

# Effect of Assertiveness Training on Entry Level Paramedical Students

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**Abstract:** Aim: The Aim of this study was to determine the effect of assertiveness training for the entry level para medical students. Methods: Totally 60 subjects (30 in experimental group and 30 in control group) of the age group of 17 to 19 years participated in the current study. Experimental group underwent assertiveness training Group Therapy. Independent and paired 't' test give us the processed results. Results: Statistical significance is present for experimental group than control group, with regard to effectiveness of assertiveness training of Occupational Therapy. Conclusion: Assertiveness training has significant effect of improving assertiveness for the entry level para medical students.

**Keywords:** Group Therapy, Assertiveness training, Occupational Therapy

## 1. Introduction

Assertiveness means to defend ones rights or options, sometimes with unnecessary zeal, to thrust oneself forward. Assertiveness is an adaptive behavior which includes the capacity to act as one would like the holding back and refraining from expressing ones feeling.

Assertiveness promotes interpersonal behavior that simultaneously attempts to maximize the person's satisfaction of wants while considering the wants of other people, thus promoting respect for the self and others.

**Wolpe (1958)<sup>2</sup>**, a behavior pioneer, widely known for his work on systematic desensitization, saw assertion training as similar to this procedure in its ability to reciprocally inhibit anxiety.

**Wolpe and Lazarus (1966)<sup>2</sup>**, described methods of teaching assertiveness including shaping, auto feedback, modeling and homework assignments are still the foundation of training.

**Lazarus (1973)<sup>2</sup>**, suggested four response categories involved in assertive behavior namely:

- 1) The ability to initiate, continue and successfully terminate conversations.
- 2) The ability to say 'no'.
- 3) The ability to make requests or ask for favors.
- 4) The ability to express positive and negative feelings.

**Salter (1948)<sup>2</sup>**, stated that non-assertive individuals with expressive inhibitions lead unhappy lives. They generally experience a sense of emptiness and a feeling of dissatisfaction. .

According to **RIMM and Masters (1974)<sup>2</sup>**, three additional writers contributed to current assertive training techniques. **One is Moreno (1946)<sup>2</sup>**, the developer of psychodrama, which involved dramatizations of actual attitudes and conflicts of participating patients. **George Kelly (1955)<sup>2</sup>**, who developed fixed role therapy, also contributed to

assertiveness training. He pioneered an approach in which patient and therapist developed a sketch of a fictitious person free of psychological difficulties whose role the client was to assume. This results in actual change of cognition, feelings and behavior.

**Finally, Albert Ellis (1961)<sup>2</sup>**, known for rational emotive therapy, has contributed to assertion training strategies. He instructed his patients in the self-defeating nature of non assertive behavior, then assigned homework to engage in assertive behavior. It helps improve the well being of individuals who are exclusively inhibited. This training also helps in reducing anxiety in a variety of social situations.

Assertiveness training was given to the entry level students to improve their assertive skill among the students in their college life. The students at the entry level are facing problems such as,

- Ragging
- Transition from school life to college life
- Language problem
- Fear of new environment

Due to lack of assertiveness, these are all the factors that influence the first year student behavior. And also researches in this area are scanty and unavailable. Hence the study processed.

### Aim

The study aim at studying the effect of assertiveness training for the entry level Para medical students.

### Objectives

- 1) To asses the assertiveness level of male Para medical students
- 2) To asses the assertiveness level of female Para medical students
- 3) To evaluate the effectiveness of assertiveness training for both Male and Female Para medical students.

### **Alternate Hypothesis**

- 1) There will be significant improvement in assertiveness among entry level paramedical students after providing assertiveness training as occupational therapy.
- 2) There is significant effect only on male students.
- 3) There is significant effect only on female students.

### **Null Hypothesis**

- 1) There will be no significant improvement in assertiveness among entry level paramedical students after providing assertiveness training as occupational therapy.
- 2) There is no significant effect on male students.
- 3) There is no significant effect on female students.

