveness skills mean differences | | Mann-Whitney test | P |
|--|---------------------------------------|----------------------|-------------------|----------|
| | Study group (n=40) | Control group (n=40) | | |
| Immediately post program-Pre-program | 4.10 ± 2.46 | 0.42 ± 1.37 | 6.27 | 0.000*** |
| One month after program – Pre- program | 3.95 ± 2.21 | 0.62 ± 1.66 | 5.98 | 0.000*** |
| One month after program – Immediately post program | -0.15 ± 2.11 | 0.20 ± 1.20 | 1.54 | 0.124 |

***Significant value at $P < 0.001$

Table (2): Comparison of assertiveness skills mean scores within both study and control groups (pre, immediately post and one month after program).

| Time of Comparison | Assertiveness mean scores | | | | | |
|--------------------------|---------------------------|----------------------------|----------|----------------------|----------------------------|--------|
| | Study group (n=40) | | | Control group (n=40) | | |
| | Mean ± SD | Wilcoxon Signed Ranks Test | P | Mean ± SD | Wilcoxon Signed Ranks Test | P |
| Pre- program | 14.15 ± 2.58 | 5.36 | 0.000*** | 14.15 ± 2.73 | 1.92 | 0.055 |
| Immediately post program | 18.52 ± 2.81 | | | 14.57 ± 2.65 | | |
| Pre- program | 14.15 ± 2.58 | 5.47 | 0.000*** | 14.15 ± 2.73 | 2.27 | 0.023* |
| One month after program | 18.10 ± 2.60 | | | 14.77 ± 2.68 | | |
| Immediately post program | 18.52 ± 2.81 | 0.79 | 0.428 | 14.57 ± 2.65 | 1.15 | 0.251 |
| One month after program | 18.10 ± 2.60 | | | 14.77 ± 2.68 | | |

*Significant value at $P < 0.05$ ***Significant value at $P < 0.001$

Table (3): The mean differences of self esteem scores of the study and control groups (pre, immediately post and one month after program).

| Time of Comparison | Self-Esteem Mean Differences | | Mann-Whitney test | P |
|--|------------------------------|----------------------|-------------------|----------|
| | Study group (n=40) | Control group (n=40) | | |
| Immediately post – Pre- program | -2.57 ± 5.41 | -0.85 ± 5.79 | 2.40 | 0.016* |
| One month after program – Pre- program | -3.47 ± 5.52 | 0.17 ± 6.20 | 3.33 | 0.001*** |
| One month after program – Immediately post program | -0.85 ± 3.78 | 1.07 ± 2.97 | 2.21 | 0.027 |

* Significant value at $P < 0.05$

***Significant value at $P < 0.001$

Table (4): Comparison of self esteem mean scores within both study and control groups (pre, immediately post and one month after program).

| Time of Comparison | Self-Esteem Mean Scores | | | | | |
|--------------------------|-------------------------|----------------------------|----------|----------------------|----------------------------|--------|
| | Study group (n=40) | | | Control group (n=40) | | |
| | Mean \pm SD | Wilcoxon Signed Ranks Test | P | Mean \pm SD | Wilcoxon Signed Ranks Test | P |
| Pre- program | 53.52 \pm 5.85 | 2.99 | 0.003** | 52.98 \pm 6.21 | 0.11 | 0.916 |
| Immediately post program | 50.95 \pm 6.53 | | | 52.13 \pm 7.32 | | |
| Pre- program | 53.52 \pm 5.85 | 3.54 | 0.000*** | 52.98 \pm 6.21 | 1.17 | 0.242 |
| One month after program | 50.10 \pm 5.67 | | | 53.15 \pm 6.81 | | |
| Immediately post program | 50.95 \pm 6.53 | 1.18 | 0.238 | 52.13 \pm 7.32 | 2.48 | 0.013* |
| One month after program | 50.10 \pm 5.67 | | | 53.15 \pm 6.81 | | |

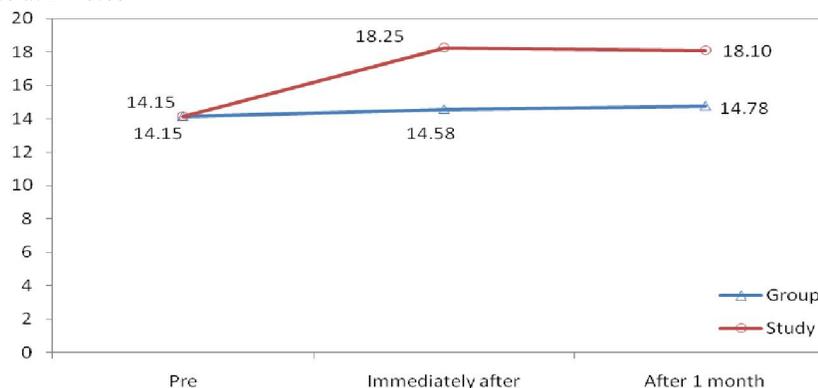
*Significant value at $P < 0.05$ **Significant value at $P < 0.01$

