

ASSERTIVE COMMUNICATION

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ABSTRACT

Communication is a dynamic, two-way circular process in which all types of information are shared between two or more people and their environment. Communication is the most powerful tool a psychiatric nurse can have. It is the basic component of therapeutic nurse-client relationship and the medium through which nursing process occurs. Nurse assumes many roles during therapeutic communication with clients, such as the professional role and model role.

KEYWORDS: Assertive Communication Psychiatric Nurse, Professional Role and Model Role, Therapeutic Nurse-client Relationship and the Medium Through which Nursing Process Occurs

INTRODUCTION

Assertiveness

It includes expressing one's feelings, needs and ideas and standing up for one's rights, while considering the rights of others.

Aggressiveness

Aggressiveness can be described as expressing one's feelings, needs and expense of another person. Assertiveness behaviours is reactionary and impulsive behaviour that often results in breaking households rules or the law. Aggressive behaviour is violent and unpredictable (Baylon). Aggression behaviour can be either physical or verbal behavior that accidently causes harm or pain is not aggression. Property damage and other destructive behaviour may fall under the definition of aggression (Steadman).

Passiveness

Passiveness can be described as lack of expressing proper feelings and needs of another person. Passive behaviour is apparently compliant behaviour, with intrinsic obstructive or stubborn qualities, to cover deeply felt aggressive feelings that cannot be more directly expressed (Steadman).

Assertive Communication

Assertive communication is the straightforward and open expression of one's needs, desires, thoughts and feelings. It is the ability to express positive and negative ideas and feelings in an open, honest and direct way. It recognizes our rights whilst still respecting the rights of others. It allows us to take responsibility for ourselves and our actions without judging or blaming other people. It allows us to constructively confront and find a mutually satisfying solution where conflict exists.

Assertiveness

Assertiveness can be viewed on as a continuum. A leader's behaviour may be classified as non-assertive, assertive or aggressive. An important aspect of assertiveness is maintenance of both one's own integrity and the integrity of the other person. Assertive persons establish close relationships, protect themselves from being used by others, make their own life decisions and choices, identify and meet many of their own life decisions and choices, identify and meet many of their interpersonal needs and express positive and negative feelings both verbally and non-verbally. Assertive persons generally feel good about themselves and others.

Non-Assertiveness

Non-assertiveness can be described as denying one's own feelings, needs and ideas, ignoring one's own rights or permitting others to infringe on one's rights. Non-assertive persons to put themselves down and let others make choices and decisions for them. People who are non-assertive usually behave in this way to avoid conflict, however, they usually end up being angry – with others and with themselves.

ASSERTIVE RIGHTS AND RESPONSIBILITIES

Rights	Responsibilities
To be treated with respect	To treat others in a way that recognizes their human dignity
To express feelings, opinions and beliefs	To accept ownership of our feelings and solve respect our own
To make mistake	To accept responsibility for own mistakes and try to correct them
To say "no"	Others also have the right to say "no"
To make mistakes	To listen to others
To be listened	To listen to others
To change your mind	To accept the possible consequences that the change may incur, to accept the same flexibility in others
To ask for what you want	To accept others 'right to refuse your request'
To put yourself first sometime	To put others first, sometimes
To set your own priorities	To consider one's limitations as well as strengths in directing independent activities
To refuse justification for own feelings or behavior	To accept others without requiring justifications

On a personal level, a nurse leader or manager can use assertiveness to manage stress, achieve a positive self image and improve professional productivity and job satisfaction.

Characteristic of Assertive People

- They feel free to express their feelings, thought and desires.
- They know their own rights and rights of others. They have control over their anger. It doesn't mean that they repress this feeling. It means that they control it for a moment and then self talk about it later in a logical way.
- They have a good understanding of feelings of the person they are communicating with.

BEHAVIOURAL COMPONENTS OF ASSERTIVE COMMUNICATION

Assertive

Stand up for own rights and respect those of others. Users expressive, directive, self-enhancing speech choose

appropriate words and actions.

Aggressive

Stands up for own rights but abuse those of others. Speaks in demanding or attacking manner. Fails to monitor or control words or actions.

Passive

Does not stand up for own rights and accepts the domination and bullying of others. Performs unwanted tasks and feels victimized.

Example of Assertive Behavior

“I” messages (eg: I need, I feel, I will). Eye contact (eg: looking directly into the eyes of the person while making or refusing a request).

Congruent verbal and facial expressions (eg: making of the spoken message): a serious message accompanied by laughter could negate the credibility of the message.

Characteristics of Assertive Communication

There are six main characteristics of assertive communication.

A useful mnemonic to teach assertive communication skills is the word “SOFTEN”

S – Smile

O – Open posture

F – Forward Lean

T – Touch

E – Eye contact

N – Nod

Smile

The significance of a smile can be emphasized by suggesting that just as group members feel fragile in social interactions so too, but to a lesser and more manageable extent, do members of the general public. Consequently all people are seeking approval in interactions. The most common and useful vehicle for conveying approval is a smile or nod. Those who rarely smile or give others positive feedback by nodding are likely to be avoided.

Open Posture

To illustrate the role of posture, the co-leader adopts three postures in turn while the therapist talks to him/her.

- Head down, shoulders dropped
- Sitting back with arms folded
- Leaning forward, making eye contact but pulling each finger in turn.

The group is then asked message the co-leader was sending out at each of the three stages. The correct responses are obviously depression/sadness, aloofness and anxiety. Group members are then asked their likely response to each of the three signals. Typically the response these signals evoke is withdrawn.

