

ASSERTIVENESS OF NURSING STUDENTS

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

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DENTON, TEXAS

MAY 1980

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TABLE OF CONTENTS

	Page
TABLE OF CONTENTS	iii
LIST OF TABLES	v
Chapter	
1. INTRODUCTION	1
Problem of the Study	2
Justification of the Problem	2
Conceptual Framework	4
Assumptions	5
Hypotheses	6
Definition of Terms	6
Limitations	7
Summary	8
2. REVIEW OF LITERATURE	9
Assertiveness and Related Concepts	9
Nursing Education and Its Effect on the Development of the Unassertive Nurse	17
Nursing Education Programs	19
Assertiveness and Nursing	23
Empirical Studies Related to Assertiveness and Nursing	26
Summary	27
3. COLLECTION AND TREATMENT OF DATA	28
Setting	28
Population and Sample	29
Protection of Human Subjects	29
Instruments	30
Data Collection	31
Treatment of Data	33

Chapter	Page
4. ANALYSIS OF DATA	34
Description of Sample	34
Findings	34
Hypothesis #1	35
Hypothesis #2	36
Hypothesis #3	37
Hypothesis #4	38
Summary of Findings	39
5. SUMMARY OF THE STUDY	40
Summary	40
Discussion of the Findings	41
Conclusions and Implications	42
Recommendations for Further Study	43
APPENDIX A	44
APPENDIX B	46
APPENDIX C	49
APPENDIX D	58
APPENDIX E	60
APPENDIX F	63
REFERENCE LIST	65

LIST OF TABLES

	Page
1. Comparison of Assertiveness Scores and Associate Degree and Baccalaureate Degree Nursing Students	35
2. Comparison of Assertiveness Scores and Age	36
3. Comparison of Assertiveness Scores and Ethnic Origin	38
4. Comparison of Assertiveness Scores and Being or Not Being a Parent	39

CHAPTER 1

INTRODUCTION

Nurses have long been considered to be a humanistic group. They are concerned with the dignity and rights of each person as an individual. The goal of many nursing interventions is to restore or maintain a person's self-esteem and feeling of worth.

However, because of the socialization process, nurses often fit into the traditional role of the caring, nurturing person who never "rocks the boat." Nurses have, in many instances, become passive, not speaking for their rights or the rights of their patients. This nonassertive behavior may prevent conflict in a specific situation, but gives rise to frustration and lowered self-esteem in the nurse. Nurses, while being concerned with development of high self-esteem in their patients, must also be concerned with the development of their own self-esteem and speaking for their own rights. By developing assertive skills and exhibiting assertive behavior, nurses can be better advocates for patient care, can improve relationships with colleagues, and can increase personal satisfaction from their jobs.

Nursing educators are slowly beginning to incorporate assertive skills into the basic curriculum. Nursing research can determine how effective the different curricula are in developing assertiveness in nurses.

Problem of the Study

The problem of this study was to determine the relationship between exposure to an associate or a baccalaureate nursing curriculum and assertiveness in nursing students.

Sub-problems of this study were:

1. To determine if there was any difference between age groups and assertiveness.
2. To determine if there was any difference between ethnic origin and assertiveness.
3. To determine if there was any difference between being or not being a parent and assertiveness.

Justification of the Problem

Assertiveness in nurses is advocated by many nurse educators and administrators (Butler, 1978; Elliot, 1978; Manderino, 1976). With the new and expanding roles in nursing, it is important for nurses to become more assertive and speak for their rights and the rights of

their patients. Assertive behavior increases the nurses' job satisfaction, encourages professional development, and improves patient care. Nurses must become risk takers to effect change. Non-assertive behavior reflects a sense of powerlessness and dependency. These feelings perpetuate nurses' inability to unite and define their professional role (Elliot, 1978). Butler (1978) stated that to improve patient care, the nurse must be assertive as a patient advocate.

Over the past decade, courses have become available to increase assertiveness in nursing students. The University of Utah College of Nursing is now offering a course in assertiveness training on a regular basis. This course assists nurses in developing a sense of their own worth. Manderino (1976) stated that when a nurse respects herself, she is able to impart strength and self respect to those around her. Manderino (1976) stated of assertiveness training;

I think this kind of training will improve patient care by preparing nurses who are actually able to give and care and be more compassionate than the meek kind of woman who feels like a doormat. (p. 80)

If the goal of the educational institutions is to produce the highest quality nurse who can function effectively, the first step in achievement of the goal

is assessing student nurses. By determining the relationship between curricula and assertiveness levels in nursing students, more effective plans can be made for future nursing education.

Conceptual Framework

According to Alberti and Emmons (1978), assertive behavior is

behavior which enables a person to act in his or her own best interests, to stand up for herself or himself without undue anxiety, to express honest feelings comfortably, or to exercise personal rights without denying the rights of others.
(p. 27)

Alberti and Emmons (1978) identify many elements of assertive behavior. The assertive individual acts in his own best interest. This includes making life decisions concerning social relationships and career, to set life goals and work toward the achievement of them, to ask for help from others, and to participate in social situations comfortably. Standing up for oneself in ways such as saying "no," responding to criticism, and defending one's own opinion is necessary in assertive behavior. The assertive individual expresses his feelings, both positive and negative, in an honest and direct way. Although one expresses his own feelings freely, care is taken not to deny the rights of others. Assertive

behavior includes not only the verbal, but the nonverbal message. Eye contact, body posture, gestures, facial expressions, tone of voice, and timing are important in expressing oneself in an assertive way. Alberti and Emmons (1978) stated that this kind of socially responsible behavior is not an inborn trait and that it can be learned.

Empirical generalizations that can be drawn from this concept are:

1. Assertive behavior improves the self-esteem of those involved and reinforces each person's right as an individual.

2. Assertive behavior reduces anxiety.

3. Assertive behavior enhances individuality (Alberti & Emmons, 1978).

Nursing leaders advocate assertiveness in nurses to improve the nurses' ability as patient advocate and to increase nurses' job satisfaction. Increasing self-esteem, reducing anxiety, and enhancement of individuality should make improvement in both of these areas possible.

Assumptions

The assumptions of this study were:

1. All human beings are worthwhile individuals with the right to express themselves openly and honestly.

2. Assertiveness is a personality construct variable which is learned.

3. Judicious use of assertive behavior can increase self-esteem.

Hypotheses

The following hypotheses were posed:

1. There is no significant difference between exposure to an associate or a baccalaureate nursing curriculum and assertiveness in nursing students.

2. There is no significant difference between age groups and assertiveness.

3. There is no significant difference between ethnic origins and assertiveness.

4. There is no significant difference between being or not being a parent and assertiveness.

Definition of Terms

For the purposes of this study, the following terms were defined:

1. Associate degree program--a 2-year program established in a junior or community college. This program's objective is to produce staff nurses to give direct nursing care to patients and to collaborate with

other nursing health team members in providing individualized patient care (Ventura, 1976).

