

Research Article

Enhancing Knowledge on Assertive Communication: Evaluating the Impact of a Tutelage Program for Staff Nurses in a Selected Hospital, Trichy

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A B S T R A C T

Introduction: Assertive communication is a vital interpersonal skill that enables individuals to express their thoughts, feelings, and needs in an open, honest, and respectful way. Unlike passive or aggressive communication styles, assertiveness fosters mutual respect and understanding, reducing the potential for conflict and promoting healthier relationships both personally and professionally.

AIM: The study aimed to review the outcomes of a tutelage programme designed to increase staff nurses' knowledge of assertive communication, at a selected hospital in Trichy.

Objective: The purpose of the study was to evaluate the knowledge before and after the test levels of staff nurses on assertive communication, to determine the impact of the tutelage programme in enhancing their knowledge, and to explore the relationship between a few chosen sociodemographic factors and the post-test knowledge.

Research Method: A pre-experimental research design with a single group, utilising both pre-test and post-test assessments, was used. Using non-probability purposive sampling approaches, 40 samples were chosen. Self-designed knowledge questionnaires were employed to evaluate the level of knowledge before and after the intervention."

Results: The mean score of the pre-test was 7.7 with a standard deviation of 2.96, while the mean score of the post-test was 23.5 with a standard deviation of 2.77, resulting in a mean difference of 15.8 and standard error of 0.64, according to the study's findings. At $p < 0.05$, the t value of 24.6 indicates high significance.

Conclusion: The study concluded that the tutelage programme effectively enhanced the knowledge of staff nurses.

Keywords: Assertive Communication, Tutelage Programme, Staff Nurses

Introduction

“Assertiveness is not about attacking or dismissing others’ feelings; it’s about standing up for yourself in a fair and respectful way.” – Albert Ellis

Assertiveness is an instrument for expressing confidence and a way of saying ‘yes’ or ‘no’ in a suitable way. We are consciously working towards a “win-win” solution to problem¹.

Communication is a continuous, dynamic process that involves several people. It is a circular process that shows a continuous flow of information. In essence, there is a sender, a message, and a recipient. Concepts are created by the sender, encoded into the proper format (data, numbers and graphics), and then sent to the receiver via the right medium (voice, email, or phone). After understanding the message, the recipient decodes it and then encrypts it to provide feedback to the sender. The procedure goes on. The different kinds of communication processes are categorised using a number of variables, including the communication channels used, the relationships between the communicators, and their communication styles. One kind of this contact is therapeutic communication.²

Communication is usually two-way. It involves more than just speaking to someone; it also requires that the other person comprehend what is being said. When the act of delivering a message or supplying information is received, comprehended, and returned by the recipient with the anticipated response from the sender, the communication process is deemed complete. As a result, communication involves several people. A study conducted by Press Ganey claims that the NPR bond significantly affects patient satisfaction and sets the tone for the care experience. Nurses spend most of their time with patients. Patients form impressions about the institution based on their observations of nurses interacting with other members of the care team.³

Effective communication is essential in healthcare settings, where clear and respectful interaction among staff can significantly impact patient care and workplace harmony. Assertive communication enables nurses to express their ideas, concerns, and needs confidently while maintaining respect for others, which can improve teamwork, reduce conflicts, and enhance job satisfaction. Despite its importance, many staff nurses may lack formal training in assertive communication techniques.⁴⁻⁵

This study aims to enhance knowledge of assertive communication among staff nurses through a structured tutelage programme in a selected hospital in Trichy. The purpose of the study is to evaluate the effectiveness of this educational intervention in improving nurses’ assertive communication skills, thereby contributing to better

interpersonal interactions and professional performance within the hospital environment.

Need For The Study

Assertiveness and nursing are closely interconnected. An assertive nurse demonstrates behaviours rooted in principles like responsibility, fairness, respect, and duty. Assertiveness is not about self-interest but about advocating for clients’ rights, promoting fairness and equality in the workplace, and enhancing the effectiveness and efficiency of nursing practice. Being assertive is also a key strategy for fostering teamwork among nurses in the profession.⁴⁻⁵

Hadavi (2018) observed assertive behaviour among the nurses at a nearby Iranian hospital. 141 individuals in this study filled out the questionnaires completely and sent them back. The majority of them were married (82.3%) and female (67.4%). The ages varied between 18 and 52, with an average of 31.49 ± 7.3 . Of these, just 21.3% were assertive, with the remainings 78.7% being either indifferent (14.9%), apprehensive (32.6%), or unassertive (31.2%). The hospital nursing staff is not very brave. As a result, educational initiatives are required to support their assertiveness and communication abilities. Nurse-patient interactions, the standard of care, and patient outcomes can all be enhanced by raising nurses’ awareness of and proficiency in assertiveness and communication techniques.⁶

Ideally, this training should be given to nurses while they are in school, and instructors are essential to the creation and effective execution of assertiveness training programmes for nursing undergraduates.⁷

The scope of the study is limited to a selected hospital, staff nurses who have earned a degree, and data collection conducted over a period of four weeks.”

