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## EMPOWERING NURSES: A TRAINING PROGRAM FOR ASSERTIVE COMMUNICATION

CHAUHAN J<sup>1</sup>\* AND TIWARI A<sup>2</sup>

1: PhD Scholar, Manikaka Topawala Institute of Nursing, Charotar University of Science and Technology, CHARUSAT Campus, Off. Nadiad-Petlad Highway, Changa-388421, Gujarat, India

2: Associate Professor, PhD in Nursing, Manikaka Topawala Institute of Nursing, Charotar University of Science and Technology, CHARUSAT Campus, Off. Nadiad-Petlad Highway, Changa-388421, Gujarat, India

\*Corresponding Author: Mr. Jamin Chauhan; E Mail: [jaminchauhan.nur@charusat.ac.in](mailto:jaminchauhan.nur@charusat.ac.in)

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### ABSTRACT

**Background:** Considering the minimal knowledge and usage of assertive communication skills among Indian nurses, the researcher felt the need to develop an assertive communication training programme customized especially for Indian nurses according to the healthcare setting, culture, organizational climate in India

**Aim:** In this study, an Assertive Communication Training Programme for Indian Nurses was developed and validated through a round of Delphi Technique.

**Methods:** The CVI scale was used to determine the compliance of six core competencies included in the Assertive Communication Training Programme for Indian Nurses. A total of seventeen experts were recruited for the study and data was collected through Google Forms. A round of Delphi was sufficient to gain consensus among the experts. Data was collected through October and November 2024.

**Results:** The I-CVI score for each item as well the S-CVI score for the entire CVI scale was considered for validation of the training programme. The total S-CVI score for the training programme was 0.99.

**Keywords:** Assertive communication training programme, Delphi technique, nurses, validation

**1. INTRODUCTION:** Assertive communication is the ability to speak and interact in a manner that considers and respects the rights and opinions of others while also standing up for your own rights. Assertive communication skills create opportunities for open discussion with a variety of opinions, needs and choices to be

respectfully heard and considered to achieve a win-win solution to certain problems. It can strengthen relationships, reduce stress from conflict and provides social support when facing grim times. It is also considered to play a vital role in patient safety [1].

The World Health Organization (WHO) has adopted the topic of assertive communication in its 'Multi-professional Patient Safety Curriculum Guide', but not all nurses have the sufficient level of confidence to exercise this important interpersonal skill [2]. The individual's assertive behavior is largely influenced by cultural and social factors. In addition, personality traits have been cited as a possible influential factor, for example, being highly extrovert or very introverted have all been linked to an individual's assertive behavior.

In the context of nursing practice, organizational culture and hierarchy have been factored in as impediments to assertive communication. A positive work environment that adopts a culture of open communication is critical for portraying assertive communication as welcomed, and indeed a sought-after teamwork skill [3].

The nursing syllabi followed in India to produce bachelorette or diploma nurses does not equip them to use assertive communication as a skill at workplace. Several studies conducted in India underline

the need for usage of assertive communication as a skill among the health team members, especially nurses. The researcher identified a need to create a training programme particularly tailored for Indian nurses to equip them to use assertive communication at workplace vis-à-vis hospitals or other clinical areas. The use of assertive communication by Indian nurses would not only make them advocates for their own patients but also serve to increase their self-esteem, their value in the health team and overall improve their personality. Hence, a need to develop and validate an assertive communication training programme catering to the needs of Indian nurses was highlighted by the researcher. The research uses the Delphi technique to establish content validity of the training programme. Delphi is a method for gathering information from respondents in their field of expertise through research surveys. Its goal is to resolve conflicting viewpoints or contentious topics in order to reach an agreement on practical knowledge about a particular subject. It has been widely utilized in the field of medical education to investigate subjects like curriculum creation and clinical procedure development. Delphi is a research survey method that is used to gather information from respondents in their field of expertise. Its goal is to resolve conflicting viewpoints or contentious topics

in order to reach an agreement on practical knowledge about a particular subject. It has been widely utilized in the field of medical education to investigate subjects like curriculum creation and clinical procedure development [4].