2. Baccalaureate degree program--a program established in a college or university. This program's objective is to prepare nurses to plan, provide, direct, and evaluate nursing care given to patients in a variety of settings; to demonstrate and interpret nursing care to others, to function as team leaders, and assume positions as leaders (Ventura, 1976).

3. Assertiveness-recognition and expression of individual wants, likes, expectations, dislikes, values, needs, and desires (Cotler & Guerra, 1976).

Limitations

The following limitations were recognized:

1. The instrument was designed for college students with shared living space.

2. The number of children each student had parented was not a consideration.

3. The design of the study lacked pretest observations of the nursing students.

4. The design of the study lacked a control group of persons who were exposed to neither associated or baccalaureate curricula.

Summary

This chapter has discussed the problem, purposes, and justification for this study. The conceptual framework, hypotheses, limitations, and assumptions have been presented.

CHAPTER 2

REVIEW OF LITERATURE

A review of the literature on the subject of assertiveness and nursing revealed few empirical studies have been done. Only in the latter 1970s was the concept of assertiveness mentioned in association with nurses and nursing practice. This chapter, therefore, discusses published material in the field of psychology as well as material published in nursing journals.

Presented first are concepts associated with assertiveness. An overview of the nurses' educational system and its effect on the development of the unassertive nurse is discussed. The need for assertiveness and a discussion of its beneficial effects are then presented. The chapter concludes with a presentation of the empirical studies available that relate assertiveness and nursing.

Assertiveness and Related Concepts

The concept of assertiveness has its roots in behavior therapy. Although Salter (1977) never used the word "assertive" in his work, he clearly presented the essence of what assertive behavior is today. Salter's original work was derived from Pavlov's discovery of

excitation and inhibition as the key elements to a person's emotional expression. Salter (1977) stated that increased assertiveness may be achieved through a deliberate increase in excitatory behavior. Honesty, according to Salter, is a necessary component of assertive behavior.

In 1958 Wolpe first used the term "assertive." His definition included "not only more or less aggressive behavior, but also the outward expression of friendly, affectionate, and other non-anxious feelings" (p. 33). Wolpe (1958) advanced the idea that relaxation and assertion are key responses which inhibit anxiety. Expression of non-anxious feelings such as assertions of pleasure or anger weakens an anxiety reaction and will encourage assertions in the future (Wolpe, 1958).

Lazarus (1973) offered a more limited conception of assertiveness in his work, regarding it only as standing up for one's rights. The term "emotional freedom" is used to include all forms of affective thought, feelings, and behaviors. Lazarus also considered that recognition of and respect for the rights of others is essential in assertive behavior.

Fensterheim and Baer (1975) identified four characteristics of the truly assertive person. These include the

freedom to reveal oneself to others, the ability to communicate with all types of people openly, honestly, directly, and appropriately; the willingness to actively control rather than passively accept the events of one's life; and the ability to act in a way that one's self-respect is maintained.

Smith (1975) stated that assertive behavior enables one to participate in human relationships in a healthy and non-manipulative way. Smith identified the following 10 rights:

1. The individual is responsible for his own behavior, feelings, and thoughts; he is the ultimate judge of whether or not he will allow himself to be manipulated by others.

2. It is not necessary for an individual to justify or offer excuses to others for his behavior.

3. The individual has the right to decide what his responsibility is in solving the problems of others; his own values should not be compromised to meet obligations of a group or institution.

4. The individual has the right to change his mind even after he has committed himself to an idea.

5. Every individual has the right to be human, to make mistakes, and to be responsible for them.

6. The individual has the right not to know the answer to questions concerning the possible consequences of his behavior.

7. It is not necessary for an individual to be liked by all persons for him to deal with them effectively and assertively.

8. A logical approach to decision making is not always necessary; one's feelings, desires, and motivations are beneficial in the decision-making process.

9. The individual has the right intuitively not to understand the needs of others.

10. Each individual has the right to say he is not concerned about others' attempts to manipulate him into changing his behavior to meet their expectations; he has the right not to be perfect and not to want to be perfect.

The essence of all of these rights is that each individual controls his own life and he should not let others manipulate him. He has the right to say "no" and not feel guilty.

Phelps and Austin (1975) identified a primary characteristic of assertive behavior as choosing for oneself ways of acting, speaking, or dressing. As long as one makes choices about behavior, and does not merely

conform to society's expectations, it is considered assertive behavior. Taubman (1976) also considered the idea of choice an important criteria in determining assertive behavior. The author stated that the individual also has the choice concerning when and where to be assertive.

Responsibility is inherent in assertive behavior (Alberti & Emmons, 1978; Phelps & Austin, 1975; Taubman, 1976). The assertive individual must assume responsibility for his goals in life, for choosing a career, and for being honest and direct in social relationships. The risk of failure in communicating with another individual is inherent in assertive behavior (Ashby, 1975). Many people do not assert themselves because they are not willing to accept the consequences of their behavior (Taubman, 1976).

When assertive behavior is practiced, the feelings experienced by participants are worthy of mention. During the interaction, the assertive individual feels confident and self-respecting. Others feel valued and respected during the interaction, and view the assertive individual as respectable and confident. Each individual leaves the interaction feeling respected and valued (Ashby, 1975).

Anderson (cited in Alberti, 1977) in a dissertation entitled "Toward a Unifying Theory of Assertiveness," studied the concept of assertiveness as a personality trait versus a personality type. This author developed and administered an assertiveness test to 380 participants. From this study it was concluded that assertiveness is a personality trait, and that it is positively related to autonomy and self-confidence (Alberti, 1977).

Although assertiveness is conceptualized in slightly varied ways by different authors, the following five characteristics are generally consistent:

1. Assertiveness is a behavioral characteristic.
2. Assertiveness is person-and-situation specific.
3. Assertiveness is viewed in cultural context.
4. Assertiveness is freely chosen behavior.
5. Assertiveness is socially effective and respectful of other's rights (Alberti, 1977).

Cotler and Guerra (1976) described assertive behavior as lying somewhere on a continuum between the two ends of aggressive and non-assertive or passive behavior. Although assertive behavior is preferable, most individuals exhibit directly aggressive, indirectly aggressive, or passive behavior in some situations (Phelps & Austin, 1975).

The passive or non-assertive person seldom expresses desires or feelings, positive and negative. Behaviors exhibited by the passive individual include the inability to socialize comfortably, express feelings, accept a compliment without refuting it, return merchandise to a store, say "no" to requests by others, and protect themselves from unfair criticism. "I'm sorry" is an over-worked phrase with the passive person. Passive individuals often have a poor self-concept, become depressed easily, and feel as if they are at the mercy of others (Cotler & Guerra, 1976). When an individual acts passively he feels anxious at the time and is sometimes angry later. The other person involved in the interaction feels superior and feels pity for the person acting passively (Ashby, 1975).

