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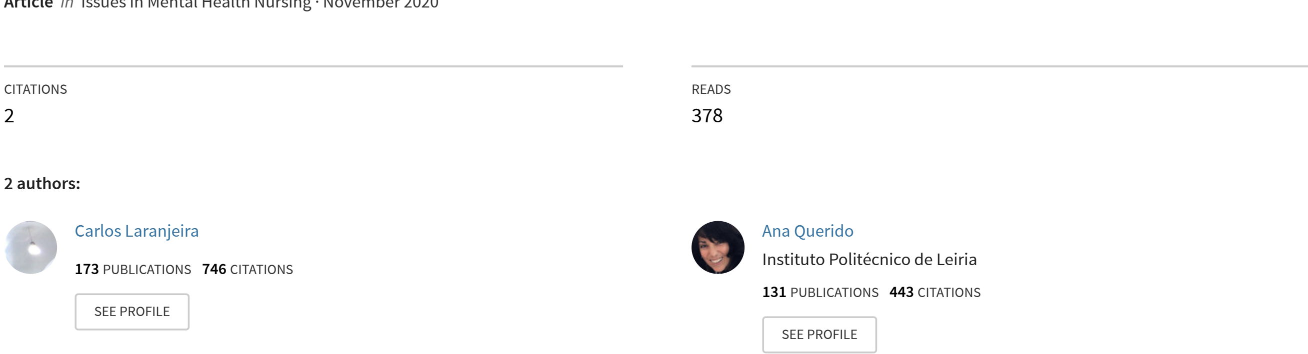

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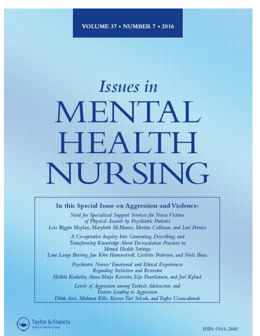

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Assertiveness Training of Novice Psychiatric Nurses: A Necessary Approach

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The statement "assertiveness is both a skill and a choice" is a popular expression in nursing. Being assertive is a core communication skill, which can be learned like many other skills. Appropriate communication skills are critical for novice psychiatric nurses, helping them develop competency for acute care and recovery. The notion of assertiveness has been extensively used in the nursing literature and has been established as a key approach for avoiding adverse occurrences in health care, boosting patient safety (Omura, Levett-Jones & Stone, 2019). Lazarus (1973, cited in Pipas & Jaradat, 2010) identified specific classes of assertive responses, namely the ability to deny a client's requests, to make requests of the client, to express positive and negative feelings, and to initiate and hold a conversation.

In its complexity, psychiatric nursing care is subjected to numerous contingencies, and rich and unexpected interactions occur in each form of care. Therefore, it is humanly difficult for nurses to be fully prepared for the more assertive responses required in each sick person's situation. Understanding this phenomenon from the perspective of a novice nurse is essential. Theoretical frameworks, namely Benneŕs Model, can be useful to explain how a nurse develops knowledge, skill, clinical competence, and comprehension of patient care through complete theoretical training and experiential learning from the novice to expert stage. In the novice stage, nurses have no background practical experience, only theoretical knowledge. They have no information on how to apply new knowledge and skills when they are faced with unique situations. Therefore, "nurse-patient interactions" are the heart of professional nursing, involving more than conversation or assertiveness, but also a nurse's perception and understanding of the patient's emotions, and using that information to best manage situations with patients and ensuring more effective care. These qualities are related to the concept of emotional intelligence, that is, how emotions are perceived and accessed, how this awareness can help understand and regulate one's emotions, thus promoting emotional and intellectual growth (Matthews, Zeidner & Roberts, 2004). In fact, emotional intelligence is a prerequisite for key nursing skills, such as sensitivity, empathy, creativity, self-awareness, assertiveness, and self-control. Assertiveness and emotional intelligence training programs can influence attitudes, feelings, and behaviors and thus help novice psychiatric nurses provide the best quality of service for patients.

Goals and types of assertive response

Assertive training begins with the identification of areas of deficient assertion, analyzes the factors that prevent the individual from expressing assertion properly (e.g., ignorance of affirmation rights, irrational beliefs) and operates on those factors (e.g., modification of irrational beliefs). The test of assertive responses in the areas identified as problematic, and later analysis of its consequences, takes place initially in a protected environment.

For Alberti and Emmons (2017), assertive training changes the way the individual sees him/herself, increases self-affirmation, allows him/her to express feelings and thoughts properly and, subsequently, establish self-confidence. In more detail, Hargie (2016) listed several functions of training, including to help the individual: (1) ensure their rights will not be violated; (2) recognize the rights of others; (3) communicate their opinion confidently; (4) refuse unreasonable requests; (5) place reasonable orders; (6) deal effectively with unreasonable refusals; (7) avoid unnecessary aggressive conflicts; and (8) develop and maintain a personal sense of effectiveness.