***Significant value at $P < 0.001$

Table (5): Correlation between nursing students' assertiveness skills and self- esteem (pre, immediately post and one month after program) (n=80)

| Time of Comparison | Assertiveness Skills and Self-Esteem Correlation | |
|--------------------------|--|--------|
| | Spearman's rho test | P |
| | Pre- program | -0.29 |
| Immediately post program | -0.23 | 0.044* |
| One month after program | -0.28 | 0.011* |

*Significant value at $P < 0.05$

**Figure 1: The Effect of Assertiveness Training Program on Assertiveness skills during Pre-Program, Immediately post and One Month after Program**

4. Discussion

Students' nurses today are the nucleus of the professional nurses of tomorrow, who will interact with their colleagues and other health care professionals on a daily basis and provide the care for patients, their families and society in the area of health and education in the future. When the acquisition of the assertion skills is considered the

key to enhance personal competence and satisfying relationships, it is crucial for faculty nursing students, to be individuals with high self-esteem and assertiveness in order to ensure competent and safe practice^(37, 38).

As predicted, both the students of the study and control groups in the preprogram period had a high tendency to be non-assertive. In this respect,

Ibrahim (2010) reported that about half of the second year students at Port-Said University were non-assertive⁽³⁸⁾. In fact, students of the present study are in late adolescence when assertiveness is considered as a characteristic which they are still developing⁽³⁹⁾. This can also be explained through people in traditional Arab societies learn to get along with the attitudes, wishes, and expectations of others by ignoring or even hiding their own true feelings, thoughts, and attitudes. Moreover, Arabic culture has mistaken traditional assumptions about assertiveness that are reinforcing during rearing practices for individuals. Some of these assumptions are: "it is selfish to put your needs before others' needs", and "asking questions reveals your stupidity to others". These faulty assumptions inhibit assertiveness and reinforce passivity in individuals⁽⁴⁰⁾. Regarding the second target dimension of the training program in the present study, namely self-esteem, both the study and control groups revealed a tendency of the of the second year students to have low self-esteem. This is in accordance with El-Sabai et al (2007) who found the second year at Alexandria University had the largest percent of the students with low self-esteem⁽²²⁾. In this respect Gomaa (2003) reported that the high level of stress of the second year students at Suez Canal University is a concomitant to low self-esteem⁽⁴¹⁾. They recent transmit their nursing practice from faculty labs to hospital and confront a lot of strains during their clinical training in hospital⁽⁴²⁾. For many late adolescents, attending college often involves coping with the stress derived from establishing new social relationships, and adjusting to the academic demands of class work⁽⁴³⁾. On the other hand, low self-esteem may be due to the negative attitude toward the job as a result of negative attitude of the society toward the nursing field⁽⁴⁴⁾.

It can be said that, the training program in the current study made a positive contribution in developing assertiveness skills and enhancing self-esteem of the nursing students. Such results contributed to the facts that assertive behavior and self-esteem can be learnt^(45, 46). In this respect, Alberti and Emmons (1995) stated that assertiveness is a characteristic of behavior, not of a person. The concept of self-esteem is considered as malleable- neither set in childhood, nor permanently established throughout life, it is accessible to development and remains available to change⁽⁴⁷⁾. More specifically, the study results revealed significant improvement in assertiveness skills for those students who were in the study group on the immediately post program and one month after program when comparing the mean score of both the study and control groups. Such results are supported

by several studies which indicate that college students are able and willing to learn assertiveness skills through a combination of educational elements like those used in the present study^(16,48). On the same line, another study done by Paezy et al (2010) found a significant increase in assertiveness and subjective well-being of Iranian female secondary school students at post-test and two months follow-up measurements between study and control groups after assertive training program⁽⁴⁹⁾. A probable reason for increasing assertiveness may be due to the fact that participation in the program has helped the less assertive students to reach to the necessary self-analysis and practice assertive behaviors in communicative conditions with others in a real and natural way and use them in a right manner⁽⁵⁰⁾. In addition, completing of the assertiveness training program was helpful for students to understand the concept of assertive behavior and differentiate it from other behaviors.

Furthermore, the results showed that assertiveness skills of the study group were slightly decreased at one month after program. It was suggested that when some changes in assertiveness occur, it is useful to be aware of some possible reactions to newly acquired assertive behaviors. Assertion trainees can be prepared beforehand against the possible negative reactions that come from their environment to new patterns of behavior⁽¹⁶⁾. Also, it should be realized that assertion may not always be the most appropriate response in every situation, In our study, for some students, overusing assertiveness in every situation could have been generated some negative outcomes because it is seen as unusual behavior, or as a form of superiority, or as a sort of rejection toward them. Consequently, this may lead to retreating to the previous behavior pattern. Undoubtedly, the content and length of the program, techniques used, and trainers' backgrounds all play roles in the effectiveness of any training program.⁽⁵¹⁾ Several studies revealed that training was effective when conducted for a reasonable long period with small groups and when using several methods together with learner-centered^(50, 52). This is relatively similar to what was used in the present study. Furthermore, one can not belittle the impact of being in group. It gives the protected environment where members are encouraged to practice their newly acquired and modified behaviors spontaneously and without fear of negative consequences. This may facilitated the generalization of practiced assertive behaviors outside the group⁽⁵³⁾. According to Corey (2008), a group provides the empathy and support atmosphere necessary to create trust that leads to sharing and exploring concerns one may have.⁽⁵⁴⁾