The directly aggressive individual is the opposite of the passive person on the aggressive-passive continuum. Directly aggressive persons do get their needs met, but often at the expense of others. Behaviors seen in directly aggressive behavior include dominating a conversation and not allowing others to voice an opinion; displaying temper at the slightest provocation; physical fighting when angry; and embarrassing others by calling names or obscenities. The aggressive person is often

avoided by others who cannot tolerate this behavior (Cotler & Guerra, 1976). The person who displays aggressive behavior feels superior and condescending at the time and usually feels guilty later. Others involved in the interaction feel hurt and humiliated themselves and feel anger toward the aggressive person (Ashby, 1975).

Because direct aggression is frowned upon, and passive behavior is disgusting in society, many persons develop indirectly aggressive behavior to achieve their goals. Behaviors demonstrated by the indirectly aggressive individual include manipulation of others, trickery, procrastination, pouting, chronic lateness, intentional inefficiency, refusal to learn, nervous habits, forgetfulness, and nagging (Phelps & Austin, 1975; Taubman, 1976). In an interaction with an indirectly aggressive person, others initially feel respected and valued, however, later feel manipulated and frustrated when they realize they have been victims of hidden motivations. The indirectly aggressive person gets his needs met at the expense of others, who at a later time realize they have been manipulated (Phelps & Austin, 1975).

In summary, four patterns of behavior have been identified. Most individuals do not practice only one pattern of behavior. Psychologists generally agree that

assertive behavior is healthiest in most situations (Alberti & Emmons, 1978). Since assertiveness is considered to be learned behavior, a review of the educational system in which nurses acquire many new learned behaviors may provide insight into why nurses are not more assertive (Alberti & Emmons, 1978).

Nursing Education and Its Effect on
the Development of the
Unassertive Nurse

Nursing education has contributed to the lack of assertiveness in nurses today. In the latter part of the nineteenth century a peculiar educational system was developed. This system involved learning by apprenticeship in which students were subjected to three years of hard work and long hours on a hospital ward. Students were required to live in a "nurse's home," isolated from peers and members of the opposite sex. Submission to strict regulations, conforming to a regimen of physical exercise and specific dietary habits, and compliance with moral and religious guidelines were all required during this training period. This educational process was devised to produce a helpful, caring, passive individual (Kalisch & Kalisch, 1975).

Ashley (1976) described apprenticeship as a form of education intended to stifle creativity and intellectual development. It reinforces traditions and attempts to maintain the status quo. This apprenticeship system of education was primarily concerned with authority, power, and control. Students were expected to be respectful, obedient, hard-working, loyal, submissive, and pacific. Students who questioned the rules, complained about extra work, or criticized doctors or nurse supervisors were dismissed. Nurses trained under this educational system demonstrated unconditional loyalty to the hospital, offering little resistance to the poor working conditions (Kalisch & Kalisch, 1975).

Although the apprenticeship system of education is no longer utilized in nursing education, many authors believe that nursing education continues to foster dependency and non-assertive behavior (Bennett, 1976; Bowman & Culpapper, 1974; Elliott, 1975; Group & Roberts, 1974). Nursing faculty teach their students to think creatively and independently. On the other hand they present a picture of powerlessness when dealing with the domination of hospital and university authorities (Group & Roberts, 1974). Often students gain clinical experience in institutions which are not innovative. In

situations such as these the faculty's powerlessness is particularly noted (Group & Roberts, 1974).

Bowman and Culpepper (1974) stated that nursing education in the past has been regimented and rigid and also has not encouraged assertive behavior in nurses. In 1975 Smith stated that one reason for conflict in the nurse's role is the difference in expectations between nursing supervisors and nursing educators. Supervisors, unlike nursing educators, emphasize qualities such as obedience, cooperation, and conforming to the system. This system rewards passive behavior (Smith, 1975).

Costello (1967) studied the personalities of nurses. The evidence indicated that student nurses receive from their educators an image of the nurses as creative and innovative. While a student, dominant behavior is an asset and will be exhibited freely. However, when the students graduate, they assume positions which demand conformity. As a result, dominance becomes undesirable and must be curtailed by the nurse (Costello, 1967).

Nursing Education Programs

The two nursing education programs considered in this study are the associate degree programs and the baccalaureate degree programs. The idea of an associate

degree program was conceived by Montag in 1951 in her report entitled The Education of Nursing Technicians. Montag envisioned a new technical worker, able to help meet nursing needs proficiently, and educated in a two-year period of time (Montag, 1951).

Associate degree programs are usually a component of junior or community colleges or in technical institutions. They are ordinarily two years in length. Approximately one-half of the program consists of social sciences, basic sciences, and humanities; these courses are taught by the college faculty prepared in each discipline. The other half of the program consists of nursing courses. Actual clinical practice covers areas of nursing practice such as medical-surgical nursing, obstetrics, pediatrics, and psychiatry. A report from the Institute of Medicine indicates that two-thirds of the total clock hours of the program are involved in clinical practice. Sixty-three percent of the faculty in associate degree nursing programs have Master's degrees or above, while only 1% have less than baccalaureate degrees (Davis, 1975).

Baccalaureate degree programs are based in senior colleges or universities. These programs are 4 to 5 years in length. Included in these programs are courses

in basic sciences, social sciences, and the humanities. Clinical instruction includes medical-surgical, obstetric, pediatric, and psychiatric nursing. In addition, baccalaureate programs offer community health nursing, basic research, and beginning leadership skills. Approximately two-thirds of the total clock hours are devoted to clinical practice. Eighty-five percent of the baccalaureate degree faculty have Master's degrees or above, while four-tenths of 1% have less than baccalaureate degree (Davis, 1975).

The objective of the associate degree programs is to produce staff nurses to give direct nursing care to patients and to collaborate with other nursing health team members in providing individualized nursing care. The objective of the baccalaureate degree program is to prepare nurses to plan, provide, direct, and evaluate nursing care given to patients in a variety of settings, to demonstrate and interpret nursing care to others, and to function as nursing leaders (Ventura, 1976).

Richards (1972) stated that because the goals for the various types of nursing programs are different, a continuing attempt must be made to identify differences in the graduates, not only for better utilization of nurses, but to provide feedback to nursing educators

for improvement in nursing education. Richards (1972) in a study of psychological characteristics of 361 graduates from 13 nursing programs in three Western states found no significant difference in associate degree and baccalaureate degree graduates in the areas of leadership potential, responsibility, emotional stability, or sociability. She concluded that there are not major differences in personal characteristics of graduates of various nursing programs (Richards, 1972).