There are many ways to be assertive. Depending on the person's purpose in a particular situation, some types of responses are more appropriate. Describing the various types of assertive response is not an easy task. In the literature on assertiveness, there are diverse categorizations and several designations for the same type of response (Back & Back, 2005; Hargie, 2016; Jakubowski & Lange, 1978). The following are the four types of most common assertive responses: basic assertion, escalating assertion (Hargie, 2016), empathic

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assertion, and confrontation assertion (Jakubowski & Lange, 1978).

Basic assertion involves simple self-defense of rights, beliefs, feelings, and opinions. For example: “Sorry, I would like to finish explaining the treatment to you”. When the person wants to show some sensitivity, especially in situations where the interlocutor may be offended by the simple expression of desires or feelings, empathic assertion emerges as an appropriate type of response. Empathic assertion is particularly useful in situations where the relationship with the other is important, or when you want to reduce the probability of the interlocutor being defensive or feeling hurt. This type of response also makes it easier for the interlocutor to listen, because he realizes his point of view was considered.

Escalating assertion is a type of response that can be used when a basic assertive response has no effect on the receiver. In this situation, the individual may gradually escalate the degree of assertiveness employed (e.g., Level 1: “I’m sorry, I’m not able to change the treatment time tomorrow”; Level 2: “As I already explained, I will not be able to change your treatment to another time”; Level 3: “I ask you not to insist! I’ve told you twice, I cannot change my schedule tomorrow!”).

The confrontation statement is appropriate when there are discrepancies (e.g., the interlocutor’s words contradict his/her behavior). This kind of assertive answer has three parts: (1) objective description of the other person’s stated intentions; (2) description of the other person’s actual behavior; (3) expression of desires. For example, “You told me that you would spend 30 minutes of exercise every day at home. We agreed that his recovery plan would essentially be done at home. This week, you never did the exercises. As I explained to you, in my opinion, it is very difficult to recover only with treatments on the equipment here in the gym. What do you think is preventing you from doing the exercises at home?”. When discrepancies are confronted by simply describing them, conflict resolution is facilitated: the interlocutor is less likely to react defensively, because he does not feel attacked personally.

For situations in which there is aggressiveness or persistence on the part of the interlocutor, the authors most dedicated to the study of assertiveness have proposed several types of specific responses (Hargie, 2016; Jakubowski & Lange, 1978), notably: (1) ignoring technique, which, as its name implies, consists of ignoring the aggressive or insulting comment from the other and maintaining goals (e.g., “It seems to me that you are very excited, I think we better talk about this subject later.”); (2) fogging technique, which translates into the acceptance of a critical negative attitude, without showing intention to change the behavior that triggered criticism; and finally (3) the best known of all assertive techniques, mentioned in all manuals, the ‘broken record’ technique. This consists of, calmly and always in the same way, repeating one’s point of view, ignoring any interruptions or provocations that may arise from the part of the interlocutor.

Design and components of assertive training

Assertive training simulation programs ideally should be conducted in a group format (more effective than an individual format) of 6–10 members with similar characteristics, and meet for 10–12 sessions (Larsen & Jordan, 2018). Assertiveness training serves two purposes: firstly, to increase individual awareness of verbal patterns and intentions, while being receptive to the feelings, rights, risks, and consequences for the asserter and others in the situation; secondly, to increase verbal, listening, and attention skills of the would-be asserter. The core strategies of assertiveness training include teaching assertiveness skills, psychoeducation, and practicing assertive behavior (Larsen & Jordan, 2018). Each assertiveness technique can be categorized in one of five basic domains (Rich & Schroeder, 1976): response acquisition operations (modeling and instructions); response reproduction strategies (behavioral rehearsal and role-playing); response-shaping and strengthening techniques (feedback, coaching, self-evaluation, shaping, and reinforcement); cognitive restructuring operations (problem-solving, rational relabeling, and self-instruction training); and transfer of training to real-life (homework assignment, self-monitoring, interpersonal diaries, and social perception skill training). The skilled use of these techniques helps novice psychiatric nurses learn what to say and how to say it, but also expose novice nurses to feared interpersonal situations, contributing to reduce anxiety and improve well-being (Speed et al., 2018).

While useful, assertiveness training entails potential challenges. For example, the appropriate degree of assertiveness will vary with the situation and patient. Therefore, a given behavior may be insufficiently assertive in one situation but too assertive in another. Responding with adequate behavior can be improved with experience and training. In addition, some individuals may be fearful or anxious about being assertive, but such reservations can be overcome with clinical practice. In contrast, after assertiveness training, some people may strike the reverse balance and become overly aggressive (Larsen & Jordan, 2018). Indeed, it would be helpful to incorporate techniques for improving emotional intelligence and regulation, including training with anger-provoking scenarios and working on attention focus, emotional response, and response modulation (Peláez-Fernández et al., 2015; Raghubir, 2018).

Final considerations

In sum, assertiveness is a significant social skill that has the capacity to enhance, modify, and accentuate social relationships, professional success, and personal development (Phillips, 2013). Novice nurses should be empowered with the knowledge, understanding, and skills to choose their own appropriate and effective patterns of behavior. To this end, assertiveness should be improved through the development of emotional intelligence, thereby helping novice psychiatric nurses be more resilient and confident in dealing with stressful situations and in creating the desired sort of relationships.

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