The results of the present study proved that the students with more assertiveness skills have significantly high self-esteem at all stages of the program. This corresponded to the previous results which indicated that high level of assertiveness correlated positively and significantly with high self-esteem among nursing students^(11, 38, 55). In this respect, O'Moore & Kirkham (2001) reported low self-esteem is a common characteristic among late adolescents who perceive themselves as having aggressive tendencies⁽⁵⁶⁾. The description of self-esteem as a concomitant of assertiveness and the common characteristics of assertiveness and self-esteem in an individual may interpret the finding of the present study⁽⁵⁷⁾. So, it is not strange to find self-esteem of students of the current study enhancing by participation in an assertiveness training program. Likewise, Kashani and Bayat (2010) and Ranjbar and Sajadinejad (2010) found that assertiveness training caused significant increase in self-esteem level of University students^(50,58). Similarly, Makhija and Singh (2010) reported that adolescents who attended the university assertiveness training had significantly higher levels of self-esteem than the subjects who did not have the training⁽⁵⁹⁾. While Sert (2003) found that there is no effect of assertiveness training in increasing the self-esteem of the students⁽⁶⁰⁾.

The positive affect of assertiveness training on self esteem of participants can be due to the following reasons. First, self assertiveness is an essential component of self esteem, if assertiveness increases self esteem increases. Additionally, assertiveness training is based on understanding that one has a basic worth as a human being and that certain rights accompany that fact. Such deep sense of worth and actual behavioral competence at preserving it appears to motivate the trainee to be self-responsible and accept himself comfortably⁽⁵⁹⁾. Another possible explanation for the obtained results is that the students who had participated in the program become more successful in communications through using assertive behaviors. These successes cause positive evaluation from others which reflect positively on his self-esteem. In this respect, Alberti and Emmons (1995) noted that the person who is generally not assertive has a poor self-concept. They discussed a cycle of non assertive or aggressive behavior: the person thinks poorly of himself, his behavior toward others is responded to with abuse; consequently he thinks more poorly of himself. To break this cycle, he must change his behavior patterns and becoming more assertive. He will then receive more positive responses from others which will enhance his evaluation of self. This in turn will lead to more assertive behavior. They also postulated

that the assertive individual is more likely to achieve desired goals because of his ability to clearly express himself and communicate his messages.⁽⁴⁷⁾

On the other hand, one can not ignore the impact of the stress imposed on students during their study consequently leading to lower students' self-esteem. This can explain the significant decrease in the self-esteem of the control group, and at the same time highlights the importance of the training program given to the study group which protected this group from such decrement in their self-esteem and gave them an opportunity to maintain and consolidate their assertive skills and self-esteem. This goes with many studies which reported that at the end of the nursing program students' self-esteem levels had decreased dramatically^(61, 62). However, self-esteem has been identified as an important predictor of adjustment to stress. When encountering stress, those with higher self-esteem have a higher sense of personal worth, which acts as a shield against the negative impact of stress⁽⁴⁷⁾.

Accordingly, this study revealed that assertiveness training program had led to a significant increase in nursing students' assertiveness skills and self – esteem. Therefore, introduction of specific courses aiming at enhancing the acquisition of assertiveness skills in student nurses should be ensured. In addition, nurse educators must motivate their students to express their opinions and personal rights and also they must pay attention to learn assertiveness skills. Whether the skills gained will be maintained and whether there will be a long-term improvement in assertiveness skills and self - esteem remain to be determined in future studies.

In the present study, the scales used for measuring assertiveness and self-esteem levels are considered valid and reliable as they modified according to Egyptian culture.

Limitation of the study:

The current study needs more follow up after the program implementations to ensure that the students already adopted the newly acquired behaviors, assertiveness skills and self-esteem.

Conclusion:

The present study proved that assertive behavior and self-esteem can be learned and that students studied at faculty of nursing can significantly benefit from an assertiveness training program to increase their assertiveness skills and self-esteem. This can be especially true when the training program employed a combination of several teaching modalities over several training sessions which covered the topics about assertive behavior and skills.

The following are the main recommendations yielded by the present study:

- 1- Faculty nursing students' levels of self-esteem and assertiveness should be assessed, and training programs should be organized for students with low levels by the counseling services.
- 2- Similar training program may be expanded and extended to include students' parents and educators. This may render them more readiness to accept and support the students' assertion.
- 3- The concepts of assertiveness and self-esteem should constitute an integral part of the basic undergraduate nursing courses.
- 4- In clinical area clinical instructors or faculty member responsible for the clinical education should give the students the opportunity to assert themselves and maintain high self-esteem and at the same time they also must be a role model as regard to assertiveness for their students.
- 5- Continuous support of newly developed assertive behavior should be encouraged to solidify the new pattern of communication and ensure enduring change.
- 6- Further researches to investigate the socio-cultural circumstances that may hinder or enhance the individual to be assertive.

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