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A NEED FOR THE STUDY ON KNOWLEDGE OF ASSERTIVE COMMUNICATION AMONG B.SC NURSING STUDENTS IN SELECTED NURSING COLLEGES AT JAIPUR, RAJASTHAN

Author Name: ¹Mr. Peekesh Kumar, ²Dr. Yogesh Yadav

Affiliation: ¹Prof PhD Scholar, Maharaj Vinayak Global University, Jaipur, Rajasthan, India

²Principal cum Dean Maharaj Vinayak Global University, Jaipur, Rajasthan, India

E-Mail: dr.pksinghal4u@gmail.com

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Abstract

Communication is combined information given and received, of a learning experience in which certain attitudes, knowledge and skills change, carrying with them alterations of behavior; of a listening effort by all involved; of systematic firm examination of subject by the communicator himself; and of a sensitive interaction of points of view leading to a higher level of shared understanding and common purpose. Communication refers to the reciprocal and mutual exchange of information, ideas, feelings, attitudes and beliefs between people or a group of people. Communication is a goal directed process where people use a system of symbols and signs to convey a message. We communicate when we talk verbally and also when we don't talk non-verbally. Communicate when we walk and when we still remaining. We communicate within ourselves and for others. It is a self-communication process where nurses must be therapeutically conscious and communicating with the patients. The present study will be conducted in the St. Florence College of Nursing and Institute of medical technology and Nursing Education, Sitapura, Jaipur. In the study 300 samples were selected from the population by using simple random sampling technique. Evaluative approach and quasi experimental one group pre-test and posttest design was adopted. Structured knowledge questionnaire were used to collect the data. During Pre-test 86.7% of respondents have inadequate knowledge level; 13.3% of the respondents have moderate knowledge level and finally none of the respondents have adequate knowledge on Assertive Communication and Its Benefits in Nurse Patient Relationship before structured teaching program. Students have less moderate knowledge level and none of them have adequate knowledge about assertive communication. So, study highly recommended need for the study in terms of structured teaching programme for imparting knowledge at adequate level of the B.Sc Nursing Students.

Keywords: Knowledge, assertive communication, B.Sc Nursing Students, Nurse patient relationships.

INTRODUCTION

Communication is a lifelong learning process where nurses can make a intimate journey with their patients and families from birth to death. As a nurse we can communicate with the patient and families to collect meaningful information about data assessment, giving education, and interaction among them by using therapeutic communication to promote personal growth promotion of health to achieve the goals. Communication is an essential path of centered nursing care. Patient safety is needed for effective communication among members of the health care team as patients move from our caregiver to care setting to another. This breakdown in communication among health care team is a major issues in workplace which threaten professional role and credibility (WHO, 2007). Capability in communication helps to maintain effective relationships within the entire sphere of professional practice which meets legal,



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Ethical and clinical standards of care.4

Helping relationships are the substructure of clinical as well as practical nursing practice. These relationships assume the role of health care worker and came to know a patient as an individual who has unique identity about health needs, human responses and patterns of living relationships.⁴

NEED FOR THE STUDY

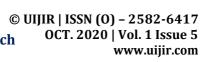
Assertive communication is become useful in political areas for nurses who chose to become involved in both state and national levels in desire to influence legislation and ultimately improve the system of health care provision and automatically the health of our country. ¹⁶

R.E. Alberti and M.L. Emmons; mentioned that assertiveness is an important behavior and skill for each person. It helps them feel good about themselves and increases their self - esteem. They can maintain self - respect and respect for others by treating everyone equally and with human dignity. It also helps to confront difficult situation and people. Developing positive assertiveness can create and professional success and make things happen to each individual. ¹⁷

According to an article by Wendy Leebov's in AMERICAN NURSE TODAY he defines a much more relevant goal for nurses- a goal to help nurses communicate expertly. A study like this helps the budding nurses to remove the barriers and create the conditions that make it possible for them to serve their patients and families with diligent and compassionate care. And finally, to engage nurses" hearts and minds in strengthening their communication with patients and families.

