The effect of Assertive Training Techniques on Improving Coping Skills of Nurses in Psychiatric Set Up

Zebeda Abd El Gawad, Assistant Lecturer
Psychiatric and Mental Health Nursing, Faculty of Nursing, Tanta University

Prof. Dr. El Sayed Gad, Professor
Psychiatric Medicine Tanta University,

Prof. Dr. Elham Abd El Kader, Professor
Psychiatric and Mental Health Nursing, Faculty of Nursing, Alexandria University

Dr. Ola Ahmed Rashad Lachine, lecturer
Psychiatric and Mental Health Nursing, Faculty of Nursing, Alexandria University

Psychiatric mental health nurses are confronted with the daily responsibility of assessing, intervening and evaluating client responses to stress and client interactions. They need to identify the meaning of their own stress and develop strategies that increase personal and professional growth. Some nurses may have learned to express their needs honestly to use anger constructively, to improve personal and work relations and to build self-confidence through assertive behavior. But others still struggle with being assertive, perhaps because they don’t believe they have the right to be assertive, they are anxious about asserting themselves or they don’t know how to be assertive Learning assertive techniques are considered as tools for coping skills with a variety of life stressors. Increasing assertive behavior becomes an expression of person’s feelings.

So the aim of this study was to assess the effects of assertive training techniques on coping skills of nurses working in psychiatric setups. MATERIALS AND METHOD: The study was conducted on nurses at Tanta Mental Health Hospital, Ministry of Health (n = 58). Data were collected using four tools, Assessment of Coping Skill inventory, Assertiveness inventory, 5 selected situations, 5 selected clinical situations used only as a post-test. Results: The study showed that a significant change was found in level of assertiveness responses and coping responses of the studied nurses before and after training. Conclusion: The assertiveness training affects on coping level of the nurses significantly as the coping level of nurses has improved after the training. This revealed that the assertiveness training helped nurses to communicate and to be more tolerant to their patients in different situations.

Introduction:

Psychiatric mental health nurses are confronted with the daily responsibility of assessing, intervening and evaluating client responses to stress and client interactions. Their continuous monitoring of clients experiencing crises help to intervene and create environments that minimize maladaptive responses and promote mental health.(1)

They need to identify the meaning of their own stress and develop strategies that
increase personal and professional growth. They need to be aware of them selves in relation to others, also they need to explore issues that affect them in the workplace.\(^2\)
The ability to manage stressful situations is determined by self-esteem, confidence and sense of power.\(^2,3\)

Coping is the process by which people try to manage the perceived discrepancy between the demands and resources they appraise in stressful situation, it is not a single event. Because coping involves ongoing transactions with the environment, the process is best viewed as a dynamic series.\(^4,5,6\)

Coping are adaptive when they serve to protect the individual from harm or to strengthen the individuals ability to meet challenging situations\(^7\) If a nurse copes successfully with stress he/she returns to a previous level of adaptation, successful coping results in improvement in health, well-being and social functioning.

To cope with their own stress nurses must also be allowed to express their anxieties and have the support of their colleagues.\(^8\)

The ability to use coping resources effectively requires nurses to take responsibility for obtaining what is necessary, to meet needs, resolve problems, maintain effective interpersonal growth, whether a person is assertive or nonassertive influence the ability to use coping resources effectively.\(^9\)

The need to be assertive exists when situations arise involve contact with other people. The assertive style, rather than the passive or non assertive one, is advocated to minimize feelings of anger or fear associated with stressful encounter, and to work toward a peaceful resolution.\(^10\)

Some nurses may have learned to express their needs honestly to use anger constructively, to improve personal and work relations ships and to build self-confidence through assertive behavior. But others still struggle with being assertive, perhaps because they don't believe they have the right to be assertive, they are anxious about asserting themselves or they don't know how to be assertive.\(^11\)

Learning assertive techniques are considered as tools for coping skills with a variety of life stressors. Increasing assertive behavior become an expression of person's feelings.\(^12\)

