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Investigation of Self-Esteem and Assertiveness Levels among Emergency Healthcare Personnel

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Abstract

Objective: It has been determined that self-esteem and assertiveness level of the individual significantly affect his/her environment. In this study, our goal is to determine the self-esteem and assertiveness levels of healthcare personnel in Emergency Department.

Methods: Our study is a prospective analytical observational study. The study population included nurses, emergency medicine residents, specialists and faculty member working in the Emergency Department. The three-part questionnaire form consists of 54 questions. Data were collected using a personal information form containing socio-demographic characteristics (14 questions), the Rosenberg Self-Esteem Scale (RSES) form (10 questions) and the Rathus Assertiveness Schedule (RAS) (30 questions).

Results: 217 participants were included. The median of RSES scores of the individuals was found to be 31 (10-40) and the median RAS of 20 (-42-69). Most of the participants did not receive any training on self-esteem or assertiveness (79.3% and 88%, respectively). Majority of participants stated that they did not have difficulty expressing themselves. RSES scores of those who stated they needed self-esteem training were found to be lower ($p < 0.001$). RAS scores of those who needed assertiveness training were found to be lower than those who did not, and this difference was statistically significant ($p < 0.001$).

Conclusion: Self-esteem and assertiveness levels of the healthcare professionals working in the emergency department are high. Although individuals' education about self-esteem or assertiveness does not change their self-esteem and assertiveness, those with low self-esteem and assertiveness feel a need for these issues.

Key words: Self-Esteem, Assertiveness, Emergency Medicine

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Introduction

Self-esteem positively affects the therapeutic communication of healthcare professionals with patients and helps them cope with crises (1-3). A high level of self-esteem reduces individuals' anxiety levels and the number of negative consequences caused by stress (3). Also, healthcare personnel with low self-esteem may display negative behaviors and attitudes in the workplace in addition to other negative consequences of low levels of self-esteem (2,3).

Assertiveness can be defined as confidence, effective self-assertion, behaving appropriately and being firm in a positive manner (4). Assertive people are easy to communicate with and do not ignore the rights of others while defending their own (5,6).

The goal of this study is to determine and compare the self-esteem and assertiveness levels of the emergency medicine residents, specialists and nurses. To the best of our knowledge this topic has not been investigated in the literature.

Methods

Our study is a prospective analytical observational study. The local ethics committee approval was obtained for this study (Date 4 June 2020). It was conducted between 10 and 30 June 2020 in Ankara City Hospital which is an urban hospital that has 450.000 emergency department visits per year.

Study Population

The study population consisted of nurses, emergency medicine residents, emergency medicine specialists and faculty members working at the Emergency Department. Inclusion criteria: to work at emergency department as health care personnel. Exclusion criteria: not willing to participate in the survey. There were 65 residents, 24 specialist, 18 faculty members, 247 nurses in the department at the time**.**

Data Collection

A three-part questionnaire form consisting of 54 questions was used. Data were collected using a personal information form aimed at obtaining data regarding the socio-demographic characteristics of the participants (14 questions), the Rosenberg Self-Esteem Scale (RSES) (10 questions) and the Rathus Assertiveness Scale (RAS) (30 questions). The scales were applied to participants online via Google Forms. The personal information form consisted of questions designed to obtain information about the participants' demographic characteristics (i.e. age, gender, marital status, number of children, parents' living status and opinions on their income levels); the nature of their work (i.e. position in the institution, period of professional experience); self-esteem levels; history of participation in any training on assertiveness and self-esteem and opinions on assertiveness and self-esteem.

RSES and RAS scores

The RSES is used to measure individuals' self-esteem levels and reflect their views on their worth as a person. It consists of 10 statements, of which 5 are positive and 5 are negative. The total score can be between 10 and 40. The higher the mean score, the higher is the self-esteem. RAS is a scale that consists of 30 6-point Likert-type items and consists of 13 positive and 17 negative statements. A score between −90 and +10 indicates timid behavior, while a score between +10 and +90 indicates assertive behavior.