Research Techniques

Methodology

This study employed a quantitative research methodology to objectively measure the impact of a tutelage programme on staff nurses’ knowledge of assertive communication.

Ethical Approval:

Ethical approval for the study titled “Enhancing Knowledge on Assertive Communication: Evaluating the Impact of a Tutelage Program for Staff Nurses in a Selected Hospital, Trichy” was obtained from the Institutional Ethics Committee of the concerned institution prior to the commencement of the study. Permission to conduct the research was also secured from the hospital authorities. The study was conducted in accordance with ethical principles for research involving human participants. Written informed consent was obtained from all staff nurses after explaining the purpose and procedures of the study. Participation

was voluntary, and participants were informed of their right to withdraw from the study at any stage without any consequences. Confidentiality and anonymity of the participants were strictly maintained, and the data collected were used solely for academic and research purposes.

Design

A single-group pre-test and post-test design was utilised. This design involved assessing the participants' knowledge before and after the intervention to determine the effectiveness of the tutelage programme.

Variables

- Independent Variable: The independent variable in this study was the tutelage programme on assertive communication delivered to the staff nurses.
- Outcome (Dependent) Variable: The outcome variable was the level of knowledge about assertive communication among the staff nurses, measured before and after the intervention.

Study Area

The study was conducted at SRM Medical College Hospital & Research Centre (SRMMCH&RC), Trichy. The researcher selected all staff nurses working in this hospital as the study population.

Study Duration: 2 months

- Sample: The sample consisted of all staff nurses available at SRMMCH&RC during the study period.
- Sample Size: The total sample size included forty (40) staff nurses.
- Sampling method: A non-probability purposive sampling technique was employed to select participants. This method involves deliberately selecting individuals who meet specific criteria relevant to the research objectives—in this case, staff nurses currently working at SRMMCH&RC and involved in direct patient care. The purposive sampling was chosen to ensure that the participants had the necessary background and experience to benefit from the assertive communication tutelage programme and to provide relevant data for evaluating its impact.

Tools

Part I (A): Demographic variable

Part I (B): Structured knowledge questionnaire

Part II: Tutelage PROGRAMME

Part I A) Section A- Social profile data

It encompasses age, gender, family type, and monthly income. Any training for assertiveness and performance of ward activities.

B) Section B – Staff nurses' level of understanding of assertive communication using a self-designed knowledge survey

A total of 30 multiple-choice questions designed to gauge staff nurses' understanding of the training curriculum on assertive communication. Every right response was worth one mark, while every incorrect response was worth zero. This section was given a total score of thirty marks.

Part II: Tutelage Programme

Information retrieval

The study was conducted at the SRMMCH& RC Trichy, and subjects were chosen by non-probability purposive sampling. A total of forty staff nurses were chosen for the study. Oral acknowledgement was provided to the researcher by the women who participated in the study. Knowledge was assessed with the help of a self-designed knowledge questionnaire. Afterwards, the samples underwent a tutelage programme that taught them assertive communication techniques for staff nurses. Seven days after the pre-test, the post-test was administered, exploiting an identical self-designed knowledge questionnaire.

Result And Discussion

The demographic characteristics of the staff nurses were analysed using frequency and percentage distribution and are presented in Table 1. The findings show that the majority of the participants (95%) were in the age group of 21–30 years, while only 5% belonged to the 31–40 years age group. All participants were female. Most of the staff nurses (73%) belonged to nuclear families, followed by joint families (27%).

With regard to monthly income, a majority (72%) earned between Rs. 10,001 and 20,000, whereas 13% earned Rs. 5,000–10,000. In terms of place of domicile, most participants (62%) resided in rural areas, followed by urban (25%) and suburban areas (13%).

Regarding birth order, half of the participants (50%) were second-born children, while 43% were first-born. With respect to prior assertiveness training, 62% of staff nurses reported that they had not undergone any training. The performance of ward activities was rated as good by 65% of participants, very good by 10%, and excellent by 25%, as shown in Table 1.

The distribution of staff nurses' pre-test knowledge regarding assertive communication is presented in Table 2. The findings reveal that the majority of staff nurses (90%) had inadequate knowledge, while 10% demonstrated a moderate level of knowledge. None of the participants exhibited adequate knowledge during the pre-test assessment.