Assertiveness training is designed to help nurses develop more necessary insight and interpersonal skills to become more assertive communicators.\(^13,14\)

The need to integrate assertiveness skills into nursing practice was emphasized by (Carper in Shaban 1992) who thought that care for another human being involves becoming a certain kind of persons, and not merely doing certain kinds of things. Every nurse must know the importance of becoming that kind of assertive person\(^15\) Health care providers, professional nurse, must be able and willing
 Assertive Training
to speak up for personal and professional
and welfare of their patients who are active
participants in their own health care.(16)

So, nurses need to be assertive in
the clinical setting and confident in the
necessary competencies and skills. Helping and caring for others are the
essential core of professional nursing, often this care is viewed to be in conflict
with assertive behavior when goals are
achieved through direct and effective
communication of one's needs, desires
and wishes; however, assertiveness is
essential to nursing in that nurse acts as
protector of, advocate for and consultant
to the client and to others. Preservation of
self-respect and dignity is inherent in
assertion behaviors.(17,18)

Aim of the Study

To assess the effects of assertive
training techniques on coping skills of
nurses working in psychiatric setup.

Materials and Method

Materials

Design:

Quasi experimental study.

Setting:

The study was conducted on nurses
at Tanta Mental Health Hospital, Ministry
of Health.

Subjects:

The subjects of the study include all
the available nurses at the beginning of
the study which consisted of 58 nurses 18
male and 40 female, nine of them had a
baccalaureate degree and work as a head
nurse, forty seven of them had a diploma
of nursing and 2 of them had technical
school of nursing.

Tools: Four tools were used

Tool-1 Assessment of Coping Skill
inventory:

It was developed by Shrink and
Jerabek (1996). It comprises 45
statements used to assess the person’s
ability to cope with stress & difficulties.
It is divided into 7 subitems namely:

Reactivity to stress, ability to assess
situations, self-reliance, resourcefulness,
adaptability and flexibility, proactive
attitude, ability to relax.

This is a 5 points the rate in each
question ranged from 0 (never) 1 (rarely)
2 (sometimes) 3 (quiet often) to 4 (most
of the time) according to the degree the
nurse responds to each statements. The
degree of coping was categorized
according to the following scores:
inappropriate coping <60% range from 0
to 108, and appropriate coping ≥ 60%
rang from 109-180.

Attached to the scale

Is a sociodemographic data sheet to
elicit the general characteristics of the nurses
namely, age, sex, marital status,
qualifications, years of experience and years
of experience in psychiatric nursing field,
and occupation.
Assertive Training

**Tool-2 Assertiveness inventory** it was developed by Eielers (1990), it comprises 32 items divided into:

Assertive questions (15 statements), and non assertive questions (17 statements) used to evaluate the general level of assertiveness of nurses.

Five points the rate in each question ranged from 0 (never) to 4 (most of the time). According to the degree the nurse responds to each statements, the degree of assertiveness was categorized <60% non assertive range from 0 to 76 and >60% assertive range from 77 to 128.

**Tool 3: Selected situations:**

This tool includes 5 selected situations from the psychiatric field that face psychiatric nurses during their work.

**Tool 4; post-test situations:**

It included 5 selected clinical situations used only as a post-test situations to determine the effect of the assertiveness training on nurse’s coping skills which developed from the literature\(^{(20,24,25)}\)

**Methods**

Content validity of the tools were performed by nine experts in the field of psychiatric nursing and psychiatric medicine.

Official permission and consent from study subjects to conduct the study were obtained before starting the study.

A pilot study was carried out on ten nurses chosen randomly (5 males and 5 females) to assess clarity, applicability of tools and to identify difficulties that may be faced during the application. Results of this study revealed that all tools were clear applicable and no changes or exclusion of items.

**Actual study:**

The study was carried out in 3 phases:

**Phase 1:**

An interview was conducted for nurses on an individual basis each nurse was interviewed for 30 to 60 minutes to explain, the purpose and methodology of the study and affirm their willingness to participate.