Statistical analysis

The analysis of the data obtained was conducted using IBM SPSS16.0 (Chicago, IL, USA) statistical software. Whether the distribution of discrete and continuous numerical variables is suitable for normal distribution was investigated using the Kolmogorov–Smirnov test. Because the data did not conform to the normal distribution, they were presented as the median and the minimum/maximum and categorical variables as the number of cases and (%). Categorical variables were evaluated using Chi-square and continuous variables with Mann–Whitney U and Kruskal–Wallis tests. The Cronbach's α internal consistency score was calculated as 0.866 for RSES and 0.871 for RAS. With $p < 0.05$, the findings were considered statistically significant.

Results

350 healthcare personnel work at the Emergency Clinic of Ankara City Hospital. Of these, 128 did not want to participate in the study, and 5 could not be included in the study because they were on annual leave or sick leave; thus, the study was conducted with 217 people. Demographic characteristics of the participants are as followed: 51.6% (n=112) of the participants were male. 28.1% (n=61) of participants were between ages 18-24, 53% (n=115) were between 25-34 and 41% (n=41) of them were 35 and above. Regarding job status 24.4% (n=53) of the participants were emergency medicine residents, 7.8% (n=17) were emergency medicine specialists, 7.4% (n= 16) were faculty members and 60.4% (n=131) were nurse or paramedics. 67.7% (n=147) of the participants had 0-5 years of work experience, 14.7% (n=32) had 6-10 years, 10.6% (n=23) had 11-

15 years and 6.9% (n=15) had over 15 years of work experience. 42.4% (n=92) of the participants were married and rest of them were single. 71% (n=154) of the participants had no children, 13.8% (n=30) had 1 child, 15.2% (n=33) had 2 or more children. 91.2% (n=198) of the participants' both parents were alive. 8.8% (n=19) had at least one parent deceased. 66.8% (n=145) of the participants had positive opinions on their income where 33.2% (n=72) had negative opinions.

The mean RSES score of the participants was found to be 31 (10–40), and the mean RAS score was found to be 20 (−42–69). The data on whether the participants received any training on self-esteem and assertiveness and whether they feel the need to receive training on these issues are presented in Table 1.

Table 1: Self-esteem and assertiveness training and feeling of need

	n	%
Receiving training on self-esteem		
Never	172	79.3
Once and/or more	45	20.7
Feeling the need to receive training on self-esteem		
Yes	54	24.9
No	78	35.9
Sometimes	85	39.2
Receiving training on assertiveness		
Never	191	88
Once and/or more	26	12
Feeling the need to receive training on assertiveness		
Yes	65	30
No	77	35.5
Sometimes	75	34.6
Difficulty expressing oneself around colleagues		
Yes	10	4.6
No	121	55.8
Sometimes	86	39.6

No difference was found between the participants' RSES scores by age, gender, position, the period of professional experience, parents' living status and income levels ($p > 0.05$ for all values). However, a difference was found in the self-esteem levels of the participants in terms of their marital status. RSES scores of married people were found to be higher, and this difference was statistically significant ($p = 0.024$) (Table 2). As for the RAS scores, no difference was found between the participants' scores by age, gender, position, the period of professional experience, parents' living status, participants' opinions on their income levels and marital status ($p > 0.05$ for all values) (Table 2).

It was found that the mean RSES and RAS scores of the participants who stated that they do not have difficulty expressing themselves around colleagues are higher than of those who stated that they do, and these differences were statistically significant ($p < 0.001$ for both values) (Table 2).

When the relationship between receiving training on self-esteem and the RSES scores of the

the RAS scores of the participants was examined, it was found that the difference between the RAS scores of those who received training on assertiveness and those who did not ($p = 0.067$) was not statistically significant. (Table 3)

Table 2. Comparison of the self-esteem and assertiveness scores of the participants