## **2. Review of Literature**

### **Hirsch's, Vcn Rosen berg R, Dhelan C, Dudley HKjr (1978).**

In this study assertion training has demonstrated behavioral gains that increases the tendency of alcoholics to respond to interpersonal situations with assertive rather than drinking behavior of alcoholic who received 10 hours of assertiveness training scored significantly higher than control and minimal training groups on these measures of assertiveness.

### **Jeffrey A. Golman and Paul V olczak, (1980)**

In this study the relationship between psychosocial maturity and assertiveness was investigated in a sample of United States college male and female using psychosocial maturity (PSM), Rathus schedule, Galassi scales for both sexes. This relationship was slightly stronger for males than females. The results obtained for male consist both intimacy and initiative, while in predicting female assertiveness only initiative is involved.

### **Linda Del Greco, Linda Breitbach and Richard H. Mccarthy, (1981)**

The 30 item Rathus Assertiveness schedule was modified for the seventh grade population using the method of peer ratings. Split-half reliability score are of moderate to high is 0.81. The method of peer rating it self attained a moderate to high split-half reliability is 0.95.

### **Miles E. Mcfall, Rochelle, L. wInnett, mak c. Bordewick, Philip H, Bornstein, (1982).**

Male and female subjects, viewing only the non-verbal behavior of high/low male and female models rated model behavior using rathus assertiveness schedule. Results indicated high assertive models were distinguished from low for all dependent measures on the basis of nonverbal uses alone. More over non verbal behavior revealed more information regarding level of assertiveness for male than for female models.

### **Virginia R. Brooks, (1982)**

The study measures of verbal participation and interaction among graduate students provided a comparison of male and female dominance behavior in the class room. Male students were significantly more aggressive and assertive, both in male and female professors class. Where male is more assertive in female professors classes only. In student to student interaction aggressiveness was predominantly

exchanged between sexes rather than among same sex members.

### **Jayne E. Stake, Cathy J. Deville and Christine L. Pennell, (1983)**

Assertiveness training was provided for 148 girls in 10 high schools and home making classes in six senior high schools. Training sessions were done. Significantly changes in performance self-esteem scores were found between pre testing and three months follow up. for the 103 subjects available at follow up; low self esteem showed greater increase than high self esteem subjects, changes in self esteem were related to the girls perception of teacher reactions to their assertive behavior.

### **Mathew M. Clark, John R. Corbisiero, Mary E. Procidano and Saul A Grossman , (1984)**

In this study elderly clients who are untreatable are taken. This study is an example of the potential effectiveness of applying treatment techniques. Nineteen clients aged 50-75 participated in study, either as participants in the assertion training or as members of no-treatment control group. The assertion training consists of 14 semi weekly sessions, with coaching and feedback. Assertive behavior are assessed through self report, Role play and staff ratings of adaptive behavior pre and post test assessment indicated a significant between groups. Results indicate the potential effectiveness of assertiveness training with this population. Post test assessment indicated a significant between group difference in self reported assertiveness –  $t(17) = 2.69$ . Dependent t-test that the experimental group became more assertive –  $t(9) = 2.59$ .

### **Eileen L. Cooley and Stephen Nowicki, JR (1987)**

In this study relationship between locus of control and assertiveness was investigated in college undergraduates. Fifty-five students were administered both the Adult Nowicki-Strickland Internal-External control scale and the Rathus Assertiveness schedule. There was a significant correlation between internality and assertiveness for males but not for females. This discrepancy between the results from males and females.

### **Stephen P. Kilkus RN MSN, (1993)**

The purpose of this descriptive studying was to determine assertiveness levels of a population of professional nurses and to determine assertiveness levels are related to selected demographic factors. The questionnaire consisted of the Rathus Assertiveness schedule and a personal data from the results revealed that this group of nurses was more assertive than any other group of nurses or non-nurses. It appears that the majority of nurses in this study are assertive.