**Phase 2:**

This phase consisted of 5 sessions for each of the 12 groups of nurses (5 nurses/group). Each one included one clinical situation that face psychiatric nurses during their relations & interaction with patients, their colleagues & supervisors.

Before starting the sessions the researcher explained and stated to nurses the rules of the discussion\(^{(26)}\)

Criticism is ruled out negative evaluation of ideas must be postponed, free welling suggestions are welcomed, the wilder the idea-the better quantity is wanted, the more ideas- the better combination and improvements are
Assertive Training

sought, members are encouraged to think in each other's ideas.

After finishing these situations on 5 sessions with the studied group (5 male and female nurses) the researcher repeated the same situations weekly on 5 session with another group of nurses and repeated with the others until finish with 58 nurses who were a available for discussion of the situations as 2 nurses were not available in the time of discussion.

**Phase 3:**

After 6 months followed the training sessions previously made; An interview was conducted for nurses on an individual basis (as a post-test scale) Each nurse was interviewed for 30 minutes.

The purpose of the post test was explained. Nurses were interviewed in order to apply the Coping Skill Inventory, the Assertiveness Inventory and also to response on 5 selected clinical situations (App as questions only not discussion, to detect the effects of assertive training guidelines on nurses coping skills.

**Statistical Analysis**

Data obtained in this study were coded and tabulated.

Mean and standard deviation were used for quantitative data and it were calculated for qualitative data the number and percent distribution was calculated.

*The significance tests used were:*

Student t-test used to statistically analyze the difference between two means.

Paired t-test was used to compare mean values before and after assertive training within the same group.

Pearson’s correlation coefficient test was calculated to test the association between two variables.

Wilcoxon signed rank test (z) was performed to test mean values of before and after training when the observations were not found to follow the normal distribution.

Significance was adopted at p<0.05 and P<0.01 for interpretation of results of significance.

**Results**

*Result of the present study shows that:*

More than half of the sample (68.9%) were female nurses and (56.9%) of the sample were in the age group 20<30 years, 63.8% of the sample were married, while very few nurses 1.7% were widows of the sample 81% had a diploma of nursing and worked as staff nurse.

While 15.5% of them had bachelor degree of nursing and worked as head nurse 22.4% of nurse had less than 10 years of experience in psychiatric nursing, and 10.3% had 10 to 20 and more years of experience in the psychiatric field.
1- Distribution of studied group in relation to their level of assertiveness and coping before and after the assertiveness training.

Table (1) shows the total score of assertiveness level and coping level of responses of the sample were a significant change was found in level of assertiveness responses at $P=0.022$ as 77.6% before and 58.6% after non assertive were in the range of <60% level of assertiveness. 22.4% before and 41.4% after (assertive) were in the level of ≥60%.

No significant change was found in coping responses of the sample at $P=0.166$ as 81.0% before and 72.4% after (inappropriate coping) were in the range of <60% level of coping and 19.0% before and 27.6% after (appropriate coping) were in the range of >60% level of coping responses.

2- Level of assertiveness response of the studied groups in the different developed clinical situations.

Table (2) show the level of assertiveness response of the studied groups in the different developed clinical situations. The majority of nurses 37.9% had assertive responses in dealing with weak evaluation, while 34.5% of nurses had assertive responses in dealing with hallucinated patients and 32.8% had assertive responses in dealing with demanding patients.

Only 22.4% of nurses had assertive responses in dealing with seductive patient, a minority 10.3% of nurses had assertive responses in dealing with withdrawn patients.

3- Levels of coping response of the studied group in the different developed clinical situations.

Table (3) shows the levels of coping response of the studied group in the developed clinical situations. 22.4% of nurses had appropriate coping in dealing with hallucinated patients and demanding patients while 20.7% of nurses had appropriate coping response in dealing with weak job evaluation and 13.4% of nurses had appropriate coping response in dealing with seductive patients and very few 6.9% of nurses had appropriate coping in dealing with withdrawn patients.