Waters, Chater, Vivier, Urrea, and Wilson (1972) studied 24 baccalaureate and 24 associate degree nurses to determine whether differences in practice were noted by nursing supervisors. After interviewing head nurses and directors, it was concluded that associate degree nurses demonstrated attitudes and actions consistent with technical nursing, while baccalaureate degree nurses were self-directed, willing to take chances, and offered innovative approaches to nursing problems. Waters et al. (1972) concluded that there is a difference in professional and technical nursing practice.

Ventura (1976) compared social behaviors in nursing students from 16 nursing programs in the Eastern United States. Eighteen personality variables were measured using the California Psychological Inventory. From the

18, significant differences were found on 7 of the variables. Associate degree students scored higher on the dominance scale. Baccalaureate degree students scored higher on the socialization scale. On the social presence scale, highest scores were reflected in diploma nursing students. Alutto, Hrebiniak, and Alonso (1971) suggested that students from the various nursing programs are best differentiated by personality characteristics which may be reflected by the type nursing program each chooses to attend more than professional socialization by the program itself (Ventura, 1976).

Whether a nurse has learned assertive behavior prior to nursing education or learns it during nursing education has not been adequately established. However, assertiveness is currently advocated by many nursing leaders.

Assertiveness and Nursing

Up until the 1970s the term "assertiveness" was not found in nursing literature. However, as assertiveness has gained recognition with feminists and other activist groups, nurse researchers, educators, administrators, and clinicians began advocating assertive behavior for nurses (Bakdash, 1978; Bush & Kjervik, 1979; Hutchings & Colburn, 1979).

Herman (1978) stated that assertiveness has a place in nursing for a number of reasons. Nurses are often disappointed in their choice of careers. Instead of being fulfilled, many feel that they are not listened to; they have no control over what they do and they feel exploited.

Assertiveness is needed in nursing to reduce the powerlessness felt by many nurses (Bowman & Culpepper, 1974; Herman, 1978). Although nurses represent a majority in the health field, it is a silent majority (Ashley, 1973). This feeling of powerlessness leaves many nurses professionally frustrated.

Job dissatisfaction and high turnover rates are continuing problems among nurses. This situation contributes to low morale and poor self-concept experienced by many nurses. Research indicates that interpersonal relations are important to nurses in terms of job satisfaction even more than salary (Herman, 1978). Assertive behavior can improve these interpersonal relations (Bush & Kjervik, 1979; Herman, 1978; Hutchings & Colburn, 1979).

Herman (1978) stated that assertive behavior can help maintain individuality in a highly technical world, assist nurses in dealing with the bureaucracy of organizations, assist in making nurses accountable to consumers,

reduce anxiety in the work situation, and increase the self-esteem of patient and nurse.

According to Bush and Kjervik (1979), if nurses are to have an impact on the health care system, they must be visible and assertive. Nurses must be convinced of their self-worth and must present themselves in an assertive manner when speaking as a patient advocate.

It was noted by Butler (1978) that as nurses move into new areas of responsibility in patient care, assertive behavior is essential for the welfare of the patient. Women are more assertive than men in only one area--the expression of positive feelings. Since a major part of nursing is nurturing, this area of assertiveness is beneficial. However, assertiveness in all areas must be developed by nurses. Nurses must assert their own competence in the area of patient care (Butler, 1978).

Clark (1978) identified reasons a nurse might not act assertively. These include (a) fear of being rejected, (b) fear of being too aggressive, (c) fear of being unfeminine, (d) fear of losing previous coping mechanisms, (e) fear of losing control, (f) fear of learning the truth about oneself, (g) fear of retaliation, (h) fear of being punished by authority figures. Clark (1978) stated that nurses must begin to overcome these

fears and act assertively to improve their effectiveness.

Empirical Studies Related to Assertiveness and Nursing

Although many authors and leaders in the nursing community have advocated assertive behavior for nurses, few empirical studies related to nurses and assertiveness are available. Carlson (1976) studied the effects of assertiveness training and the self-concept of nurses. After an assertiveness training group, the experimental group demonstrated a significant increase in assertiveness scores, self-concept, and self-acceptance.

Athayde (1978) studied assertiveness in nurses in the role of patient advocate. This researcher compared assertiveness scores of 65 operating room nurses from California and Texas. Assertiveness scores were obtained from a 14-item questionnaire. From this study it was concluded that geographic difference does relate to assertiveness, nurses respond more often in a positively assertive manner than in a negatively assertive manner, and ethnic origin does relate to assertiveness. Few generalizations can be made from this study due to the small sample size (Athayde, 1978).

Assertiveness and locus of perceived control were studied by Christensen (1978). This researcher compared assertiveness scores on a Modified College Self-Expression Questionnaire and internal or external locus of control as measured by the Reaction Inventory Questionnaire. Thirty-seven registered nurses from one private hospital were included in this study. No relationship was found between locus of control and assertiveness. Also concluded from this study was that there are significantly more non-assertive than assertive nurses (Christensen, 1978).

Summary

This chapter has presented various authors' views on the concept of assertiveness. Included has been a discussion of the history of nursing education and its effect on nurses today. Finally, a review of nursing leaders' comments advocating assertiveness in nurses has been presented.

CHAPTER 3

COLLECTION AND TREATMENT OF DATA

Chapter 3 discusses the procedures for collection and treatment of data. The setting, population, instrument, and steps in data collection are described. Treatment of the data is also discussed.

According to Polit and Hungler (1978) this type of study is an ex-post facto/correlational scientific inquiry. This study was aimed at discovering the relationships between variables. Cook and Campbell (1979) described the design of the study as the one-group posttest only. The instrument was used twice, once with each group of nursing students. This design requires that no pretest is given, and that the posttest is given only to those receiving a treatment.

Setting

The study was conducted at two schools of nursing located in the Southern United States. The associate degree program is a large community college program and is accredited by the National League for Nursing. The baccalaureate program is a moderate size private school and is also accredited by the National League for Nursing.

The questionnaires were completed in a large classroom at each school following regularly scheduled class.

Population and Sample

Today there are three educational programs available for entry into professional nursing practice--the diploma program, the associate degree program, and baccalaureate degree program. The number of diploma programs has declined dramatically over the past 15 years. Today there are only six diploma programs in the state in which this study was done, compared to 27 associate degree programs and 11 baccalaureate programs (Rowland, 1978). For this reason, only associate degree and baccalaureate degree nursing students were included in this study.

Criteria necessary to be included as a participant in the study were: (a) female, (b) basic nursing student, (c) enrollment in an associate degree or a baccalaureate degree nursing program. The sample was chosen by convenience sampling.

Protection of Human Subjects

Permission for the study was obtained from Texas Woman's University Human Research Review Committee (Appendix A). A complete explanation of the study was

given to the subjects (Appendix B). The following information was included in the explanation:

1. There will be no recrimination against the subjects from the educational institution if they choose not to participate in the study.

