

KNOWLEDGE OF ASSERTIVE COMMUNICATION AMONG B.SC NURSING STUDENTS IN SELECTED NURSING COLLEGES AT JAIPUR, RAJASTHAN

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ABSTRACT:

Introduction : Communication is an activity of conveying meaningful information; it is exchanging information in the form of messages, symbols, thoughts, signs and opinion. It is a process by which meaning is assigned and conveyed in an attempt to create shared understanding. Assertiveness is... expressing our thoughts, feelings, and beliefs in a direct, honest, and appropriate way.

Material and Method : The present study will be conducted in the St. Florence College of Nursing and Institute of medical technology and Nursing Education, Sitapura, Jaipur. In the study 300 samples were selected from the population by using simple random sampling technique. Evaluative approach and quasi experimental one group pre-test and post test design was adopted. Structured knowledge questionnaire were used to collect the data.

Results : Findings revealed that the highest 50% of the B.Sc. nursing students were in the age group of 21-23 years, 80% of them were males, 80% were belongs to Hindu religion, 60% were belongs to nuclear family, 29% of the respondents father educated upto Graduate & 28% of the respondents mother educated up to senior secondary, 86% were not having previous knowledge about assertive communication and finally 42% were receiving information from their teachers. During Pre-test 86.7% of respondents have inadequate knowledge level; 13.3% of the respondents have moderate knowledge level and finally none of the respondents have adequate knowledge on Assertive Communication

Conclusion : Students have less moderate knowlege level and none of them have adequate knowledge about assertive communication.

Key words : Knowledge, Assertive communication, B.Sc Nursing Students, Nurse patient relationships.

INTRODUCTION

Communication is defined as the exchange of thoughts, ideas, feelings, information, opinions, and knowledge. It is also defined as an act by which one person gives or receives from personal information

about that person's needs, desires, perceptions, knowledge or affective status.

Communication is the activity of conveying information. The word communication has been derived from the Latin word 'communis', meaning to share. It basically involves a sender, a message

and a receiver. Communication is given, receiving or exchanging ideas, data, information, signals or messages through appropriate media, enabling individuals or groups to persuade, to seek information, to give information or to express emotions. ³

Assertiveness is... expressing our thoughts, feelings, and beliefs in a direct, honest, and appropriate way. It means that we have respect both for ourselves and for others. Being assertive is not about being pushy or superior. It's about communicating what you want in a clear, level-headed manner. An assertive person effectively influences, listens, and negotiates so that others choose to cooperate willingly. Assertiveness is the ability to express one's feelings, opinions, beliefs, and needs directly, openly and honestly, while not violating the personal rights of others. Assertive staff nurses are able to present suggestions in a direct, comfortable way, give and take criticism, assess the rights and responsibilities in a nursery situation, and act on assessments in a thoughtful problem-solving way. When nurses express a lack of confidence and a lack of assertiveness, patients may notice.

MATERIAL AND METHODS

An evaluative approach was used as appropriate one for present study. The main

aim of this study was to find the effectiveness of structured teaching programme on knowledge regarding assertive communication as in form of nurse patient relationship by comparing pre-test and post-test knowledge score. To associate the pre tests mean knowledge score with selected socio demographic variables of B.Sc nursing students.

RESULTS

SECTION A

PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES OF THE SUBJECTS

Table 1: Frequency and percentage distribution of Respondents by Age in years

N= 300

S No	Age	Frequency	Percentage
1.	18 – 20 Years	110	37.0%
2.	21 - 23 Years	150	50.0%
3.	24 – 26 Years	40	13.0%
Total		300	100%

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

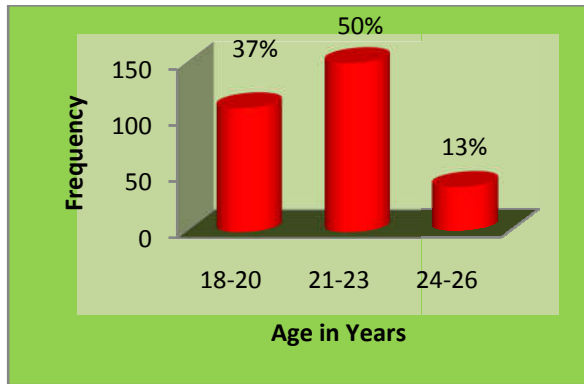


Figure 3: Distribution of students according to Age in years

Table 2: Frequency and percentage distribution of Respondents by Gender

N=300

S No	Gender	Frequency	Percentage
1.	Male	240	80.0%
2.	Female	60	20.0%
Total		300	100%

