Original Article   **www.wjahr.com**

ASSERTIVE BEHAVIOR, SELF-ESTEEM & INTERPERSONAL COMMUNICATION SATISFACTION AMONG GENERAL POPULATION

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ABSTRACT

Background: Assertive behavior develops respect towards self and others, promotes self-disclosure, self-control, increase confidence, satisfactory communication and positive appreciation of self-worth. It is the most effective way of solving interpersonal problems and conflicts. Lack of assertiveness result in frequent emotional trauma because of poor communication skills and are unable to express their feelings about their needs and worries. **Aim:** This study is aimed to assess the assertive behavior, self-esteem & interpersonal communication satisfaction among general population. **Methods:** Quantitative, descriptive, cross-sectional survey approach was used to assess assertive behavior, self-esteem & interpersonal communication satisfaction among 100 random general population by using socio demographic data sheet, standardized Rathus assertive scale, Rosenberg self-esteem scale and communication satisfaction inventory. **Results:** Majority (61%) of the general population were female. Maximum (61%) of them were single and almost 45% were from medical profession. Almost 41% of the general population are found to be probably aggressive. Majority (85%) of the population were having average self-esteem and all of them have good communication satisfaction among their family, friends and colleagues. **Conclusion:** It can be concluded that there the general population are not so assertive in their behavior. Communication satisfaction is there but their self-esteem was average. They should use assertive behavior more in their regular life which will help them to elevate their self-esteem.

KEYWORDS: Assess, assertive behaviour, self-esteem, interpersonal communication satisfaction, assertive training module.

INTRODUCTION

Since the dawn of civilization, great thinkers have discussed the quality of human existence, and the concept of "the good life". To some individuals, the ideal state is one of wealth, to others, significant relationships, while some report helping those in need as central. Although individuals may vary in external circumstance, yet they may share a subjective feeling of well-being.[1]

Assertive behavior or assertive communication is the quality of being self-assured and confident without being rude. In the field of psychology, psychiatry and psychotherapy, it is a skill which can be learned and developed as a and mode of communication. Assertiveness implies acting in a confident manner. It is important for a person to be assertive, so that he or she may express their thoughts and feelings effectively without being judge. Increasing our assertiveness can help us both personally and professionally.[2]

During the 1970s and 1980s, assertive behavior training occupied a prominent role within clinical behavior therapy. Assertive behavior was defined as any action that reflects an individual's own best interest, including standing up for oneself without any anxiety, expressing one's feelings confidently, or exercising one's own rights without denying the rights of others. We can think of assertiveness as being along a continuum, whereby assertiveness problems can manifest as excessive agreeableness (i.e., submissive/unassertive) or excessive hostility (i.e., aggressive). Thus, rather than being submissive or aggressive, the goal of assertiveness training is to help clients become better able to verbalize what they want in various life situations. In a way, assertiveness training, which uses a variety of cognitive-behavioral techniques, can be conceptualized as a

component of social skills training, which broadly aims to help individuals reduce any anxiety-based inhibitions and learn specific skills to develop more competent social functioning.[3]

Traditionally, assertiveness training aimed to improve healthcare professionals' well-being, job satisfaction, self-esteem and workplace relationships.[4] A lack of assertive communication is a recurring issue in critical incidents.[5] Internationally, assertiveness communication training programs have been introduced to improve healthcare professionals' communication skills.

Assertive behavior develops respect towards self and others, promotes self-disclosure, self-control, increase confidence, satisfactory communication and positive appreciation of self-worth. It is the most effective way of solving interpersonal problems and conflicts. Assertive people become happier, less manipulative, feel better about them and reach their goals more easily. People who display assertive behavior are more likely to maintain rigorous professional practices while also assisting others in expressing their own needs.

Lack of assertiveness result in frequent emotional trauma because of poor communication skills and are unable to express their feelings about their needs and worries. People who are unable to discuss important issues with others develop self-destructive beliefs which are emotionally damaging for them. It results in unsatisfactory communication. They may also develop maladaptive behaviors in order to cope with these emotions. Non-assertive behavior among people results in high stress, low self-esteem, frustration, anxiety and mental fatigue.