**2. Background:** In this study, assertive communication is the ability of staff nurses to speak up for themselves as well as the patient while communicating with health team members in a way that neither violates their own rights nor those of the others. Nurses across the healthcare system need to raise their voice in order to claim their own rights as well as those of their patients. A recent study undertaken by the same researcher among Indian nurses suggests that nurses are unaware about the term ‘assertive communication and are not equipped to use it at workplace. A literature review conducted by Japanese researchers propounded that inability to communicate assertively can result in communication errors related to patient safety. It highlighted the factors affecting lack of assertive communication like hospital policies, communication skills, educational background and fear of incompetence among others, <sup>(1)</sup> which was also indicated by a research conducted among Japanese nurses between October 2016 to January 2017 [5]. The World Health Organization (WHO) has endorsed assertive

communication in its ‘Multi- professional Patient Safety Curriculum Guide’ but has also conceded that not nurses in all countries are encouraged to speak assertively [2]. Assertive communication has also been proved to enhance self-esteem as reported by research conducted in Punjab, India [6]. It emphasizes that self-esteem is significantly and positively correlated with assertive behavior. A study undertaken in Taiwan in 2002 found that assertive training programme can improve assertiveness skills among nurses [7]. In fact, in India a study conducted in Jaipur inferred the benefits of structured teaching programme on assertiveness among B.Sc. Nursing students [8].

Therefore, it seemed imperative for the researcher to develop an assertive communication training programme customized especially for Indian nurses according to the healthcare setting, culture, organizational climate in India and also standardize the programme by validating it from a group of Delphi experts.

### **3. METHODS:**

**3.1. Study Design:** A qualitative approach was undertaken for this research study. The design was deemed as Delphi Technique.

**3.2. Ethical considerations:** Prior to contacting potential participants, ethical

approval for the study was obtained from the university ethics committee.

**3.3. Platform:** The method used was a Delphi technique, where the platform to send the questionnaire to the experts was Google Forms.

#### **3.4. Development of Assertive Communication Training Programme:**

The training programme was developed by collecting qualitative data from nurses through face-to-face interviews. The data elicited the lack of use of assertive communication among Indian nurses and also the factors affecting the use or non-use of assertive communication. The researcher identified key areas to focus upon before using the ADDIE model was used as a background to create the training programme. The training programme focussed on core competencies of assertive communication like identifying situations to display assertive communication, body language, boundary setting and overcoming barriers to demonstrate assertive communication. A scenario-based seven-day (14 hour) training programme was developed which included pretesting and post-test for Indian nurses.

**3.5. Validation of the training programme (CVI scale):** The tool consisted of biographic questions collecting information from the experts like qualification of the expert, experience in

years, designation and affiliation. The second part of the tool consisted of a content validity index scale containing questions related to core competencies addressed in the assertive communication training programme and also a descriptive question related to any suggestions offered by the expert. Inter-expert agreement was examined using the Content Validity Index (CVI), which indicates the percentage of experts who agree on aspects of the training programme when analysed as a whole (S-CVI), and on an individual item basis (I-CVI). Each expert provides a score on a Likert scale ranging from 1 to 4, corresponding to the extent to which they believe the intended construct is relevant to the core competency in question (1=not relevant; 2=somewhat relevant; 3=quite relevant; 4=highly relevant). It was decided that a competency must have a minimum I-CVI of  $\geq 0.78$  to be considered representative and the scale as an entirety should have a S-CVI of  $\geq 0.90$  to be considered relevant which is consistent with the suggestions made by Polit *et al.* [9].

**3.6. Recruitment of experts:** A total of seventeen (17) experts were recruited for the Delphi technique [14]. The experts ranged from Psychiatrists, clinical psychologist, nurses holding a doctorate in mental health nursing, academicians, a soft skill trainer, an English language expert and staff nurses,

who would also validate the programme for face validity. The experts were chosen based on the criterion given by Grant and Davis [10].

Table 1: Experts recruited for the Delphi process

Sr. No.	Experts	Qualification	Designation	Duration of experience
1.	Expert I	PhD in Nursing	Academician	11 years
2.	Expert II	PhD in nursing	Academician	17 years
3.	Expert III	PhD in Nursing	Academician	32 years
4.	Expert IV	B.Sc. Nursing, PGDHHM, PGQMAHO	Staff Nurse	12 years
5.	Expert V	PhD Nursing	Academician	13 years
6.	Expert VI	Master's in clinical psychology	Counselling Psychologist	12 years
7.	Expert VII	PhD in Nursing	Academician	16 years
8.	Expert VIII	PhD Nursing	Academician	13 years
9.	Expert IX	PhD Nursing	Academician	18 years
10.	Expert X	M.Sc. Nursing (mental health nursing)	Personality coach	14 years
11.	Expert XI	PhD in Nursing	Academician	10 years
12.	Expert XII	M.Sc. Nursing	Staff Nurse	2 years
13.	Expert XIII	M.Sc. B.Ed.	Soft skills trainer	15 years
14.	Expert XIV	PhD Nursing	Academician	23 years
15.	Expert XV	M.A. English language literature	Language instructor	2.5 years
16.	Expert XVI	Ph. D Nursing	Academician	14 years
17.	Expert XVII	MD Psychiatry	Academician	41 years