Touch

Touching and moving closer to someone are powerful vehicle for signaling increasing intimacy. However to use such strategies if there is any doubt about the recipients positive regard is likely to have precisely the opposite effect to the one intended. Moving closer than three feet is usually taken to a signal a close personal relationship. To move within three feet of a relative stranger or someone with whom there is a formal relationship may be resented as an invasion of personal space. At the other extreme, moving beyond six feet usually effectively sabotages.

PERSONAL DISCUSSIONS

Forward Lean

A forward lean in discussion when seated is usually taken by the recipient as indicating a particular interest in what is being said:

E – Eye Contact

Failure to make adequate eye contact is usually the social skill deficit that people notice most readily in the socially unskilled. As a general rule the socially skilled person might make eye contact about 90 percent of the time when speaking and 60 percent of the time when listening. Many socially anxious clients seen unaware in others, yet an appreciation of this is often a precondition for rectifying the deficit. This lack of awareness reflect the socially anxious clients pre occupational with their own internal dialogue.

Voice

A level, well modulated tone is more convincing and acceptable and is not intimidating.

Five ways of Assertive Communication

There are five ways for the nurse to act assertively:

Basic Assertion

It is a simple statement of one's feelings, needs ideas. For this, no special communications skills are necessary. Basic assertion could be a simple "yes" or "no". in response to a request from a patient, the nurse could say. "I will consider your request and let you know tomorrow".

Empathetic Assertion

It is the second type of assertive behavior. When using empathetic assertion, the leader first gives recognition to the other persons feelings or situation and then makes a statement about his or her own position. A nurse might say to the patient, when they have not quite completed a task but their work time is over. "I know you would really like to finish this today, but we cannot afford to give you over time pay, so you will have to stop. We can finish it tomorrow.

Escalating Assertion

The third type of assertive behavior is escalating assertion. Escalating is used when the other person fails to

respond. It involves making successive assertive statements that gradually become more and more firm. The sentence may also become shorter and more blunt.

An example for basic assertion, an empathetic assertion and basic assertion.

Patient: I need someone to help me fix the work schedule for this week end

Nurse: would you please get someone else to help you? I need to finish my requirements.

Patient: everybody else is busy

Nurse: I know you need help, but I can't do it right now

Patient: come on we can do it fast together

Nurse: no, ask someone else.

When using escalating assertion, it must be remembered that end point must come.

Confrontive Assertion

The fourth type of assertiveness is confrontive association. When a person's words contradictions his or her actions, confrontive assertion may be used. The nurse describes objectively what the other person agreed to do, what actually was done and then what the nurse wants.

For example

You told me that you would have that audit done on Friday. It is now Monday, and its not done. I expect you to have it completed before you leave tomorrow.

Language Assertion

Language assertion is the fifth type of assertive behavior. The nurse makes a four part statement that includes, when you do, the effect on me are, I feel, I would prefer.

The purpose of this type of assertion is for the person to state his or her own feelings and expectations. It is often used when the leader feels hurt or irritated; if a member of the group consistently comes late to staff meetings.

It is not always necessary or appropriate to use the "I feel" and "I would prefer" parts of the assertion. When they are not used, this is similar to a basic situation, which may lead to the other person identifying a solution to the problem or to both persons solving problems together.

Techniques of Assertive Communication

There are six technique of assertive communication.

Behavior Rehearsal

Which is literally practicing how you want to look and sound. It is a very useful technique when you first want to use"

I, statement as it helps dissipate any emotion associated with an experience and allows you to accurately identify the behavior you wish to confront.

Repeated Assertion

This technique allows you to feel comfortable by ignoring manipulative verbal side traps, argumentative waiting and irrelevant logic while sticking to your point. To must effectively use this technique use calm repetition, and say what you want and stay focused on the issue. We will find that there is no need to rehearse this technique and no need to “hype yourself up” to deal with others.

Example

“I would like to show you of our products”

“no thank you, I’m not interested”

“I really have a great range to offer you”

“That may be true, but I’m not interested at the moment”

“Is there someone else here who would be interested?”

Fogging

This technique allows you to receive criticism comfortably, without getting anxious or defensive, agree that there may be some truth to what they say, but remain the judge of your choice of action. An example of this could be, “I agree that there are probably times when, don’t give you answers to your questions”.

Negative Enquiry

This technique seeks out criticism about yourself in close relationships by prompting the expression of honest, negative feelings to improve communication. To use if effectively you need to listen for clinical comments, clarify your understanding of those criticisms, use the information if it will be helpful or ignore the information if it is manipulative. An example of this technique would be, “so you think believe that I am not interested?”.

Negative Assertion

This technique lets you look more comfortably at negative in your own behavior or personality without feeling defense or anxious, this also reuses your critics positively. You should accept your errors or faults, but should not apologise. Instead, tentatively and sympathetically agree with hostile criticism of your negative qualities. An example would be, “Yes, You are right. I don’t always listen closely to what you have to say”.

Workable Compromise

When you feel that your self-respect is not in question, consider a workable compromise with the other person. We can always bargain for your material goals unless the compromise affects your personal feelings of self – respect. There can be no compromise. An example of this technique would be, “ I understand that you have a need to talk and, need to finish what I’m doing. So what about.

Advantage of Assertive Communication

- It helps us feel good about ourselves and others
- It lead to the development of mutual respect with others

- It increase our self-esteem
- It helps us achieve our goals
- It minimize hurting and alleviating other people
- It protects us from being taken advantage of by other
- It enables us to make decisions and free choice of life
- It enables us to express both verbally and non verbally

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