	Rosenberg Self-Esteem Scale score	p	Rathus Assertiveness Scale score	p
Age				
18–24	31 (20–40)	0.518	23 (−26–61)	0.748
25–34	31 (10–40)		18 (−42–69)	
35 and above	31 (23–40)		12 (−14–57)	
Gender				
Male	31 (10–40)	0.907	18 (−42–67)	0.336
Female	31 (13–40)		21 (−30–69)	
Task				
Emergency medicine assistant	31 (22–40)	0.443	20 (−42–62)	0.506
Emergency medicine specialist	31 (24–40)		33 (−13–69)	
Clinical educator	31 (26–40)		11 (−14–41)	
Nurse/paramedic	31 (10–40)		20 (−31–67)	
Period of experience				
0–5 years	31 (10–40)	0.670	21 (−42–69)	0.718
6–10 years	31 (13–39)		19 (−30–62)	
11–15 years	32 (23–40)		17 (−14–64)	
Over 15 years	31 (26–35)		15 (−13–37)	
Marital status				
Married	31 (23–40)	0.024	20.5 (−28–69)	0.659
Single	30 (10–40)		20 (−42–67)	
Number of children				
No children	31 (10–40)	0.531	20 (−42–69)	0.938
1 child	31 (25–40)		21.5 (−14–64)	
2 children or more	31 (23–40)		17 (−21–56)	
Parents' living status				
Both Alive	31 (10–40)	0.082	20.5 (−42–69)	0.875
One or both Deceased	33 (23–40)		13 (−14–61)	
Opinions on Income Level				
Positive	31 (20–40)	0.165	21 (−42–64)	0.162
Negative	30 (10–40)		12.5 (−31–62)	
Difficulty expressing oneself around colleagues				
Yes	25 (13–31)	<0.001	−10.5 (−30–26)	<0.001
No	32 (10–40)		29 (−23–69)	
Sometimes	30 (20–40)		10.5 (−42–61)	

Table 3: Comparison of scale scores with receiving self-esteem and assertiveness training and feeling the need to receive such training

	Rosenberg Self-Esteem Scale score	p		Rathus Assertiveness Scale score	p
Receiving training on self-esteem			**Receiving training on assertiveness**		
Never	31 (10–40)	0.378	Never	18 (−42-69)	0.67
Once and/or more	31 (22–40)		Once and/or more	22 (−23-61)	
Feeling the need to receive self-esteem training			**Feeling the need to receive assertiveness training**		
Yes	29 (13–40)	<0.001	Yes	8 (−31–67)	<0.001 *
No	33 (10–40)	*	No	34 (−23–69)	
Sometimes	30 (21–40)		Sometimes	17 (−42–52)	

* Statistically significant differences were found between all patient groups in terms of values in posthoc tests.
* After Bonferroni correction, a new p-value was accepted as 0.016]

When the relationship between participants feeling the need to receive self-esteem training and RSES scores was evaluated, it was found that the RSES scores of those who felt the need for such training were lower than those who did not, and this difference was statistically significant ($p<0.001$) (Table 3). Similarly, when the relationship between participants feeling the need to receive assertiveness training and RAS scores was evaluated, it was found that the RAS scores of those who felt the need for such training were lower than those who did not, and this difference was statistically significant ($p < 0.001$) (Table 3).

Discussion

Healthcare personnel who have self-esteem and are assertive establish better communication with patients and other people, cope with the crises that occur in their work lives more easily, say no when necessary and feel more satisfied with their jobs and the quality of the health services they provide.

The majority of the participants in our study did not attend a self-esteem training programme and majority of the participants declared a need for training on self-esteem. (Only 35.9% of participants declared they did not need training; the rest of the participants expressed a needed for training) Likewise most of the participants stated they had no training on assertiveness and majority of them stated the needed a training about assertiveness. (Only 35.5% of participants declared they did not need training and the rest declared a need for training) It was observed that the participants have not attended any training on self-esteem and assertiveness neither as students nor as part of their professional lives and that healthcare personnel either always or sometimes feel the need to receive training on this issue. It is predicted that training programs will positively affect the self-esteem and assertiveness levels of healthcare personnel (6-10).

Half of the participants in our study described themselves as assertive. The mean RAS score of the participants was found to be 20, which is close to the minimum score needed to classify participants as assertive. This can be interpreted as participants being aware of their own assertiveness levels. Küçük et al.found that 68.6% of the participants in the study conducted with nursing students stated that they are assertive. These findings in the literature are similar to the findings of our study (11).

55.8% of the participants said that they do not experience any difficulty in engaging in communication with their colleagues. The findings of the studies in the literature show that assertive individuals express themselves more easily (2, 7, 12-14). This finding is supported by the RAS scores of the participants, which indicate that they are assertive.