2. Subjects will be asked to sign a consent form stating that she is participating voluntarily. A copy of the form will be given to the subject.

3. No names will be used on the questionnaires.

4. Informed consent forms will in no way be correlated to the questionnaires.

5. Complete anonymity will be assured.

6. Privacy will be provided while subjects are answering questionnaires.

7. Subjects may withdraw at any time during the study.

8. The risk in answering the questionnaire is that of possible anxiety due to subject's realization of her own reactions and self-expressions. The researcher will be available if subjects experience anxiety and wish to ventilate such feelings.

Instruments

The instrument used in this study to measure assertiveness in the nursing students was the College

Self-Expression Scale developed by Glassi et al. (1974) (Appendix C). The test-retest reliability coefficients for the Scale were reported as 0.89 and 0.90. Construct validity for the College Self-Expression Scale correlated positively with the following Adjective Checklist Scales: Number Checked, Defensiveness, Favorable, Self-Confidence, Achievement, Dominance, Intraception, Heterosexuality, Exhibition, Autonomy, and Change. These characteristics typify assertiveness. Negative correlations include the Unfavorable, Succorance, Abasement, Deference, and Counseling Readiness Scales. These results are consistent with non-assertiveness.

The assertiveness scale was a 50-item questionnaire with Likert-type responses ranging from 0 to 4: almost or always--0; usually--1; sometimes--2; seldom--3; never or rarely--4. Indicated items will be reverse scored. Total scores range from 0-200.

The second instrument used in this study obtained demographic data regarding the subjects (Appendix D). The following data were collected: age, ethnic origin, degree sought, and whether or not a parent.

Data Collection

Prior to any data collection, permission of the Human Research Review Committee of Texas Woman's

University, the participating agencies, and each subject was obtained. Every effort was made to ensure that the rights and privacy of each individual in the study were protected.

Agency permission for this study was obtained by submitting a copy of the proposal to the Deans of Nursing Division of each school. The agreed conditions for the study were documented in the standard Texas Woman's University agency permission form (Appendix E).

The students were approached at the end of class. An explanation of the study was given to the students and their participation was encouraged. It was explained that participation was strictly voluntary and that completion of the questionnaire was expected to take approximately 15 minutes. Complete anonymity was assured the subjects and risks involved were explained.

Consent forms were then signed by those willing to participate (Appendix F). Questionnaires were given the subjects and they were allowed to complete them at their individual desks. Questionnaires and consent forms were placed at random in separate envelopes.

All baccalaureate student participants were obtained from one class. Because of smaller class size and fewer students who met established criteria, associate degree

student participants were obtained from four different classes. The same procedure was followed for each class.

Treatment of Data

The Modified Least Significant Difference Test was used to compare assertiveness scores and each of the four variables. This statistical test is a multiple range test used to compare differences between groups. First the two groups were compared to determine if a difference existed. If a difference did exist, a statistical computation determined if the difference was significant. A 0.05 level of significance was necessary to reject the null hypothesis.

CHAPTER 4

ANALYSIS OF DATA

Chapter 4 presents an analysis of the data derived from the study as described in Chapter 3. A description of the sample is given. Data related to each of the four hypotheses are presented.

Description of Sample

The total number of questionnaires returned was 108. However, 10 questionnaires were incomplete and were therefore discarded. From the remaining 98 respondents, 47 were associate degree and 51 were baccalaureate degree nursing students. Ages ranged from 21-49 years. The total 98 scores were divided into groups according to age. Groups were as follows: 20-29 years, 30-39 years; 40-49 years.

From the total group, 6 of the subjects were Black, 88 were Caucasian, 3 were American Indian, and 1 was Mexican American. Thirty-six of the subjects were parents.

Findings

The analysis of the data indicated the following:

Hypothesis #1

There is no significant difference between exposure to an associate or a baccalaureate nursing curriculum and assertiveness in nursing students.

The scores of both groups disclosed no significant difference. The average score was 130.553 for associate degree students and 132.961 for baccalaureate degree students. In associate degree students the standard deviation was 20.766 and the scores ranged from 70-181. In baccalaureate degree students the standard deviation was 20.188 and the scores ranged from 92-187 (Table 1). The difference in scores of these two groups has significance at the 0.5621 level, therefore the hypothesis as stated was accepted.

Table 1
Comparison of Assertiveness Scores and
Associate Degree and Baccalaureate
Degree Nursing Students

Test Scores	Mean	S.D.	Range	Significance
A.D.N. n = 47	130.553	20.766	70-181	
B.S.N. n = 51	132.961	20.188	92-187	0.5621

Hypothesis #2

There is no significant difference between age groups and assertiveness.

No significant difference was disclosed between the three age groups and the assertiveness scores. The group 20-29 years scored highest with an average of 133.716, standard deviation of 19.496, and scores ranging from 92-187. The group 30-39 years had an average score of 129.640, a standard deviation of 20.410, and scores ranging from 89-181. The third group, 40-49 years had an average score of 119.500, a standard deviation of 28.290, and scores ranging from 70-144. The difference in scores of these groups has significance at the 0.2188 level, therefore, the hypothesis is accepted (Table 2).

Table 2
Comparison of Assertiveness
Scores and Age

Test Scores	Mean	S.D.	Range	Significance
20-29 yrs. n = 67	133.716	19.496	92-187	
30-39 yrs. n = 25	129.640	20.410	89-181	
40-49 yrs. n = 6	119.500	28.290	70-144	0.2188

Hypothesis #3

There is no significant difference between ethnic origins and assertiveness.

There was a significant difference between the scores of the four ethnic origins represented. American Blacks had an average score of 111.833, a standard deviation of 15.171, and scores ranged from 89-134. Caucasians had an average score of 132.148, a standard deviation of 19.640, and scores ranged from 70-187. American Indians had an average score of 145.333, a standard deviation of 11.676, and scores ranged from 135-158. The Mexican-American group consisted of one subject with a score of 181.000, thereby giving an average score of 181.000. The difference in scores of these groups has significance at the 0.0037 level, therefore the hypothesis is rejected. The difference between American Blacks and Caucasians has slightly more significance due to the size of the two groups. Because only three American Indians and one Mexican American participated, little reliability should be placed on the differences noted between these groups (Table 3).

Table 3

Comparison of Assertiveness Scores
and Ethnic Origin

Test Scores	Mean	S.D.	Range	Significance
Blacks n = 6	111.833	15.171	89-134	
Caucasian n = 88	132.148	19.640	70-187	
Indian n = 3	145.333	11.676	135-158	
Mexican- American n = 1	181.000	0.000	181	0.0037

Hypothesis #4

There is no significant difference between being or not being a parent and assertiveness.