MATERIALS AND METHOD

A quantitative, non-experimental, descriptive, cross sectional survey research approach was used to assess assertive behavior, self-esteem and communication satisfaction among general population. A Snowball sampling technique was used. An online semi-structured questionnaire was developed by using Google forms. The link of the questionnaire was sent through e-mails, WhatsApp and other social media to the contacts of the investigators. The participants were encouraged to participate in the survey also to share with as many people as possible. Thus, the link was forwarded to people apart from the first point of contact and so on. As they receive the form by clicking the link, the participants got auto directed to the information about the study and informed consent. Initially they have given their consent for the survey and then filled the demographic variables. Afterwards, a set of several questions appeared sequentially, which the participants were to answer. Participants with access to the internet

could participate in the study. Participants with age 21 years and above, able to understand English and willing to give informed consent were included. The data collection was initiated on 10th January 2021 and closed on 11th March 2021. I was able to collect 100 responses from various state of India.

Following tools were used to measure variable under study: -

1) Socio demographic data sheet
 It is a self-administered tool prepared by the investigators and used to measure the socio demographic profile of subjects. It consists of 8 items which are age, gender, religion, marital status, area of living, educational qualification, profession, monthly family income. Total administration time for this tool was approximately 3-5 minutes. The Content validity of the structured interview schedule was validated by a panel of 11 expertise from outside and inside of our nursing college (5 were from Amity college of nursing and 6 were experience educator from other Institutions & two were from Ireland) who had expertise in developing Research Tools. The experts were requested to review and verify these items for adequacy, relevance, clarity, suitability. The necessary modification was done along with guide, co-guide accordingly and final draft of the tool was prepared. The **reliability** was established through test-retest method (r =1).

2) Rosenberg Self Esteem Scale[6]
It is a standardized, short structured, self-report 10 items Likert scale, available in public domain. For the present study reliability was calculated through split half method r = 0.73.

3) Rathus Assertiveness Schedule[7]
It is a standardized, short structured, self-administered six-point rating scale. It is available in public domain. For the present study reliability was calculated by split half method r = 0.71.

4) Hecht's Interpersonal Communication Satisfaction Inventory[8]
It is a standardized tool with 40 items of semantic differential scale in which participants are asked to share their level of satisfaction. The reliability was established through test-retest method r =0.76

The data was analyzed by Statistical Package for Social Sciences (SPSS) version 16. The p<0.05 level was established as a criterion of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were employed to analyze data.

RESULTS

Table 1: Frequency and percentage distribution of the general population as per their socio-demographic variables N = 100.

SECTION-1 SOCIO DEMOGRAPHIC PROFORMA		Frequency(f)	Percentage (%)
Age in years (mean)		31.51	
Gender	Male	39	39%
	Female	61	61%
Marital Status	Single	61	61%
	Married	30	30%
	Unmarried	7	7%
	Divorced	2	2%
Religion	Hindu	90	90%
	Muslim	2	2%
	Sikh	0	0
	Christian	6	6%
	Others	2	2%
Educational Qualification	Graduate	47	47%
	Postgraduate	32	32%
	Masters	14	14%
	MBA	0	0
	Others	7	7%
Profession	Medical Sector	45	45%
	Education Sector	19	19%
	Corporate Sector	27	27%
	Government Sector	9	9%
Area of Living	Urban area	87	87%
	Rural Area	13	13%
Monthly income of family in Rs. (mean)		112670	

Table 1 depicts that average age of the participants regarding the study were in 31 years of age. Out of all majority of the participants were female which is 61% and rest were male, that is 39%. Majority of the general population were single that is 61%, out of them 30% were married, 7% were unmarried and rest 2% comes under divorce/separate category. Mostly participants were Hindu, that is 90%, 6% were Christian, 2% were Muslims and rest 2% are from other religion. Most of them were graduate, that is 47% out of all the participants, 32% were postgraduate, 14% were masters, 7% from other educational background. Majority of the general population that is 45% were from medical background, 27% from corporate sector, 19% from education sector and least was from govt. sector which is 9% only. Maximum which is 87% participated population are living in urban area. Rest 13% population lives in rural area. The average monthly income of family member is 112670 Rs.