The mean RAS score of the participants is 20 (min. −42, max. 69), which indicates that the participants are assertive. Kahriman found the mean assertiveness score of health college students to be 20.90 ± 25.00 (5). These study results support the findings of the present study.

The mean self-esteem and assertiveness scores of the participants do not differ significantly by age. The difference between other studies findings and our findings can be explained by the age range of the participants being narrow in our study (11, 15).

The mean self-esteem and assertiveness scores of the participants do not differ significantly by gender. The desired result in our study was similar or equal self-esteem and assertiveness levels between males and females. The fact that the self-esteem levels of males and females are high and similar is a positive indicator for emergency healthcare personnel.

The self-esteem and assertiveness scores of the participants do not differ significantly by the period of professional experience ($p > 0.05$). In our study, a decrease was observed in the assertiveness scores of the participants as the period of professional experience increased. A significant difference was not found because the average age of participants is low and similar.

Self-esteem can be positively or negatively affected by the developments that occur in people's lives (2, 3). Self-esteem is not an innate and unchanging phenomenon (10). In literature, the self-esteem levels of healthcare personnel can be strengthened while they are students by adding appropriate courses and training programs to their curriculum (16). In our study, no difference was found between the RSES scores of those who received training on self-esteem and those who did not. 79.3% of the participants stated that they did not attend such training, and 20.7% stated that they attended such training once or twice only. The rate of participation in such training programs is low among the participants and those who participated at all did so only once or twice therefore receiving training did not affect the self-esteem levels of emergency healthcare personnel in our study.

The RSES scores of the participants who feel the need to participate in self-esteem training were lower, and the difference was statistically significant. Those with low self-esteem scores are eager to receive training on self-esteem.

Several studies have shown that individuals with passive (timid) behavior became assertive after receiving assertiveness training (6-8, 17). These findings in the literature show that the quality of assertiveness can be improved with training. However, our findings suggest no significant difference between the RAS scores of those who received assertiveness training and those who did not. This is because most of the participants who received assertiveness training stated that they attended such training only once or twice, and we think that this little amount of training did not have an influence on the participants of this study.

The mean RAS score of those who felt the need to receive assertiveness training was 8 (min. −31, max. 67), of those who stated that they sometimes feel the

need to participate in such training was 17 (min. −42, max. 52) and of those who did not feel the need to participate in such training was 34 (min −23, max 69). There is a statistically significant difference between the groups in terms of RAS scores ($p < 0.001$). This finding suggests that the participants are aware of their level of assertiveness. Training programs should be organized especially for those who do not feel assertive enough.

In our study we found that those who do not have difficulty expressing themselves exhibit more assertive behavior than others (4, 5, 13, 18, 19). It is easier for assertive people to say no, to make requests more confidently, to express their positive and negative feelings more comfortably and to initiate interpersonal communication more easily (7, 8). These findings in the literature support the findings of our study.

It was stated in relevant studies that as the self-esteem levels of healthcare personnel increase their levels of assertiveness increase. Further, as their levels of assertiveness increase, their levels of self-esteem increase (2, 5, 7, 16).

Limitations

The limitations of our study are as follows: our study is conducted in a single center and this limits the generalizability of our results, we have only included health care personnel that works in emergency department and cannot compare our findings with personnel that works in other departments.

Conclusion

In this study, we determined that the self-esteem and assertiveness levels of healthcare personnel working in the Emergency Clinic. We found that emergency department personnel had high levels of self-esteem and assertiveness and also married emergency healthcare personnel have higher levels of self-esteem.

Emergency healthcare personnel should be tested for self-esteem and assertiveness at regular intervals, and supportive training should be provided as needed.

Ethics Committee Approval: Ethics committee approval was received for this study from Ankara City Hospital Clinical Research Ethics Committee (4 June 2020).
Peer-review: Externally peer-reviewed.
Author Contributions:
Concept: GKC, GPG, CY, SG *Design:* GKC, GPG, CY, SG; *Literature Search:* GKC, GPG, ÇY, SG; *Data Collection and/or Processing* -GKÇ, GPG, ÇY, SG; *Analysis and/or Interpretation* - GKC, GPG, CY, SG; Writing - GKC, GPG, CY, SG.
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