4- Distribution of the studied sample by level of assertiveness before and after training and coping subscales.

Table (4) illustrate the effect of assertiveness on coping. A significant change between level of assertiveness and total coping score was found after the assertiveness training at $P=0.001$, where they had mean score (119.3).

Also a significant change was found after the training in reactivity to stress and assertiveness at $P=0.001$, where they had mean score (19.1). In relation to resourcefulness there was a significant change after the assertiveness training at
P=0.012, where they had mean score (8.7) also in relation to the proactive attitude there was a significant change after the assertiveness.

5- Correlation between assertiveness and coping before and after the assertiveness training in relation to nurses' age and their experience in psychiatric field.

Table (5) shows the correlation between assertiveness and coping before and after the assertiveness training. As regards the age of nurses in years there was no significant difference before and after the assertiveness training and the assertiveness at P=<0.189 before and P=0.284 after, but there was a significant change in the coping response and age before the training while P=0.003.

As regards years of experience there was a significant relation between coping responses and age in year before the training at P=0.028, but there was no significant relation after the training at P= 0.475.

A significant change were present between assertiveness responses and coping responses before the training at P=0.028 and also after the training at P= 0.001.

Discussion

Assertiveness is one of the essential skills in the modern working environment, there are many benefits of being assertive such as; better time management, increased self-esteem and the ability to negotiate more effectively. Assertion means confrontation of others.(27-9)

Assertiveness training may encourage the development of problem-focused coping strategies with attendant, decreases in anxiety levels and increases self-esteem. It was suggested that such training can be adopted for nurse trainees.(30) As the stressful nature of their work has been increasingly recognized, the coping strategies adopted by nurses have received considerable attention. How much do nurses adopt direct problem solving techniques and how much are palliative, emotion focused techniques are the only means of coping.(31,32)

Assertiveness training programmes usually concentrate on developing a number of specific skill areas. Theses include: the ability to cope with manipulation and criticism without responding with counter-criticism; the ability to make requests and state points of view, and to refuse unreasonable requests; and the ability to express feelings in social situations.(36,37)

The present study is an attempt to develop nursing staffs' assertiveness level to improve their coping level with different situations they face in dealing with psychiatric patients. It was expected that the assertiveness training program would help nursing staff to be open, honest, and to have the ability to communicate directly, take into consideration their individual rights and that of other.

The present study revealed that there was a positive association between coping level and assertiveness level as the
assertiveness training affect coping level of the nurses significantly as the coping level they had were improved after the training. This revealed that the assertiveness training helped nurses to improve their communication. In difficult situation because it provides opportunities to share difficulties is in communication with their colleagues, patients and their supervisors and to express their feelings in difficult situations. Also it helps them in discovering and challenging rational and irrational responses and how the person’s assertive behavior can affect his /her personal situations. This help them to be more accepted individuals and knowing their limitations and consideration of themselves and this places emphasis of coping with stress on recognizing one’s own capabilities and ask for advice when needed.

It was found that there was a significant difference between levels of assertiveness and their reactivity to stress (which means inability to act, feel helpless, and difficulty in setting realistic goals). This may be due to dependency on others, not controlling their behaviors of staying as observers, and not taking an action.

A significant relation was found between the assertiveness level and resourcefulness (ask for help, support and information). As the nurses in this case were afraid to ask or accept support and help. Also there was a significant difference in the mean change between the proactive attitude (accept change of the own behavior and modification of it according to the situation) and the assertiveness level.

There is a little percentage of the assertiveness responses in dealing with demanding patients. As most nurses did not learn the stressful nature of working with a particularly difficult and demanding client group. As the nurses during the discussion didn't agree about dealing with this patient by allowing him/her to take any attention or demand. They rationalize this by stating that if they allowed these patients to take what they ask, they would be very dangerous patients.

Also there is a little percentage of assertiveness responses in dealing with hallucinating patients. This may be due to lack of understanding to these patients and how to interact with them. As the nurses don't agree on making these patients at least involved in one activity, and they rationalize this as the patients stay a little period to be involved in one activity.

