Short Communication

Relationship between Self-Esteem and Assertiveness Training among Japanese Hospital Nurses

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Assertiveness (Assertion) is typically defined in terms of the legitimate and honest expression of one’s personal rights, feelings, beliefs and interests without violating or denying the rights of others.1

In Japan, only a few studies have investigated the relationship between assertiveness (assertion) training (AT) and psychological well-being2, 3), whereas, it has been widely studied in other countries.

AT based on the concept of assertiveness4), has shown a favorable effect on mental health status such as stress reaction and depressive state in previous studies5, 6). It also is thought to enhance one’s self-esteem, self-confidence, interpersonal relationships, personal fulfillment, and internal locus of control1, 7).

Self-esteem (SE) refers to whether one accepts oneself, respects oneself, and considers oneself a person of worth8), and is an important factor in mediating the process between stressors and stress reaction in the model of job stress and health, suggested by the National Institute of Occupational Safety and Health (NIOSH)9). Enhancing one’s self-esteem reduces one’s stress levels.

A sense of coherence (SOC) has been proposed as a psychological factor that predicts good health and positive adjustment10). Japanese men with a low SOC have a tendency to be affected by stressful life events11).

With references to above indications, we hypothesized that AT would have a positive effect on psychological factors affecting stress reaction, such as SE and SOC.

We studied the relationships between SE, SOC and AT to confirm our hypothesis with a view to improving the mental health of Japanese hospital nurses.

Materials and Methods

The subjects were 409 registered nurses working at Japanese hospitals. We explained the purpose of our study to them and then obtained their consent. They were divided into an intervention group of 94 nurses and a reference group of 315 nurses, taking into account their own desires and their superiors’ opinions. All of the members of the intervention group who took part had done so either voluntarily or had been referred by their superiors. They received a two-day training session on AT between June and December, 2001. Before commencing the training we delivered self-administrated questionnaires to the intervention group, which included items on age, gender, the Japanese version of the Rosenberg’s self-esteem scale (SES)12, 13), and the Japanese version of 13 items in the SOC scale (SOC-13)10, 14, 15) and collected them. Six months after they had received the AT, we again delivered the same questionnaires and collected them within a month. In the case of the reference group, with the same questionnaires we performed the initial survey in June, 2001 and the following survey in October, 2002.

Assertiveness training (AT)

The AT was performed in accordance with the concept of Anne Dickson16). The group was lead by an AT facilitator who had undergone a six-month training course on assertive skills, facilitation skills, presentation skills, role-play techniques, and group dynamics organized by Assertive Japan. The training was performed through lectures and role-playing in small groups of about twenty participants. The training contents were basic assertive skills such as the definition of “assertiveness”, communication patterns, how to make requests, how to say “No”, and how to give and receive compliments.

Statistical analysis

We compared age, SES and SOC-13 of the initial results in the intervention groups with those in the reference group. We calculated the degrees of changes between the initial survey and the follow-up survey, as indicated by \( \Delta \) (the follow-up)–(the initial). We compared the \( \Delta \)SES and \( \Delta \)SOC-13 of the intervention group with those of the reference group by the t-test. We also compared the \( \Delta \)SES and \( \Delta \)SOC-13 of the intervention group with those of the reference group, adjusted by age, initial SES, and initial SOC-13 by means of analysis of covariance17), because there were significant differences between mean age, initial SES, and initial SOC-13 of the intervention and those of the reference group.

Results

Excluding the only four male nurses, 62 (66%) of the
female intervention group and 196 (62%) of the female reference group returned sufficient answers for analyses in both the initial and the follow-up survey, respectively. The mean age of the reference group was significantly younger than that of the intervention group. Means of the initial SES and SOC of the reference group were lower than those of the intervention group. Mean SES of the intervention group was significantly higher than that of the reference group, but there was not a significant difference between the SOC-13 of the intervention group and that of the reference group (Table 1).