### **Leanne R. Brecklin, Sarah E. Cellman. (2004),**

Self defense classes aim to prevent violence against women by strengthening women's capacity to defend themselves; however, little research has examined the effects of self-defense training on women's attempts to fight back during actual attacks. This study investigated the relationship of self-defense or assertiveness training and women's physical and psychological responses to subsequent rape attacks (N = 1,623). Multivariate analyses showed that victims with pre assault training were more likely to say that their resistance

stopped the offender or made him less aggressive than victims without training. Women with training before their assaults were angrier and less scared during the incident than women without training, consistent with the teachings of self-defense training. Pre assault training participants rated their degree of non consent or resistance as lower than did non participants.

**Owen Richard Lightsey, Jr. Peter W. Barnes, (2007),** Totally 195 African American College Students are taken whether generalized self-efficacy and assertiveness uniquely predicted distress. They are inversely predicted distress. The results suggest that counselors can help reduce African clients. Psychological distress by augmenting their general self-efficacy and assertiveness.

### 3. Methodology

#### Research Approach

Evaluation approach was adopted for this study, since the researcher aimed to assess the effectiveness of assertiveness training to improve assertiveness among entry level Para medical students.

#### Research Design

The present study was two group pre test and post test quasi experimental design

#### Variables Under Study

In this study the independent variable is occupational therapy. The dependant variable is assertiveness.

#### Setting and Duration of Study

The study was conducted at JKKMMRF institutions in Komarapalayam, Namakkal District. JKKMMRF College of Nursing, JKKMMRF College of Pharmacy, JKKMMRF College of Physiotherapy, JKKMMRF College of Occupational therapy

#### Population of the Study

Population of the study consists of the Male and Female students, who has been selected those with moderate level of assertiveness.

#### Criteria for Sample Selection

The sample consists of Male and Female students who are in state of being able to respond to interviews and schedules, age 17-19, and having moderate level of assertiveness, who are derived from above mentioned students at JKKMMRF, Komarapalayam, Namakkal District.

#### Sample Size

The sample size was 60 subjects. 30 subjects in control group, 30 subjects – Experimental group.

#### Sampling Technique

Simple Random sampling procedure was adopted.

#### Measurement Tool

Rathus assertiveness scale

#### Methods of Administration

The Rathus assertiveness scale was developed and standardized in 1973 by Rathus (1973) has been used in the study. The reliability value of the item was 0.81, test-retest reliability was 0.95.

The current study got permission from the principal of JKKMMRF College of Pharmacy, College of Nursing, College of Occupational Therapy, and College of Physiotherapy. Initially the questionnaire was administered to the selected samples. When the samples had any doubt, the evaluator gave the basic interpretation without indicating any direction of desirability. From these, the individuals who have moderate assertive level was selected from this students, using simple random sampling 30 males and 30 females were selected as samples. Out of each group. 15 members have been grouped as control group and 15 members into experimental group. The mean age of the experimental group is 18.23. The mean age of the control group is 18.4. The assertiveness training program was administered to the experimental group. The experimental group members underwent training program for 9 sessions in alternative days. After the training program, the questionnaire was re-administered to the same samples and the scoring was evaluated. The evaluated scoring was statistically analyzed and tabulated.

### 4. Procedure

#### Assertiveness training group

This assertiveness training program consists of nine sessions. The focus of the program is to improve assertiveness. The group takes place in the institution. 30 samples are selected for experimental group and 30 for control group. The selected sample has both male and female students. The members are well motivated to work on their difficulties and all have had experienced a better feed back among the group. All the selected samples had pre and post test which is statistically analyzed and tabulated.

#### Organization of the sessions:

Each group sessions lasts for 45 to 1 hours and adopts the format of,

- Warm – up game
- Theory discussion
- Role play
- Problem – solving discussions
- Feedback
- End game

#### Session – I

Introduction to group members, sharing common problems. Group members are a little nervous and initially reluctant to speak. So they are asked first to introduce themselves among the group members. Warm-up exercises help to break the ice as member discover their concerns and difficulties are similar.

#### Session – II

In this session the group members are taught about the assertiveness. How to be assertive, risk of assertiveness,

benefits of assertiveness and the group members are asked to share their common problems.