The scores of both groups disclosed no significant difference. Students who are parents had an average score of 130.000, a standard deviation of 20.990, and scores ranged from 70-181. The students who are not parents had an average score of 132.855, a standard deviation of 20.143, and scores ranged from 89-187. The difference in scores of these two groups has significance at the 0.5070 level, therefore, the hypothesis is accepted (Table 4).

Table 4

Comparison of Assertiveness Scores
and Being or Not Being
a Parent

Test Scores	Mean	S.D.	Range	Significance
Parent n = 36	130.000	20.990	70-181	
Not parent n = 62	132.855	20.143	89-187	0.5070

Summary of Findings

This chapter has presented an analysis of the findings of the study described in Chapter 4. The data were analyzed using the Modified Least Significance Test. The results indicated that there was no significant difference between exposure to associate or baccalaureate nursing curricula and assertiveness in nursing students. No significant difference was found between age and assertiveness. No significant difference was found between being or not being a parent and assertiveness. The only variable in which a significant difference was found was between ethnic origin and assertiveness which suggests that a relationship does exist between ethnic origin and assertiveness.

CHAPTER 5

SUMMARY OF THE STUDY

The problem of this ex-post facto/correlational study was to determine the relationship between assertiveness and type of education. Additionally, each of the following variables were studied: age, ethnic origin, degree sought in nursing program, and being or not being a parent. Hypotheses stated that there is no difference between assertiveness and each variable.

Summary

A total of 98 female nursing students completed a 50-item questionnaire on assertiveness. Demographic data were collected on each subject and included: age, ethnic origin, degree sought in nursing program, and whether or not subject was a parent.

A score, ranging from 0-200, was tabulated for each questionnaire. The total group was then divided according to each variable: degree sought, age, ethnic origin, and being or not being a parent. The assertiveness scores were compared with each of the four variables. The data were analyzed using the Modified Least Significant Difference Test.

The following were findings of this study:

1. There was no significant difference between exposure to associate or baccalaureate nursing curricula and assertiveness in nursing students.
2. There was no significant difference between age and assertiveness.
3. There was a significant difference between ethnic origin and assertiveness.
4. There was no significant difference between being or not being a parent and assertiveness.

Discussion of the Findings

This study found no relationship between enrollment in an associate or baccalaureate program and assertiveness scores. This may be explained by the fact that assertiveness is not stressed in nursing curriculum. This finding coincides with Richards' (1972) findings in studying psychological characteristics of nursing graduates. Richards found no difference in associate degree or baccalaureate degree graduates in the areas of leadership potential and responsibility.

No significant difference was found between students in the different age groups. However, mean scores were slightly higher for ages 20-29 years. Athayde (1978)

found that younger nurses in Texas were more assertive while the older nurses were more assertive in California.

Parenthood was not found to be significantly related to assertiveness. Number of children was not a consideration. Perhaps an individual's assertiveness may change with each additional child. Non-parents showed a slightly higher score on assertiveness than parents.

Ethnic origin was the only factor found to significantly relate to assertiveness. Because of the small number of ethnic subjects (Black American, Indian, Mexican American) few inferences can be made. However, in this study, American Blacks demonstrated the lowest assertiveness scores. This suggests that a relationship does exist between ethnic origin and assertiveness. Conflicting evidence was found by Athayde (1978). This author found Blacks in Texas to be more assertive than their Caucasian counterparts. The sample size was also small in this study, therefore generalizations cannot be made.

Conclusions and Implications

Considering the weaknesses of this type of research and the size of the population tested, few broad generalizations can be made. In the population studied it was found that exposure to associate or baccalaureate nursing

curricula, age, and parenthood did not significantly affect assertiveness scores. Ethnic origin did significantly affect assertiveness. From this it was concluded that environmental and cultural factors at an early age probably affect an individual's assertiveness most. Further research is indicated for each of these factors.

Many nursing leaders call for assertiveness in nurses. Most agree that assertiveness will increase job satisfaction and improve the nurse's ability to act as patient advocate. However, no empirical studies demonstrate this to be true. More research is needed to determine if assertiveness in nurses really does increase job satisfaction and improve the nurses' ability to act as patient advocate. If empirical research demonstrates that assertiveness is beneficial, programs to increase assertiveness could be developed.

Recommendations for Further Study

1. Repeat this study using a larger number of subjects, with equal numbers from each nursing program, and equal numbers of Blacks and Caucasians.
2. Repeat this study one year after graduation to determine if nurses become more assertive in the work situation.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

Name of Investigator: Sue McLelland Center: DallasAddress: 11543 W. Ricks Circle Date: 1/22/80Dallas, Texas 75230

Dear Ms. McLelland:Your study entitled Assertiveness in Nursing Students

has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,

Chairman, Human Research
Review Committeeat Dallas.

APPENDIX B

Explanation to Subjects

I am a Texas Woman's University graduate student and working on my thesis for completion of my Master's degree in nursing. I would greatly appreciate your participation in my study if you are female and a basic nursing student. The questionnaire will take approximately 15 minutes to complete. You will be asked only to complete this one questionnaire. You are not required to participate by your school of nursing. The questionnaires will be completely anonymous. You will be asked to sign a form stating you participated voluntarily. You may withdraw from the study at any time.

By participating in the study, you may experience some anxiety in relation to an increased awareness of your own reactions and self-expressions. This awareness may assist you in learning more about yourself.

Your participation could provide personal satisfaction knowing that you contributed to a study which will add to the body of research in the nursing profession.

This questionnaire was originally designed for college students with shared living space. When completing the questions concerning roommate, regard your mate as

your roommate. If you have no mate or roommate, please project how you would react in the given situation.

APPENDIX C

THE COLLEGE SELF-EXPRESSION SCALE

The following inventory is designed to provide information about the way in which you express yourself. Please answer the questions according to the following key:

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

Your answer should reflect how you generally express yourself in a situation.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Do you ignore it when someone pushes in front of you in line. | 1 | 2 | 3 | 4 | 5 |
| 2. When you decide that you no longer wish to date someone, do you have marked difficulty telling the person of your decision? | 1 | 2 | 3 | 4 | 5 |
| *3. Would you exchange a purchase you discover to be faulty? | 1 | 2 | 3 | 4 | 5 |
| 4. If you decided to change your major to a field which your parents will not approve, would you have difficulty telling them? | 1 | 2 | 3 | 4 | 5 |
| 5. Are you inclined to be over-apologetic? | 1 | 2 | 3 | 4 | 5 |