Regarding dealing with hypersexual patient, also there was a little percentage of the assertiveness response in dealing with these patients. This may be due to the inability of the nurses to deal with these patients, and in turn this makes a distance from patients and avoid dealing with them.

As regards administrative problems, a few of nurses respond assertively in dealing with weak job evaluation. This may be attributed to the lack of decision making which nurses has or the lack of
understanding the assertiveness training, or the lack of support they receive, or the lack of experience they has in this situation, or they did not want to be involved in problems with administrative authority, or the lack of knowledge about their rights as an employees, or the lack of proper self evaluation, or due to the lack of ability to face and discuss their evaluation with their supervisors which become a habit.

A minority percentage of the sample respond by appropriate coping in dealing with hypersexual patients. This may be due to nurses feeling of stress in dealing with such patients, as they had not received any training in managing such situations. The nurses refuse to say to patients a firm statement for stopping this talking or touching during the discussion, they rationalize this as patients don't follow the instructions easily, and they have the right to thick that-traditionally-there are restrictions in our society to discuss or even talk in such sexual issues.

A little percentage of nurses cope appropriately in dealing with withdrawn and demanding patient. They try to attract the patient's attention, about his environment by discussing what is happening around him by using simple, short sentence to involve him with the reality. Also, they say to the patient that they can not bring all of his personal requests from outside the hospital. This may be due to the feeling that the requirement for independent work are not supported by the opportunity to develop special skills, as they has lack of training in managing such difficulties.

In addition, a minority percentage of the sample respond by appropriate coping way in dealing with hallucinated patients. They try to attract patient's attention by involving him/her in activity with one of them and with one patient and allowing him/her to express his/her feeling toward these sounds he/she hears. This may be due to nurse's feelings that clients may be unpredictable and at times violent, along with feeling of unsafely. Also this could be attribute to nurse's lack of training in managing such situations, or their impatience to the situations, or their feeling of that they are receiving insufficient, unhelpful and inflexible support. Also, this may be due to working in environment which may disrupt the therapeutic process through interruption, along with a lack of cooperation.

As regards administrative problem, there is also a little response of nurses by appropriate coping in dealing with weak job evaluation. They said that they were not able to confront their boss or face him/her with his/her faults or lack of appraising the work of them. This could be attributed to lack of decision making, which the nurses had in dealing with any situation. As the administrative authority looks to the nurses as they subordinate and must make their work without saying "no". Also this may be due to the inability of the staff to talk with each other or not to communicate effectively with
administration about their concerns because they are passive and can not solve their problems.

The results of the present study revealed that psychiatric nurses cope appropriately in the different situation using some coping strategies such as resourcefulness which include support from colleagues, peers, family & friends in addition to seeking advice and help when needed. Also "Leary 95" reported that psychiatric nurses protect themselves from stress by having resourcefulness. Also "Leary" stated that nurses examine their own strengths, abilities and limitations to alleviate and prevent stress which comprise adaptability and flexibility.(38)

During the training in the present study, some nurses of the studied group reported that they might face problems to change their coping ways. Some participants identified that their ability to say "no" and to refuse requests was hampered by feeling guilty if they did so, or the possibility of rejection form the other person. In addition, participants stated clearly that they did not want to be assertive in every situation. And that in some work situations, immediate assertive responses would be inappropriate. While discussing the items raised by the brainstorm, the group highlighted the importance of person's perceptions of their rights in any situation. This which explored how the rights people perceive affect their level of assertiveness. Trying new behavior patterns at work can cause discomfort amongst colleagues, who prefer to deal with and reinforce those behaviors which are familiar. They may also feel resentful about radical changes in their colleagues.

Also from the findings of the present study, the majority of nurses are assertive and they believe in themselves and their abilities. It is hoped that the self assertion generated by this belief will eventually lead to further personal and professional employment.