The graphical representation of pre-test knowledge distribution is depicted in Figure 1, which clearly illustrates the predominance of inadequate knowledge among staff nurses prior to the intervention.

Following the tutelage programme, a marked improvement in knowledge levels was observed. The post-test knowledge distribution is illustrated in Figure 2, which shows that the majority of staff nurses achieved adequate knowledge after the intervention.

Section-III

The effectiveness of the tutelage programme was assessed by comparing pre-test and post-test knowledge scores, as presented in Table 3. The mean pre-test knowledge score was 7.7 ± 2.96 , which increased significantly to a post-test mean score of 23.5 ± 2.77 . The calculated mean difference was 15.8, with a standard error of 0.64.

The obtained t-value of 24.6 was found to be statistically highly significant at $p < 0.05$, indicating that the tutelage programme was effective in improving staff nurses' knowledge of assertive communication (Table 3).

The association between post-test knowledge levels and selected sociodemographic variables is presented in Table 4. The chi-square analysis revealed that there was no statistically significant association between post-test knowledge levels and variables such as age, gender, family type, income, place of domicile, order of sibling, and previous training in assertiveness ($p > 0.05$).

However, a statistically significant association was observed between post-test knowledge levels and performance of ward activities ($\chi^2 = 40.42$, $p < 0.05$), indicating that better ward performance was associated with higher levels of assertive communication knowledge, as shown in Table 4.

Table 1. In order to analyse the staff nurses' demographic factors, occurrence and percentage distribution were used

S.no	Background Variables	Occurance	Percentage
1	Age		
	a) 21-30	38	95%
	b) 31-40	2	5%
	c) 41-50	0	0%
	d) Above 51	0	0%
2	Gender		
	a) Male	0	0%
	b) Female	40	0%
3	Family Type		
	a. Nuclear	29	73%
	b. Joint	11	27%
	c. Extended	0	0%
4	Income month		
	a. 5000 - 10000	5	13%
	b. Rs. 10001 – 20000	29	72%
	c. Rs. 20001 – 40000	4	10%
	d. Rs, 40000 above	2	5%
5	Place of domiciliary		
	a. Urban	10	25%
	b. Rural CC	25	62%
	c. Sub-urban	5	13%

6	Order of sibling in the family		
	a. First	17	43%
	b. Second	20	50%
	c. Others (specify)	3	7%
7	Have you undergone any training for assertiveness		
	a. Yes	15	38%
	b. No.	25	62%
8	Performance of ward activities		
	a) Poor	0	0%
	b) Good	26	65%
	c) Very Good	4	10%
	d) Excellent	10	25%

Table 2. Staff nurses' pre-test knowledge of assertive communication, including frequency and percentage distribution

S.NO	Scoring Interpretation	Pretest	
		N	%
1	Adequate Knowledge	0	0%
2	Moderate	4	10%
3	Inadequate	36	90%

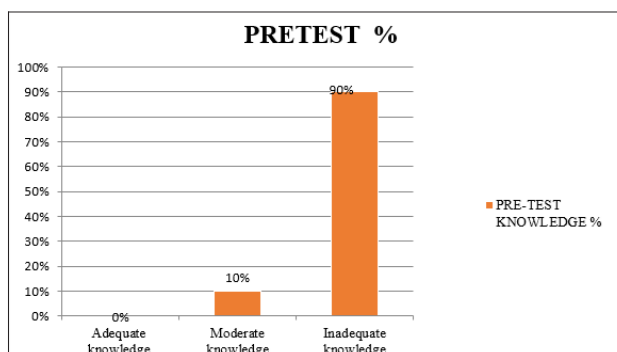


Figure 1. Indicates that staff nurses' pre-test knowledge of assertive communication was distributed

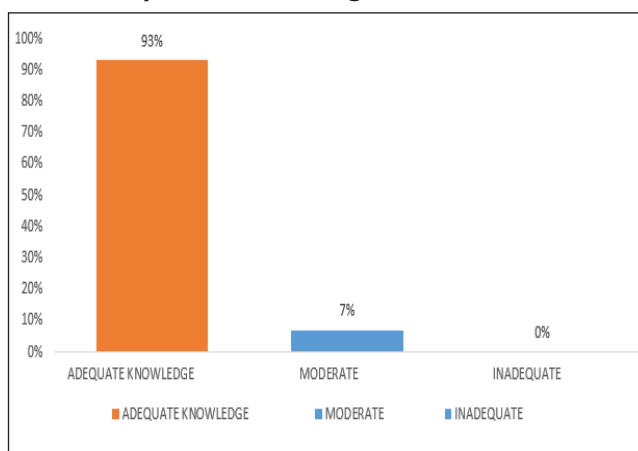


Figure 2. Distribution of after scores and percentages for staff nurses' understanding of assertive communication