Table 2: Frequency and percentage distribution of general population as per their assertive behavior (N=100).

Category of Assertive behavior	Frequency (f)	Percentage (%)
Very Non-Assertive (+90 to -20)	0	0
Situational Non-Assertive (-20 to 0)	11	11%
Somewhat Assertive (0 to +20)	17	17%
Assertive (+20 to +40)	13	13%
Probably Aggressive (+40 to +90)	41	41%

Table 2 shows that maximum (41'%) of the general population are probably aggressive in their behavior.

Table 3: Frequency and percentage distribution of the general population to check their level of self-esteem. N=100.

Level of self-esteem	Frequency (f)	Percentage (%)
Average Self-esteem (15 to 25)	85	85%
Low self-esteem (Below 15)	15	15%

Table 4 reveals that the maximum (85%) of the general population are having average self-esteem.

Table 4: Frequency and percentage distribution of general population according to their level of communication satisfaction (N=100).

Level of communication Satisfaction	Frequency (f)	Percentage (%)
Communication skills that need improvement (1>15)	0	0
Communication skills that need more consistent attention (16>21)	0	0
Potential strength in communication (22>30)	100	100

Table 4 depicts that the potential strength in communication is maximum that is 100%.

DISCUSSION

The present study is an attempt to assess the assertive behavior, self-esteem and communication satisfaction among general population. Result reveals that females (61%) were more assertive with better self-esteem and with great level of communication satisfaction than males (39%). The findings of study are supported by Maheshwari S K and Gill Kanwaljit Kaur (2015)[9] found that female (95%) was more assertive with average self-esteem and better communication satisfaction, as comparison to males (5%).

In the present study, almost the half (47%) of the subjects had education up to graduation. The finding of study is supported by G. A. Abed, S. H. El-Amrosy, M. M. Atia(2015)[10] found that maximum subjects were educated up to graduation. In the current study most of the general population were single (61%). Similar study has been conducted by Naglaa a. Mohamed (2016)[11] where 80% of the participants were found to be single. Majority of the population were from medical (45%) sector. A similar study conducted by Solaf A. Hamoud, Samia A. El Dayem and Laila H. Ossman (2011)[12] where majority of the participants (94%) were from medical sector. Current study reveals that maximum of the general population (41%) were probably aggressive in their behavior. Maximum (85%) of the general population were having average self-esteem where all the general population in this study are satisfied in their communication. This study support the study conducted by Lin YR, Shiah IS, Chang YC, Lai TJ, Wang KY, Chou KR (2004), where the self-esteem of the participant were found to be average.

CONCLUSION

Study concluded that majority of the general population were female, who residing in urban area, mostly belonged to Hindu religion, educated up to bachelor degree. Majority of the subjects were single. Most of the general population were probably aggressive in their behavior. Most of them were having average self-esteem and all of them are having completely communication satisfaction among their family, friends and relatives and among colleagues.

Implications and Recommendations

Nurses should regular use assertive behavior which results in communication satisfaction. Assertiveness and its training program can be included in graduate nursing program and in nursing curriculum, so that sufficient emphasis can be given to understanding of assertiveness. Findings of the study will act as a catalyst to carry out more extensive research in a large sample and in other settings and such research work enforces evidenced based practice.

Study recommends that assertiveness training or other such techniques may be given to the non-assertive people or specially in health sector for nurses to build their communication satisfaction, self-concept and self-esteem. Similar study can be replicated on larger sample size using a combined quantitative and qualitative research approach to understand better assertive behavior and interpersonal communication satisfaction among different population.

LIMITATIONS

Present study was limited to a very less sample. Lack of large sample size may result in lack of representativeness and generalizability to the whole population. This limits the generalization of the findings.

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