**3.7. Delphi Process:** This study applied Delphi technique to enable specialists to reach a consensus on the relevant competencies required for an Assertive Communication Training Programme. Seventeen (17) experts having expertise in mental health nursing, communication, soft skills training and clinical healthcare expertise were recruited for the validation process. The experts were chosen keeping in mind their experience and expertise. Data was collected in October and November 2024. Data were collected using an online survey platform, Google Forms. The experts were registered on the platform through their email addresses. Initially, the investigator sent an email to the expert together with a letter inviting them to participate in the study and including instructions on how to complete and return the questionnaire. The invitation letter included a link through

which the expert was able to gain access to the informed consent form. After agreeing to the terms of the informed consent form, the expert was then able to access the questionnaire. The experts were given a fifteen (15) day period in which to answer the questionnaire, with reminders being sent periodically. The data received was then analysed through Microsoft Excel spreadsheet. Consensus among the seventeen (17) experts was reached at the end of the first round itself.

**4. Analysis:** The final checklists included 6 items based on core competencies needed for assertive communication. As decided by the researcher, a competency must have a minimum I-CVI of  $\geq 0.78$  to be considered representative and the scale as an entirety should have a S-CVI of  $\geq .90$  to be considered relevant which is consistent with

the suggestions made by Polit *et al.* (IX) According to fourteen experts the first core competency was highly relevant, i.e. nurses would be able to differentiate between, aggressive, passive aggressive and assertive communication through the Assertive Communication Training Programme, whereas three (3) experts deemed it as quite relevant, yielding a I-CVI score of 1.0. The second core competency of developing and practicing assertive communication skills again produced an I-CVI score of 1.0, where in thirteen (13) of the seventeen (17) experts gave an opinion of the skill being highly relevant and three (3) experts having the opinion of it being quite relevant. The third competency, equipping nurses with assertive body language also had a consensus from the experts yielding a score of 1.0. The Assertive Communication Training Programme will equip nurses to establish boundaries with the patients as well the healthcare team also produced a consensus among the experts with all the seventeen (17) experts either scoring fully relevant or quite relevant on the CVI scale. The fourth competency, vis-à-vis the equipping of nurses for advocating patient rights produced a consensus score of 0.94, which meant that one (1) expert opined that this competency was only ‘somewhat relevant’ to the training programme. But because the acceptable I-CVI score decided by the

researcher was  $\geq 0.78$ , this item was also accepted in this study. All seventeen (17) experts also agreed that the training programme would provide nurses with skills that help them overcome barriers to assertive communication. Thus, the overall S-CVI score was calculated to be 0.99, which meant the validation was acceptable to the judges/experts.

#### Formula for calculation of I-CVI and S-CVI

$$I - CVI = \frac{\text{Number of experts assigning score of 3 and 4}}{\text{Total number of experts}}$$

$$S - CVI (\text{Average}) = \frac{\text{Sum of } I - CVI}{\text{Number of items}}$$

**5. DISCUSSION:** The researcher, through this study has developed and validated an Assertive Communication Training Programme, specifically targeting Indian nurses. The validation process was conducted through the Delphi technique, and the principles of validation were in line with guidelines provided by other research and articles [9-11]. There have been several Assertive Communication Training Programs customized for nursing personnel, whether it be students or staff nurses [16]. These programs have had varying degrees of success in improving the assertive communication of the recipients [12]. Programs that are both in-person and multimodal, leader support, collaborative skills training, and suitable techniques are all ways to maximize the efficacy of assertiveness communication training [13].

Since this was a training program especially developed for Indian nurses, the researcher has ensured that the barriers faced by Indian nurses are addressed during the training. The author also asserts that researchers have suggested several advantages to use of assertive communication in the clinical area. Assertive Communication Training Programme was said to equip Indian nurses to advocate for their patients, as well as be an asset to the healthcare team [12]. Furthermore, it will also enhance the self-esteem of nurses as discussed by Awate MS, Rukuman DJR [15].

**6. Conflict of Interest:** There is no conflict of interest.

**7. Funding:** This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

**8. Ethical Clearance:** All procedures were performed in compliance with relevant laws and institutional guidelines and have been approved by the appropriate institutional committee(s). The ethical clearance was obtained from the Institutional Ethics Committee-Charotar University of Science and Technology vide letter no. CHA/IEC/ADM/24/07/1394.