**Session – III**

In this session self awareness exercises is used to help the members analyze their own habitual responses to difficult situations such as passive, aggressive or assertive.

- Passive – The individual does not state his feelings or stand up for his rights and usually does not get what he wants.
- Aggression – The individual insists on his rights, let his feelings explode, and gets what he wants by abusing the rights and hurting the feelings of others.
- Assertive – The individual expresses his feelings and request that his rights be honored the behavior encourages mutual respect and open communication.

The group members are asked to write 5 social situations in which they feel unable to make their needs known. The common features in the list are taken and discussed.

**Session – IV**

In this session, the group activity requires the rehearsal and practice of newly learned assertive behaviors through group role playing and trying out new behavior in real situations. Hypothetical situation is presented to act out by the group members. Group discussion is done giving and receiving feed back and finally home work is given.

**Session – V**

Discussion is done regarding home works. Comments are made in the group. Group members are asked to share the common features in their life situation.

**Session – VI**

In this session group discussion is made regarding each situation with regard to what would they typically do? What would be an appropriate assertive response? The evaluator describes the exact words of an assertive response and makes them to practice individually.

**Session – VII**

Hypothetical and real situations are rehearsed and practiced in role playing. Most members have difficulty behaving assertively; group members are encouraged to provide one another emotional support. Reinforcement for the assertive behavior is initially given to the group members to bring the expected results.

**Session – VIII**

This session is provided with feed back obtained from the role playing. The group member shares each other by giving and receiving feedback. By the end of this session each members are identified with same specific assertive behavior. The members in the group have known the difference between assertive and aggressive behavior. The various contexts in which assertive behavior is required is also described.

**Session – IX**

Wind down or end game sessions. At the end of this session the members are allowed to do an activity as the remembrance. After the training program the Ratus

assertiveness schedule of 32 item was re-administered to the selected members and the scorings are statistically analyzed.

**5. Statistical Analysis and Results**

**Table 1:** Comparison of level of assertiveness between experimental and control group in pre test

Test	Group	Mean	SD	t	L.O.S.
Pre test	Control	78.66	60.5	1.52	-
	Experimental	81.93	73.24		

Table I and Graph I shows that there is no significant difference between experimental and control group in pre test.

**Table 2:** Comparison of level of assertiveness between experimental and control group in post test

Test	Group	Mean	SD	t	L.O.S.
Post test	Control	77	61.33	4.10***	0.005
	Experimental	37.46	10.51		

\*\*\* - Significant at 0.005 level

Table II and Graph II shows that there is significant difference in assertiveness level (0.005) between experimental and control group in post test.

**Table 3:** Comparison of level of assertiveness between pre test and post test in experimental group

Group	Test	Mean	SD	T	L.O.S.
Experimental group	Pre test	81.93	73.24	30.13***	0.005
	Post test	37.46	10.51		

\*\*\* - Significant at 0.005 level

Table III and Graph III shows that there is highly significant difference in assertiveness level (0.005) between pre and post test in experimental group.

**Table 4:** Comparison of level of assertiveness between pre and post test in control group

Group	Test	Mean	SD	t	L.O.S.
Control group	Pre test	78.66	60.5	1.14	-
	Post test	77	61.33		

Table IV and Graph IV shows that there is no significant difference in assertiveness level between pre and post test in control group.

**Table 5:** Comparison of level of assertiveness between male and female in pretest experimental group

Test	Group	Sex	Mean	SD	t	L.O.S.
Pre test	Experimental group	Female	83.2	26.30	1.05	-
		Male	80.66	59.68		

Table V and Graph V shows that there is no significant difference in Assertiveness between male and female in pre test experimental group.

**Table 6:** Comparison of level of assertiveness between male and female in post test experimental group

Test	Group	Sex	Mean	SD	t	L.O.S.
Post test	Experimental group	Female	38.46	5.5	2	-
		Male	37.46	8.30		

Table VI and Graph VI shows that there is significant difference that male is more assertive than female in post test experimental group.