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

- | | | | | | | |
|-------|---|---|---|---|---|---|
| * 6. | If you were studying and if your roommate were making too much noise, would you ask him to stop? | 1 | 2 | 3 | 4 | 5 |
| 7. | Is it difficult for you to compliment and praise others? | 1 | 2 | 3 | 4 | 5 |
| * 8. | If you are angry at your parents, can you tell them? | 1 | 2 | 3 | 4 | 5 |
| * 9. | Do you insist that your roommate does his fair share of the cleaning? | 1 | 2 | 3 | 4 | 5 |
| 10. | If you find yourself becoming fond of someone you are dating, would you have difficulty expressing these feelings to that person? | 1 | 2 | 3 | 4 | 5 |
| * 11. | If a friend who has borrowed \$5.00 from you seems to have forgotten about it, would you remind this person? | 1 | 2 | 3 | 4 | 5 |
| 12. | Are you overly careful to avoid hurting other people's feelings? | 1 | 2 | 3 | 4 | 5 |
| * 13. | If you have a close friend whom your parents dislike and constantly criticize, would you inform your parents that you disagree with them and tell them of your friend's assets? | 1 | 2 | 3 | 4 | 5 |

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

- | | | | | | | |
|-------|---|---|---|---|---|---|
| 14. | Do you find it difficult to ask a friend to do a favor for you? | 1 | 2 | 3 | 4 | 5 |
| * 15. | If food which is not to your satisfaction is served in a restaurant, would you complain about it to the waiter? | 1 | 2 | 3 | 4 | 5 |
| * 16. | If your roommate without your permission eats food that he knows you have been saving, can you express your displeasure to him? | 1 | 2 | 3 | 4 | 5 |
| 17. | If a salesman has gone to considerable trouble to show you some merchandise which is not quite suitable, do you have difficulty in saying no? | 1 | 2 | 3 | 4 | 5 |
| 18. | Do you keep your opinions to yourself? | 1 | 2 | 3 | 4 | 5 |
| * 19. | If friends visit when you want to study, do you ask them to return at a more convenient time? | 1 | 2 | 3 | 4 | 5 |
| * 20. | Are you able to express love and affection to people for whom you care? | 1 | 2 | 3 | 4 | 5 |

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

- | | | | | | | |
|-------|--|---|---|---|---|---|
| * 21. | If you were in a small seminar and the professor made a statement that you considered untrue, would you question it? | 1 | 2 | 3 | 4 | 5 |
| * 22. | If a person of the opposite sex whom you have been wanting to meet smiles or directs attention to you at a party, would you take the initiative in beginning a conversation? | 1 | 2 | 3 | 4 | 5 |
| * 23. | If someone you respect expresses opinions with which you strongly disagree, would you venture to state your own point of view? | 1 | 2 | 3 | 4 | 5 |
| 24. | Do you go out of your way to avoid trouble with other people? | 1 | 2 | 3 | 4 | 5 |
| * 25. | If a friend is wearing a new outfit which you like, do you tell that person so? | 1 | 2 | 3 | 4 | 5 |
| * 26. | If after leaving a store you realize that you have been "short-changed," do you go back and request the correct amount? | 1 | 2 | 3 | 4 | 5 |
| * 27. | If a friend makes what you consider to be an unreasonable request, are you able to refuse? | 1 | 2 | 3 | 4 | 5 |

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 28. | If a close and respected relative were annoying you, would you hide your feelings rather than express your annoyance? | 1 | 2 | 3 | 4 | 5 |
| * 29. | If your parents want you to come home for a weekend but you have made important plans, would you tell them of your preference? | 1 | 2 | 3 | 4 | 5 |
| * 30. | Do you express anger or annoyance toward the opposite sex when it is justified? | 1 | 2 | 3 | 4 | 5 |
| * 31. | If a friend does an errand for you, do you tell that person how much you appreciate it? | 1 | 2 | 3 | 4 | 5 |
| 32. | When a person is blatantly unfair, do you fail to say something about it to him? | 1 | 2 | 3 | 4 | 5 |
| 33. | Do you avoid social contacts for fear of doing or saying the wrong thing? | 1 | 2 | 3 | 4 | 5 |
| 34. | If a friend betrays your confidence, would you hesitate to express annoyance to that person? | 1 | 2 | 3 | 4 | 5 |
| * 35. | When a clerk in a store waits on someone who has come in after you, do you call his attention to the matter? | 1 | 2 | 3 | 4 | 5 |

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

- | | | | | | | |
|-------|---|---|---|---|---|---|
| * 36. | If you are particularly happy about someone's good fortune, can you express this to that person? | 1 | 2 | 3 | 4 | 5 |
| 37. | Would you be hesitant about asking a good friend to lend you a few dollars? | 1 | 2 | 3 | 4 | 5 |
| 38. | If a person teases you to the point that it is no longer fun, do you have difficulty expressing your displeasure? | 1 | 2 | 3 | 4 | 5 |
| 39. | If you arrive late for a meeting, would you rather stand than go to a front seat which could only be secured with a fair degree of conspicuousness? | 1 | 2 | 3 | 4 | 5 |
| * 40. | If your date calls on Saturday night 15 minutes before you are supposed to meet and says that she (he) has to study for an important exam and cannot make it, would you express your annoyance? | 1 | 2 | 3 | 4 | 5 |
| * 41. | If someone keeps kicking the back of your chair in a movie, would you ask him to stop? | 1 | 2 | 3 | 4 | 5 |

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

- | | | | | | | |
|-------|---|---|---|---|---|---|
| * 42. | If someone interrupts you in the middle of an important conversation, do you request that the person wait until you have finished? | 1 | 2 | 3 | 4 | 5 |
| * 43. | Do you freely volunteer information or opinions in class discussions? | 1 | 2 | 3 | 4 | 5 |
| 44. | Are you reluctant to speak to an attractive acquaintance of the opposite sex? | 1 | 2 | 3 | 4 | 5 |
| * 45. | If you lived in an apartment and the landlord failed to make certain necessary repairs after promising to do so, would you insist on it? | 1 | 2 | 3 | 4 | 5 |
| * 46. | If your parents want you home by a certain time which you feel is much too early and unreasonable, do you attempt to discuss or negotiate this with them? | 1 | 2 | 3 | 4 | 5 |
| 47. | Do you find it difficult to stand up for your rights? | 1 | 2 | 3 | 4 | 5 |
| * 48. | If a friend unjustifiably criticizes you, do you express your resentment there and then? | 1 | 2 | 3 | 4 | 5 |

1--Almost always or always

2--Usually

3--Sometimes

4--Seldom

5--Never or rarely

- | | | | | | | |
|-------|--|---|---|---|---|---|
| * 49. | Do you express your feelings
to others? | 1 | 2 | 3 | 4 | 5 |
| 50. | Do you avoid asking questions
in class for fear of feeling
self-conscious? | 1 | 2 | 3 | 4 | 5 |

*Indicates reverse scoring.

Glassi, J. P., DeLo, J. S., Glassi, M. D., & Bastein, S.
The college self-expression scale: A measure of
assertiveness. Behavior Therapy, 1974, 5, 165-171.