The assertiveness training program is a structured intervention technique that is used to boost the effectiveness of social relationships. Lin believed that assertiveness improves equality in human relations, enables individuals to act according to their interests, helps them stand up to their desires without feeling anxious, allows them to express their sincere feelings and encourages them to fight for their personal rights without violating the right of others.²²

The assertiveness training program aims to help individuals change their self-image, easily express themselves, express their thoughts and ideas appropriately and consequently increase their self-esteem. This training program can be used for people of all ages and from different walks of life. Training the assertiveness program is a life skill that builds self-confidence, improves social communication skills, teaches to exercise your rights whilst respecting the rights of others and ultimately increases the amount of life satisfaction and happiness one experiences in life. For instance, a study by Former is indicates those teaching assertiveness techniques like problem solving skills to adolescents will enable them to solve their problems, categorize their priorities and make better use of supporting systems in the society. Neglecting one's personal rights and being uncertain in different interactions, causes physical and mental diseases in humans and damages social relations. Many misconduct and wrongdoings witnessed in different age groups, specifically in adolescents stems from their inability to say "no" at the right time. Training assertiveness skills to individuals is a behavioral approach that has become common in modern life and is specifically beneficial for those who have interpersonal problems. Anxiety, stress, and depression lead to many psychological, physical, and social problems in adolescents.





MATERIAL AND METHODS

An evaluative approach was used as appropriate one for present study. The main aim of this study was to find the effectiveness of structured teaching programme on knowledge regarding assertive communication as in form of nurse patient relationship by comparing pre-test and post-test knowledge score. To associate the pretests mean knowledge score with selected socio demographic variables of B.Sc. nursing students.

RESULTS SECTION A: PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES OF THE SUBJECTS Table 1: Frequency and percentage distribution of Respondents by Age in years

N = 300

S NO AGE		FREQUENCY	PERCENTAGE
1.	18 – 20 Years	110	37.0%
2.	21 - 23 Years	150	50.0%
3. 24 – 26 Years		40	13.0%
TOTAL		300	100%

Table: 1 show that out of 300 students, 110 students (37.0%) belong to age group of 18-20 years, 150 students (50.0%) belong to age group of 21-23 years, and 40 students (13.0%) belong to the age group of 24-26 years.

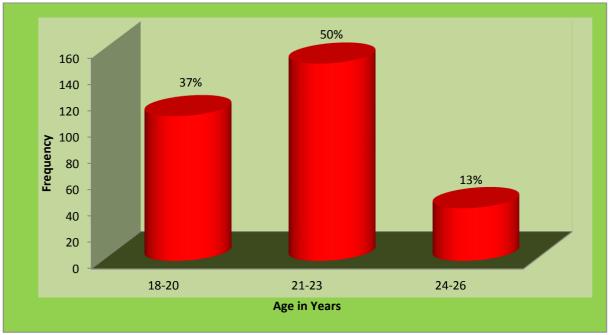


Figure 3: Distribution of students according to Age in years

Table 2: Frequency and percentage distribution of Respondents by Gender

N = 300

S NO GENDER		FREQUENCY	PERCENTAGE
1.	Male	240	80.0%
2. Female		60	20.0%
	TOTAL	300	100%

Table: 2 show that out of 300 students, 240 students (80.0%) belong to Male Gender, 60 students (20.0%) belong to Female Gender.



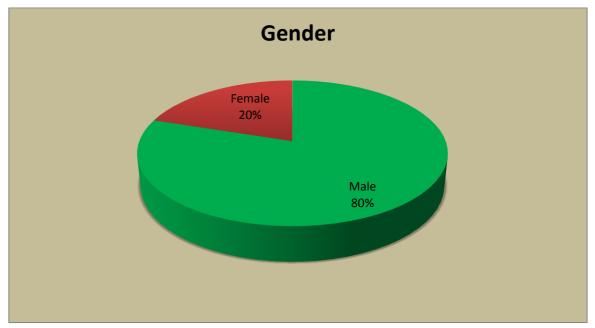


Figure 4: Distribution of students according to Gender

Table 7: Frequency and percentage distribution of Respondents by Previous knowledge about Assertive communication

N = 300

S NO PREVIOUS KNOWLEDGE ABOUT ASSERTIVE COMMUNICATION		FREQUENCY	PERCENTAGE
1.	Yes	42	14.0%
2. No		258	86.0%
	Total	300	100%

Table: 7 Previous knowledge shows that out of 300 students 258 (86.0%) of respondents were not having previous knowledge about assertive communication and 42 (14.0%) of the respondents were having previous knowledge about assertive communication. It was inferred that majority of B.Sc. Nursing students were not having previous knowledge about assertive communication.