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

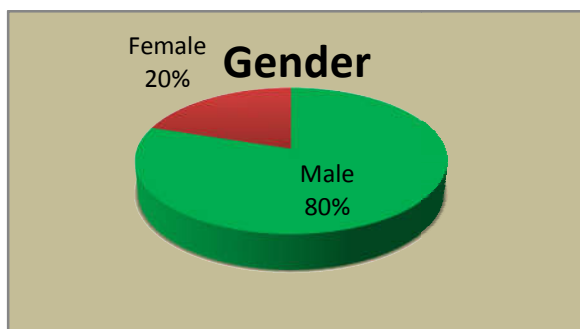


Figure 4: Distribution of students according to Gender

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

N=300

S No	Previous knowledge about Assertive communication	Frequency	Percentage
1.	Yes	42	14.0%
2.	No	258	86.0%
Total		300	100%

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



Figure 9: Distribution of students according to previous knowledge

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

N=300

S No	Source of Information	Frequency	Percentage
1.	Teachers	125	42.0%
2.	Friends	75	25.0%
3.	Relatives	30	10.0%
4.	Mass media	70	23.0%
Total		300	100%

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

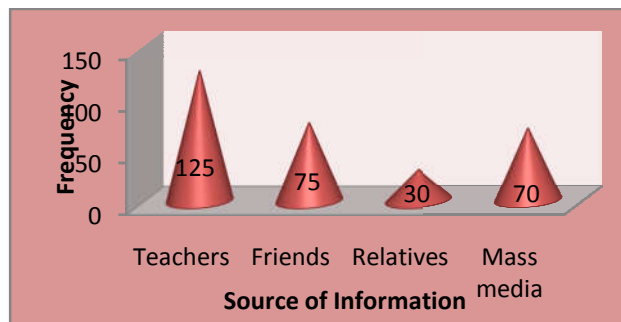


Figure 10: Distribution of students according to source of information
SECTION B

TABLE 9: Data Shows the Association between Pre-test Knowledge Scores on Assertive

Communication and Its Benefits in Nurse Patient Relationship and Selected Socio-Demographic Variables.

SN	Variable	Category	Knowledge scores				Total	χ^2 value (p-value)
			Inadequate		Moderate			
			f	%	f	%		
1.	Age (In Years)	18 – 20	105	35.0	05	2.0	110	0.51 (0.78) _{NS}
		21 – 23	142	47.0	08	3.0	150	
		24 - 26	37	12.0	03	1.0	40	
2.	Gender	Male	230	77.0	10	3.0	240	0.08 (0.78) _{NS}
		Female	57	19.0	03	1.0	60	
3.	Religion	Hindu	232	77.4	08	2.67	240	4.5048 (0.21) _{NS}
		Muslim	33	11.0	02	0.67	35	
		Christian	18	6.0	02	0.67	20	
		Sikh	05	1.68	-	-	05	
4.	Type of Family	Nuclear	172	57.4	08	2.6	180	0.23 (0.63) _{NS}
		Joint	116	38.7	04	1.3	120	
5.	Education of Father	Illiterate	17	5.7	-	-	17	21.21 (0.06) _{NS}
		Primary	20	6.7	02	0.6	22	
		Secondary	50	16.7	03	1.0	53	
		Senior secondary	69	23.0	05	1.6	74	
		Graduation	80	26.7	06	2.0	86	
		Post graduation	45	15.0	03	1.0	48	
6.	Education of Mother	Illiterate	22	7.3	-	-	22	20.09 (0.049) _{NS}
		Primary	16	5.3	02	0.7	18	
		Secondary	76	25.3	04	1.3	80	
		Senior secondary	80	26.7	04	1.3	84	
		Graduation	52	17.4	04	1.3	56	
		Post graduation	37	12.4	03	1.0	40	
7.	Previous knowledge about assertive communication	Yes	40	13.3	02	0.7	42	17.45 (0.467) _{NS}
		No	248	82.7	10	3.3	258	
8.	Source of Information	Teachers	119	39.7	06	2.0	125	4.24 (0.29) _{NS}
		Friends	69	23.0	06	2.0	75	
		Relatives	27	9.0	03	1.0	30	
		Mass media	65	21.7	05	1.6	70	

SECTION C

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

N = 300

Inadequate Knowledge (0 - 13)		Moderate Knowledge (14 - 26)		Adequate Knowledge (27 - 40)	
N	%	N	%	N	%
260	86.7	40	13.3	-	-

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

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

DISCUSSION

The present study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding assertive communication and its benefits in

nurse patient relationship among B.Sc. nursing students in selected nursing colleges at Jaipur.

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

The objectives of the study

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

CONCLUSION

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

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