APPENDIX D

DEMOGRAPHIC DATA

1. Age: _____

PLEASE CHECK (✓) THE ONE THAT APPLIES TO YOU:

2. Ethnic Origin:

_____ American Black _____ American Indian
_____ Caucasian _____ Mexican American
_____ Other (please specify) _____

3. Degree Sought: _____ A.D.N. _____ B.S.N.

4. Do you have children: _____ Yes _____ No

APPENDIX E

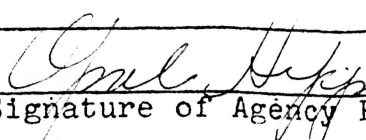
TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSINGAGENCY PERMISSION FOR CONDUCTING STUDY*THE Baylor University School of NursingGRANTS TO Sue McLelland

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

Assertiveness of Nursing Students

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 1-24-80
Signature of Agency Personnel_____
Signature of Student_____
Signature of Faculty Advisor

*Fill out & sign three copies to be distributed as follows:
Original - Student; First copy - Agency; Second copy - TWU
College of Nursing.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE El Centro College

GRANTS TO Sue McLelland
a student enrolled in a program of nursing leading to a
Master's Degree at Texas Woman's University, the privilege
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4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 1-29-80

May Hardy
Signature of Agency Personnel

Signature of Student

Signature of Faculty Advisor

*Fill out & sign three copies to be distributed as follows:
Original - Student; First copy - Agency; Second copy - TWU
College of Nursing.

APPENDIX F

Consent Form
TEXAS WOMAN'S UNIVERSITY
HUMAN SUBJECTS REVIEW COMMITTEE

(Form B)

Title of Project: Assertiveness of Nursing Students

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. I further understand that no medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

Signature

Date

Witness

Date

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Signature

Date

Position

Witness

Date

One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee.

REFERENCE LIST

- Alberti, R. E. (Ed.). Assertiveness: Innovations, applications and issues. San Luis Obispo, Ca.: Impact Publishers, 1977.
- Alberti, R. E., & Emmons, M. L. Your perfect right (2nd ed.). San Luis Obispo, Ca.: Impact Publishers, 1978.
- Alutto, J. A., Hrebiniak, L. G., & Alonso, R. C. Variation in hospital employment and influence perceptions among nursing personnel. Supervisor Nurse, August 1971, 2, 52-55.
- Ashby, N. Stop putting up with put-downs. Today's Health, July-August 1975, 53, 15-19.
- Ashley, J. A. This I believe about power in nursing. Nursing Outlook, October 1973, 21, 637-641.
- Ashley, J. A. Hospitals, paternalism, and the role of the nurse. New York: Teachers College, 1976.
- Athayde, M. J. Nursing assertiveness in the role of patient advocate. Texas Woman's University, 1978.
- Bakdash, D. P. Becoming an assertive nurse. American Journal of Nursing, October 1978, 78, 1710-1713.
- Bennett, B. Deviant behavior in the OR. AORN Journal, April 1976, 23, 786-794.
- Bowman, R., & Culpepper, R. Power: Rx for change. American Journal of Nursing, June 1974, 74, 1053-1059.
- Bush, M. A., & Kjervik, D. K. The nurse's self-image. Nursing Times, April 26, 1979, 697-701.
- Butler, P. E. Self-assertion key to new roles. Association of Operating Room Nurses Journal, 1978, 28, 215-218.

- Carlson, B. C. The effects of an assertion training group on the assertiveness and the self-concept of student nurses. Dissertation Abstract International, September 1976, 1426-B.
- Christensen, P. Locus of perceived control and assertiveness levels of nurses. Texas Woman's University, 1978.
- Clark, C. C. Assertive skills for nurses. Wakefield, Massachusetts: Contemporary Publishing, Inc., 1978.
- Cook, T. D., & Campbell, D. T. Quasi-experimentation-design and analysis issues for field settings. Chicago: Rand-McNally College Publishing Co., 1979.
- Costello, C. G. Attitudes of nurses to nursing. The Canadian Nurse, June 1967, 63, 42-44.
- Cotler, S. B., & Guerra, J. J. Assertion training. Champaign, Illinois: Research Press, 1976.
- Davis, C. K. Relation of university preparation to nursing practice. New York: National League for Nursing, 1975.
- Elliott, J. E. Change now creates the future. American Operating Room Nurses Journal, April 1975, 21, 775-778.
- Elliott, M. D. Assertion opens options for O.R. nurses. Association of Operating Room Nurses Journal, 1978, 28, 219-226.
- Fensterheim, H., & Baer, J. Don't say yes when you want to say no. New York: The Dell Publishing Co., Inc., 1975.
- Glassi, J. P., DeLo, J. S., Glassi, M. D., & Bastein, S. The college self-expression scale: A measure of assertiveness. Behavior Therapy, 1974, 5, 165-171.
- Group, T., & Roberts, J. Exorcising the ghosts of the Crimea. The Canadian Nurse, October 1974, 70, 31-35.
- Herman, S. J. Becoming assertive. New York: D. Van Nostrand Co., 1978.

- Hutchings, H., & Colburn, L. An assertiveness training program for nurses. Nursing Outlook, June 1979, 394-397.
- Kalisch, B., & Kalisch, P. Slaves, servants, or saints? Nursing Forum, 1975, 14(3), 223-263.
- Lazarus, A. A. On assertive behavior: A brief note. Behavior Therapy, October 1973, 4(5), 697-699.
- Manderino, M. A. Comments on teaching nurses assertiveness. Journal of Continuing Education of Nurses, March-April 1976, 80-81.
- Montag, M. L. The education of nursing technicians. New York: G. P. Putnam's Sons, 1951.
- Phelps, S., & Austin, N. The assertive woman. San Luis Obispo, Ca.: Impact Publications, 1975.
- Polit, D. F., & Hungler, B. P. Nursing research: Principles and methods. Philadelphia: J. B. Lippincott Co., 1978.
- Richards, M. A. A study of differences in psychological characteristics of students graduating from three types of basic nursing programs. Nursing Research, May-June 1972, 21, 258-261.
- Rowland, H. W. (Ed.). The nurse's almanac. Germantown, Maryland: Aspen Co., 1978.
- Salter, A. On assertion. In R. E. Alberti (Ed.), Assertiveness: Innovations, applications and issues. San Luis Obispo, Ca.: Impact Publishers, 1977.
- Smith, M. When I say no, I feel guilty. New York: The Dial Press, 1975.
- Taubman, B. How to become an assertive woman. New York: Pocket Books, 1976.
- Ventura, M. R. Related social behaviors of students in different types of nursing education programs. International Journal of Nursing Studies, 1976, 13, 3-10.

- Waters, V. H., Chater, S. S., Vivier, M. L., Urrea, J. H.,
 & Wilson, H. S. Technical and professional nursing.
Nursing Research, March-April 1972, 21, 124-131.
- Wolpe, J. Psychotherapy by reciprocal inhibition. Stan-
 ford: Stanford University Press, 1958.