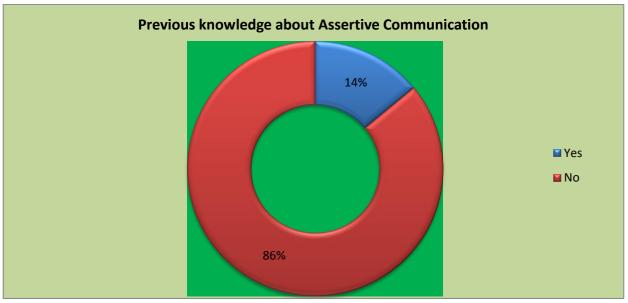


Figure 9: Distribution of students according to previous knowledge

Table 8: Frequency and percentage distribution of Respondents by source of Information N=300

S NO	SOURCE OF INFORMATION	FREQUENCY	PERCENTAGE
1.	Teachers	125	42.0%
2.	Friends	75	25.0%
3.	Relatives	30	10.0%
4. Mass media		70	23.0%
	TOTAL	300	100%

Table: 8 Source of Information shows that out of 300 students 125 (42.0%) of respondents were receiving the information from their teachers; 75 (25.0%) of the respondents were receiving information through their friends; 30 (10.0%) of them through relatives and finally 70 (23.0%) of the respondents through mass media. It was inferred that majority of B.Sc. Nursing Students were receiving information through their teachers.

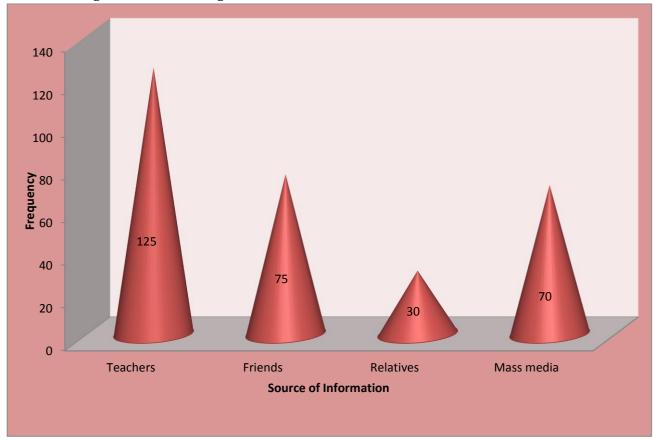


Figure 10: Distribution of students according to source of information

SECTION B

TABLE 9: Data Shows the Association between Pre-test Knowledge Scores on Assertive Communication and Its Benefits in Nurse Patient Relationship and Selected Socio-Demographic Variables.

			Knowledge scores					
SN	Variable	Category	Inadequate		Moderate			value
			f	%	f	%	Total	(p-value)
1.	Age	18 - 20	105	35.0	05	2.0	110	0.51
	(In Years)	21 - 23	142	47.0	08	3.0	150	(0.78) _{NS}
		24 - 26	37	12.0	03	1.0	40	



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2.	Gender	Male	230	77.0	10	3.0	240	0.08
		Female	57	19.0	03	1.0	60	(0.78) _{NS}
3.	Religion	Hindu	232	77.4	08	2.67	240	4.5048
		Muslim	33	11.0	02	0.67	35	$(0.21)_{NS}$
		Christian	18	6.0	02	0.67	20	
		Sikh	05	1.68	-	-	05]
4.	Type of Family	Nuclear	172	57.4	08	2.6	180	0.23
		Joint	116	38.7	04	1.3	120	(0.63) _{NS}
		Illiterate	17	5.7	-	-	17	21.21
		Primary	20	6.7	02	0.6	22	$(0.06)_{NS}$
5.	Education of Father	Secondary	50	16.7	03	1.0	53	
		Senior secondary	69	23.0	05	1.6	74	
		Graduation	80	26.7	06	2.0	86	
		Post-graduation	45	15.0	03	1.0	48	
		Illiterate	22	7.3	-	-	22	20.09
		Primary	16	5.3	02	0.7	18	(0.049) _{NS}
		Secondary	76	25.3	04	1.3	80	
6.	Education of Mother	Senior secondary	80	26.7	04	1.3	84	
		Graduation	52	17.4	04	1.3	56	
		Post-graduation	37	12.4	03	1.0	40	
7.	Previous knowledge about	Yes	40	13.3	02	0.7	42	17.45
	assertive communication	No	248	82.7	10	3.3	258	(0.467) _{NS}
8.	Source of Information	Teachers	119	39.7	06	2.0	125	4.24
		Friends	69	23.0	06	2.0	75	$(0.29)_{NS}$
		Relatives	27	9.0	03	1.0	30	
		Mass media	65	21.7	05	1.6	70	