Table 3. Assessing the impact of the tutelage programme on 'staff nurses' knowledge of assertive communication

Knowledge	Before test		After test		Mean difference	Standard error	T Value
	Mean	Standard deviation	Mean	Standard deviation			
	7.7	2.96	23.5	2.77	15.8	0.64	24.6** HS

Table 4. Estimate the Level of post test knowledge and the selected sociodemographic variable

S.NO	Sociodemographic factors	Adequate	Moderate	Inadequate	Chi-square value	P value
1	Age				0.0085 df:6	1.000 NS
	a) 21-30 years	35	3	0		
	b) 31-40 years	2	0	0		
	c) 41-50 years	0	0	0		
	d) Above 51 years	0	0	0		
2	Gender				2.775 df:2	0.2497 NS
	a) Male	0	0	0		
	b) Female	37	3	0		
3	Family Type				1.23 df:4	0.8731 NS
	a. Nuclear family	26	3	0		
	b. Multi generation	11	0	0		
	c. Extended	0	0	0		
4	Income per month				7.34 df:6	0.2905 NS
	a. Rs. 5000 - 10000	4	1	0		
	b. Rs. 10001 – 20000	28	1	0		
	c. Rs. 20001 – 40000	4	0	0		
	d. Rs, 40000 above	1	1	0		
5	Place of domiciliary				0.51 df:4	0.9725 NS
	a. Urban	9	1	0		
	b. Rural CC	23	2	0		
	c. Sub-urban	5	0	0		
6	Order of sibling in the family				4.38 df:4	0.3570 NS
	a. First	14	3	0		
	b. Second	20	0	0		
	c. Others (specify)	3	0	0		
7	Have you undergone any training for assertiveness				0.024 df:2	0.9881 NS
	a. Yes	14	1	0		
	b. No	23	2	0		

8	Performance of ward activities				40.42 df:6	0.0001 **S
	a) Poor	0	0	0		
	b) Good	24	2	0		
	c) Very Good	4	0	0		
	d) Excellent	9	1	0		

Discussion

The first objective of the present study was to evaluate the staff nurses' knowledge of assertive communication before and after the tutelage programme. In the pre-test, the majority of participants (90%) demonstrated inadequate knowledge, with none exhibiting adequate understanding. Following the intervention, a substantial improvement was observed, with 93% of staff nurses attaining adequate knowledge levels. This finding is consistent with previous studies, which have reported significant improvements in nurses' assertiveness and communication skills after structured educational interventions.³⁻⁵

Regarding the second objective, the statistical analysis revealed a significant improvement in knowledge scores after the implementation of the tutelage programme, with a mean difference of 15.8 and a calculated t-value of 24.6 at $p < 0.05$. These findings support the effectiveness of the tutelage programme in enhancing assertive communication knowledge among staff nurses. Similar results have been reported in earlier studies, which demonstrated that assertiveness training programmes significantly improved communication competencies and professional confidence among nursing personnel.^{3, 5}

The third objective explored the association between post-test knowledge levels and selected sociodemographic variables. The analysis revealed a statistically significant association only between the performance of ward activities and post-test knowledge levels, while variables such as age, gender, family type, income, order of siblings, place of residence, and prior training in assertiveness showed no significant association. These findings are in partial agreement with previous research, which indicated that practical exposure and clinical performance play a crucial role in reinforcing communication skills, whereas demographic variables exert minimal influence.^{6, 7}

In summary, the findings of the present study corroborate existing evidence supporting the effectiveness of educational interventions in improving assertive communication among nurses. The results further emphasise the importance of practical clinical experience in consolidating knowledge gained through training programmes. Future research may focus on assessing long-term retention of assertiveness

skills and evaluating their impact on patient care outcomes and professional nursing practice.

Conclusion

The research findings reveal a notable variation in knowledge levels before and after the test knowledge levels, with a t-value of 24.6. The tutoring programme was a great way to learn more about assertive communication within staff nurses. Therefore, it was concluded that the tutelage programme successfully improved the knowledge of staff nurses.

Conflict of Interest: None

Source of Funding: None

Author's Contribution: K C.- conceived and designed the study, developed the research tool and tutelage programme, collected the data, performed data analysis, and prepared the initial draft of the manuscript. D K.- provided guidance in the study design, supervised the implementation of the intervention, and contributed to data interpretation and critical revision of the manuscript. S S- offered overall supervision of the research, reviewed the methodology and ethical aspects, and critically evaluated and finalised the manuscript for publication. All authors read and approved the final version of the manuscript.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process: None

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