"Slater" formulated an open workshop assertiveness training program for nurses who came form several branches of nursing. He designed this workshop to arouse assertive responses in nurses to help them to reduce anxious and submissive ones, and to assist them to function and communicate more effectively. Slater stated that while nurses may be capable of being assertive in one situation, they may become passive or aggressive in another. Participants showed that they could already identify situations in which they wanted to be more assertive, such as dealing with general practitioners or with violent or abusive clients.(39)

**Conclusion:**
Assertive Training

The assertiveness training affect on coping level of the nurses significantly as the coping level of nurses has improved after the training. This revealed that the assertiveness training helped nurses to communicate and to be more tolerant to their patients.

**Recommendations:**

From the forgoing conclusion, the following recommendation are suggested:

1- Healthy coping methods as a training program should be provided to all nurses at regular sessions by professional people in the field of mental health to train them on dealing with stressful situation.

2- Developing assertiveness training as a strategy that nurses can use with certain psychiatric patients to improve patient’s ability to express themselves and also to help student nurses from the very onset to deal with the anxieties of nursing, and to provide them with the skills and knowledge to help them interact more profitably with other professionals and to help reduce stress related with interpersonal conflict.

3- Before embarking on the psychiatric field, nurses should be prepared by self-awareness training to orient them with their actual or potential capabilities and limitations which will enhance proper coping in their reactions to stressors. Development of stress management programs for nurses and suggestions of certain strategies as assertiveness training based on learning both verbal and non-verbal aspects of assertiveness.

4- In-service training and continuing education should be provided for all nursing personnel working in psychiatric hospitals to make nurses updated of new knowledge and technology. All nursing personnel should have planned learning program during their initial professional education, properly designed to help acquire the knowledge, attitude and skills in the field of mental health and psychiatric nursing.
Table (1): Distribution of studied group in relation to their level of assertiveness and coping before and after the assertiveness training.

<table>
<thead>
<tr>
<th>Scale total score</th>
<th>Before training</th>
<th>After training</th>
<th>Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Assertiveness:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non assertive (&lt;60%)</td>
<td>45</td>
<td>77.6</td>
<td>34</td>
<td>58.6</td>
</tr>
<tr>
<td>Assertive (≥ 60%)</td>
<td>13</td>
<td>22.4</td>
<td>21</td>
<td>41.4</td>
</tr>
<tr>
<td>Coping scale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate coping (&lt;60%)</td>
<td>47</td>
<td>81.0</td>
<td>42</td>
<td>72.4</td>
</tr>
<tr>
<td>Appropriate coping (≥60%)</td>
<td>11</td>
<td>19.0</td>
<td>16</td>
<td>27.6</td>
</tr>
</tbody>
</table>

Table (2): Level of assertiveness response of the studied groups in the different developed clinical situations.

<table>
<thead>
<tr>
<th>Developed clinical situations</th>
<th>Assertive nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Dealing with</td>
<td></td>
</tr>
<tr>
<td>Seductive patients</td>
<td>13</td>
</tr>
<tr>
<td>Withdrawn patients</td>
<td>6</td>
</tr>
<tr>
<td>Hallucinating patients</td>
<td>20</td>
</tr>
<tr>
<td>Demanding patients</td>
<td>22</td>
</tr>
<tr>
<td>Administrative problem</td>
<td></td>
</tr>
<tr>
<td>Weak evaluation</td>
<td>19</td>
</tr>
</tbody>
</table>
Table (3): Level of coping response of the studied groups in the different developed clinical situations.

<table>
<thead>
<tr>
<th>Developed clinical situation</th>
<th>Nurse with appropriate coping</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td><strong>Dealing with</strong></td>
<td></td>
</tr>
<tr>
<td>Seductive patients</td>
<td>8</td>
</tr>
<tr>
<td>Withdrawn patients</td>
<td>4</td>
</tr>
<tr>
<td>Hallucinating patients</td>
<td>13</td>
</tr>
<tr>
<td>Demanding patients</td>
<td>13</td>
</tr>
<tr>
<td><strong>Administrative problem</strong></td>
<td></td>
</tr>
<tr>
<td>Weak evaluation</td>
<td>12</td>
</tr>
</tbody>
</table>
Table (4): Distribution of the studied sample by level of assertiveness before and after training and coping subscales.