**Table 7:** Comparison of level of assertiveness between male and female in pretest control group

Test	Group	Sex	Mean	SD	t	L.O.S.
Pre test	Control group	Female	79.6	76.82	0.63	-
		Male	77.73	44.19		

Table VII and Graph VII shows that there is no significant difference in Assertiveness between male and female in pre test control group.

**Table 8:** Comparison of level of assertiveness between male and female in post test control group

Test	Group	Sex	Mean	SD	t	L.O.S.
Post test	Control group	Female	76.8	61.8	0.14	-
		Male	77.33	60.8		

Table VIII and Graph VIII shows that there is no significant difference in Assertiveness between male and female in post test control group.

## 6. Discussion

This study aims at finding the effectiveness of assertiveness training for entry level paramedical students to improve assertiveness.

Many college students are facing problems during their entry level in college undergraduates. Their level of assertiveness were measured by the Rathus Assertiveness schedule with a reliable and valid scale to measure the level of assertiveness among students. The measures have been calculated and tabulated.

Assertiveness training program was given to improve the assertiveness among the entry level students. The selected samples received 45 to 1 hour training program in alternate days for 1 month.

This intervention was supported by Stephen P. Kilgus RN MSN, (1993)<sup>21</sup>. In this study he suggested that assertiveness training program helps the undergraduate students to improve assertiveness.

't' test and paired 't' test have been calculated for the obtained results. 't' test indicates that unanimity of both the experimental and control group characteristics in the pre test values and significant difference between experimental and control group in the post test values.

There was a significant difference between pre and post test values of control and experimental group. Control group 't' value is 1.14, experimental group 't' value is 30.13 (P > 0.005), this value indicates that there is significant improvement in experimental group after providing assertiveness training. Unidentified factors could have influenced positive group, because of that in the post test assessment the experimental group has shown the improvement in assertiveness. The training program was given only to the experimental group not to the control

group. The experimental group has shown significantly high improvement on the assertiveness level, when compared to control group. Therefore the results are justified. Hence alternate hypothesis 1 is proved.

These scores in pre test for gender based group as well as control versus experimental category, the difference is not very significant, that is the difference between control group and experimental group before therapy as no significant, t = 1.52. The pre test value of male and female also had no significant difference, therefore before therapy both the control and experimental group was in same level of assertiveness.

These scores in post test for gender based group as well as control versus experimental category shows high significant difference, that is 't' value of control and experimental group after training program is 't' = 4.10, (P > 0.005). It also signifies that there is improvement in assertiveness level, providing assertiveness training among students.

These findings are supported by the study of Lees, Crockett M.S, (1994)<sup>16</sup> that the subjects in both groups of pretest were clearly sub assertive. By the end of training the training group scored significantly higher on the rating of assertiveness, over all the result indicates clear support for the effectiveness of assertiveness training for treating sub assertive behavior.

In post test, the value between male and female assertiveness level has less significant difference, that is 't' = 2, the mean value of male 37.46, (SD = 8.30), Female is 38.46, (SD = 5.5) indicates that males are having significant improvement in assertiveness level than females. Hence it shows that assertiveness training program will have significant effect on improving assertiveness for male than female students. Hence alternate hypothesis 2 is proved.

These findings are supported by Eileen C. Cooley and Stephen Nowicki, JR, (1984)<sup>10</sup>, that there was a significant correlation between internalization and assertiveness for males but not for females.

## 7. Conclusion

The result of this study indicates that the assertiveness training program has a significant effect in improvement of assertiveness for the entry level paramedical students.

## 8. Limitation of the Study

- The present study was done to a limited number of students.
- The present study included subjects pertaining to a specific college (JKKMMRF), Komarapalyam, Namakkal-(Dt).

## 9. Recommendation

- The present study can be repeated on a large size of subjects and at different colleges.

- The assertiveness training can be prescribed to all students and those affected by low level assertiveness.
- In this study assertiveness training was used as occupational therapy intervention, the other methods of Occupational Therapy can be used to improve the level of assertiveness for entry level Para medical students.

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