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## 9. REFERENCES:

- [1] Okuyama, A., Wagner, C. & Bijnen, B. Speaking up for patient safety by hospital-based health care professionals: a literature review. *BMC Health Serv Res* [Internet]. 2014; Available from: <https://doi.org/10.1186/1472-6963-14-61>.
- [2] WHO. Patient Safety Curriculum Guide. Multi Prof. WHO, editor. WHO; 2011.
- [3] Mansour M, Jamama A, Al-Madani M, Mattukoyya R, Al-Anati A. Reconciling Assertive Communication Skills with Undergraduate Nursing Education: Qualitative Perspectives from British and Saudi Newly Graduated Nurses. *Health Professions Education*. 2020;6(2):176–186.
- [4] Chuenjitwongsa, S. (n.d.). Conduct a Delphi Study. *Cardiff.ac.uk*. Retrieved September 12, 2024, [//www.cardiff.ac.uk/\\_data/assets/pdf\\_file/0010/1164961/how\\_to\\_conduct\\_a\\_delphistudy.pdf](http://www.cardiff.ac.uk/_data/assets/pdf_file/0010/1164961/how_to_conduct_a_delphistudy.pdf)
- [5] Omura M, Stone TE, Maguire J, Levett-Jones T. Exploring Japanese nurses' perceptions of the relevance and use of assertive communication in healthcare: A qualitative study informed by the Theory of Planned Behavior. *Nurse Education Today*. 2018;67:100–107.

- [6] Maheshwari SK, Kaur, Kanwaljit G. Correlation of Assertive Behavior with Communication Satisfaction among Nurses. *Journal of Health, Medicine and Nursing*. 2015;14(2002):68–77.
- [7] Lin YR, Shiah IS, Chang YC, Lai TJ, Wang KY, Chou KR. Evaluation of an assertiveness training program on nursing and medical students' assertiveness, self-esteem, and interpersonal communication satisfaction. *Nurse Education Today*. 2004; 24(8): 656–665.
- [8] Kumar P, Yadav DY. Effectiveness of structured teaching programme on knowledge regarding assertive communication and it's benefits in nurse patient relationship among b.sc nursing students in selected nursing colleges at Jaipur. *International Journal of Applied Research* [Internet]. 2020;6(9). Available from: <http://dx.doi.org/10.22271/allresearch.2020.v6.i9a.7060>
- [9] Polit, D. F., Beck, C. T., & Owen, S. V. (2007). Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Research in Nursing & Health*, 30(4), 459–467. <https://doi.org/10.1002/nur.20199>.
- [10] Grant, J. S., & Davis, L. L. (1997). Selection and use of content experts for instrument development. *Research in Nursing & Health*, 20(3), 269–274. [https://doi.org/10.1002/\(sici\)1098-240x\(199706\)20:3<269:aid-nur9>3.0.co;2-g](https://doi.org/10.1002/(sici)1098-240x(199706)20:3<269:aid-nur9>3.0.co;2-g)
- [11] Lynn, M. R. (1986). Determination and quantification of content validity. *Nursing Research*, 35(6), 382–386. <https://doi.org/10.1097/00006199-198611000-00017>
- [12] Omura M, Levett-Jones T, Stone TE. Evaluating the impact of an assertiveness communication training programme for Japanese nursing students: A quasi-experimental study. *Nursing Open*. 2018; 0 0 :1–10. <https://doi.org/10.1002/nop2.228>.
- [13] Omura, Mieko, Maguire, Jane, Levett-Jones, Tracy, Stone, Teresa Elizabeth, The effectiveness of assertiveness communication training programs for healthcare professionals and students: A systematic review. *International Journal of Nursing Studies* <http://dx.doi.org/10.1016/j.ijnurstu.2017.09.001>.
- [14] Kaur D, Thapar K, Kaur N. International Journal of Scientific Research A Study to Assess the Effectiveness of Assertiveness Training on Level of Assertiveness Among Staff Nurses Working in Tertiary Care Hospital, Ludhiana, Punjab. Dilpreet

- Kaur Ms. Kanika Mrs. Navneet Kaur. International Journal of Scientific Research. 2018;7(4):41–42.
- [15] Awate MS, Rukuman DJR. Evaluate The Effectiveness of Assertiveness Training Module on Assertive Behavior, Self Esteem and Interpersonal Communication Satisfaction Among Nurses Working in Selected Hospitals: A Pilot Study. The Research Reservoir [Internet]. 2021;7(1). Available From: [Http://Dx.Doi.Org/10.47211/Trr.2021.V07i01.009](http://Dx.Doi.Org/10.47211/Trr.2021.V07i01.009)
- [16] Omura M, Levett-Jones T, Stone TE. Evaluating the impact of an assertiveness communication training programme for Japanese nursing students: A quasi-experimental study. Nursing Open. 2018; 0 0 :1–10. <https://doi.org/10.1002/nop2.228>.