<table>
<thead>
<tr>
<th>Coping subscales</th>
<th>Assertiveness Before</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Assertiveness After</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
<td>S.D.</td>
<td>t</td>
<td>p</td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>Total coping scale score</td>
<td>110.79</td>
<td>12.08</td>
<td>114.46</td>
<td>11.98</td>
<td>1.142</td>
<td>0.258</td>
<td>105.18</td>
<td>13.60</td>
<td>119.38</td>
<td>9.49</td>
</tr>
<tr>
<td>Reactivity to stress</td>
<td>19.03</td>
<td>1.12</td>
<td>20.21</td>
<td>3.83</td>
<td>1.105</td>
<td>0.274</td>
<td>14.47</td>
<td>1.22</td>
<td>19.15</td>
<td>2.61</td>
</tr>
<tr>
<td>Ability to assess situations</td>
<td>23.88</td>
<td>2.86</td>
<td>23.04</td>
<td>3.29</td>
<td>1.036</td>
<td>0.305</td>
<td>23.09</td>
<td>3.62</td>
<td>24.46</td>
<td>3.38</td>
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<tr>
<td>Self reliance</td>
<td>19.15</td>
<td>2.54</td>
<td>20.63</td>
<td>2.83</td>
<td>2.085</td>
<td>0.042*</td>
<td>18.62</td>
<td>3.51</td>
<td>20.46</td>
<td>2.85</td>
</tr>
<tr>
<td>Resourcefulness</td>
<td>7.76</td>
<td>1.88</td>
<td>7.71</td>
<td>1.99</td>
<td>0.11</td>
<td>0.913</td>
<td>7.27</td>
<td>1.90</td>
<td>8.77</td>
<td>1.59</td>
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<tr>
<td>Adaptation and flexibility</td>
<td>23.71</td>
<td>4.84</td>
<td>25.20</td>
<td>4.67</td>
<td>1.410</td>
<td>0.164</td>
<td>22.80</td>
<td>4.83</td>
<td>25.31</td>
<td>3.12</td>
</tr>
<tr>
<td>Proactive attitude</td>
<td>5.29</td>
<td>1.34</td>
<td>5.83</td>
<td>1.81</td>
<td>1.306</td>
<td>0.197</td>
<td>4.82</td>
<td>1.28</td>
<td>5.77</td>
<td>1.24</td>
</tr>
<tr>
<td>Ability to relax</td>
<td>11.97</td>
<td>3.13</td>
<td>11.54</td>
<td>2.43</td>
<td>0.562</td>
<td>0.576</td>
<td>11.27</td>
<td>3.58</td>
<td>12.08</td>
<td>2.02</td>
</tr>
</tbody>
</table>
### Table (5): Correlation between assertiveness and coping before and after the assertive training, in relation to nurses' age and their experience in psychiatric field.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Before training</th>
<th></th>
<th>After training</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assertiveness</td>
<td>Coping scale</td>
<td>Assertiveness</td>
<td>Coping scale</td>
</tr>
<tr>
<td></td>
<td><em>r</em></td>
<td><em>p</em></td>
<td><em>r</em></td>
<td><em>p</em></td>
</tr>
<tr>
<td>Age in years</td>
<td>-0.175</td>
<td>0.189</td>
<td>-0.380</td>
<td>0.003*</td>
</tr>
<tr>
<td>Experience in psychiatric</td>
<td>-0.132</td>
<td>0.322</td>
<td>-0.289</td>
<td>0.028*</td>
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<tr>
<td>department</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping scale</td>
<td>0.266</td>
<td>0.028*</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
References


6- Barry PD. Mental health and mental illness. 5th ed. J.b. Lippincott co. 1994; 134-70.


Assertive Training