After adjusted by age, initial SES, and initial SOC-13, the mean SES of the intervention group was also significantly higher than that of the reference group, although there was no significant statistical difference between the SOC-13 of the intervention group and that of the reference group (Table 1).

Discussion

We studied the relationships between assertiveness training, self-esteem, and a sense of coherence among Japanese hospital nurses who have considerable job stressors such as long working hours, a wide range of tasks, and complicated relationships with hospital staff, patients, and patients’ families.

We found that the nurses’ SE had improved at six months after the AT. This corresponded with the previous studies which indicated that assertiveness contributed to self-esteem among American firefighters and that AT reduced stress reaction among Taiwanese hospital nurses. This was also compatible with the finding that the communication skill training improved two communication skills, i.e. negotiation and accepting valid criticisms. Suga suggested that a person with high self-esteem was more likely to negotiate with an opponent successfully and to suitably accept valid criticisms.

In our results, the AT was not significantly related to SOC-13. This finding indicated the influence of regression to the mean, considering the difference between the initial SOC-13 of the intervention group and that of the reference group and between the adjusted SOC-13 of the intervention group and that of the reference group. Further study should investigate the relationship between SOC and AT considering the initial SOC of the intervention and reference groups.

Our study had low response rates for the intervention and reference groups. This might reflect an insufficient explanation of the present study’s purpose to the subjects and/or the imbalance between age and the number of the interventions and those of the reference group. Further study should investigate the effect of AT by matching the background of the intervention group with that of the reference group.

The present study had four other limitations of which the first was a quasi-experimental design. We could not match the characteristics of the intervention group with that of the reference group completely. Second was the mismatching time to perform surveys of the intervention group with those of the reference group. Third was that we did not measure levels of communication skills before and after the training. Last was that we could not deny the possibility of an event which might have influenced SE and SOC completely during the periods observed. Further study should investigate the relationship between SE, SOC and AT by a well-designed method.

In conclusion, our results implied that assertiveness training had the potential to improve self-esteem among Japanese hospital nurses.

Table 1. Age, SES, and SOC-13 of the intervention and the reference group

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Reference</th>
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<tbody>
<tr>
<td>Response rate (n)</td>
<td>66% (62)</td>
<td>62% (196)</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>44.0 (7.1)**</td>
<td>27.8 (5.9)</td>
</tr>
<tr>
<td>Initial SES</td>
<td>17.0 (4.7)**</td>
<td>14.4 (4.4)</td>
</tr>
<tr>
<td>Initial SOC-13</td>
<td>57.4 (10.5)**</td>
<td>52.7 (9.4)</td>
</tr>
<tr>
<td>ΔSES</td>
<td>2.1 (3.9)**</td>
<td>0.2 (3.4)</td>
</tr>
<tr>
<td>ΔSOC-13</td>
<td>2.2 (8.3)</td>
<td>1.5 (8.6)</td>
</tr>
<tr>
<td>Adjusted ΔSES</td>
<td>1.8 (0.6)*</td>
<td>0.3 (0.3)</td>
</tr>
<tr>
<td>Adjusted ΔSOC-13</td>
<td>0.7 (1.5)</td>
<td>2.0 (0.7)</td>
</tr>
</tbody>
</table>

1) Intervention: the intervention group, 2) Reference: the reference group, 3) SES: the Japanese version of the Rosenberg’s self-esteem scale, 4) SOC-13: the Japanese version of 13 items in the sense of coherence scale, 5) Δ=(the follow-up)–(the initial), 6) adjusted: adjusted by age, initial SES, and initial SOC, with the analysis of covariance, 7) **: p<.01 by the t-test, *: p<.05 by the analysis of covariance.
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References
6) S Lee and MS Crockett: Effects of assertiveness training on levels of stress and assertiveness experienced by nurses in Taiwan, republic of China. Issues in Mental Health Nursing 15, 419–432 (1994)