SECTION C

TABLE 10: Distribution of Overall Respondent Knowledge Level on Assertive Communication and its Benefits in Nurse Patient Relationship in Pre-test.

N = 300

	Inadequate Knowledge (0 - 13) N %			Knowledge - 26)	Adequate Knowledge (27 - 40)		
			N	%	N	%	
	260	86.7	40	13.3	-	-	

Table 10: reveals the distribution of overall respondent knowledge level regarding Assertive Communication and Its Benefits in Nurse Patient Relationship before structured teaching program.

From the above table shows that 86.7% of respondents have inadequate knowledge level; 13.3% of the respondents have moderate knowledge level and finally none of the respondents have adequate knowledge on Assertive Communication and Its Benefits in Nurse Patient Relationship before structured teaching program.

DISCUSSION

The present study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding assertive communication and its benefits in nurse patient relationship among B.Sc. nursing students in selected nursing colleges at Jaipur.

In order to achieve the objectives of the study, one group pre-test and post-design with Preexperimental design was adopted. The sample comprised of 300 B.Sc. nursing students. The data were collected from them before and after the administration of structured teaching

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program using a structured questionnaire.

THE OBJECTIVES OF THE STUDY

- 1. To assess pretest levels of knowledge on assertive communication and its benefits in nurse patient relationship of B.Sc. nursing students.
- 2. To assess posttest levels of knowledge on assertive communication and its benefits in nurse patient relationship of B.Sc. nursing students.
- 3. To evaluate the effectiveness of STP on assertive communication and its benefits in NPR by comparing the differences between the pretest and posttest knowledge scores.
- 4. To associate the pretests mean knowledge score with selected socio demographic variables of B.Sc. nursing students.

THE STUDY ATTEMPTED TO TEST THE FOLLOWING HYPOTHESIS

RH₁: There will be a significant difference between the mean pre-test and post-test knowledge scores.

RH₂: There will be a significant association between pre-test knowledge scores with selected demographic variables.

In the present study distribution of overall respondent knowledge level regarding Assertive Communication and Its Benefits in Nurse Patient Relationship before structured teaching program. 86.7% of respondents have inadequate knowledge level; 13.3% of the respondents have moderate knowledge level and finally none of the respondents have adequate knowledge on Assertive Communication and Its Benefits in Nurse Patient Relationship before structured teaching program.

CONCLUSION

This presents study concluded that implications to nursing fields, limitations, and delimitations with study designs and methods and recommendations of the study. The focus of this study was to assess the effectiveness of structured teaching programme on knowledge of assertive communication and its benefits in nurse patient relationship among B.Sc. Nursing students at St. Florence college of Nursing and Institute of Medical Technology and Nursing Education, Sitapura at Jaipur.

THE FOLLOWING CONCLUSIONS WERE DRAWN FROM THE PRE-TEST OF THE STUDY

Findings revealed that the highest 50% of the B.Sc. nursing students were in the age group of 21-23 years, 80% of them were males, 80% were belongs to Hindu religion, 60% were belongs to nuclear family, 29% of the respondents father educated upto graduate& 28.0% of the respondents mother educated up to senior secondary, 86.0% were not having previous knowledge about assertive communication and finally 42.0% were receiving information from their teachers.

It was inferred that the socio-demographic factors such as age, gender, religion, types of family, education of father & education of mother, previous knowledge about assertive communication and finally sources of information of the respondents shows there is a significant association between the Pre-test knowledge level and socio-demographic variables (P > 0.05).

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