

Assertiveness And Emotional Intelligence Training Programmes As Strategies For Enhancing Nurses' Work Attitude In Ogun State, Nigeria

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Abstract: This study investigated the effectiveness of assertiveness and emotional intelligence training programmes as strategies for enhancing work attitude of nurses. The study also investigated whether self-efficacy would moderate the effects of treatment on the criterion variable. Experimental design was employed in the study. The population consisted of all the nurses in five (5) State Hospitals in Ogun State Nigeria. Stratified random sampling technique was used to select one hundred and eight (108). Two validated instruments – Nurses Work Attitude Inventory and Self-Efficacy Scale were employed to elicit responses from the participants. Results revealed, level of self-efficacy had effect on work attitude of participants. The findings demonstrated that the treatment packages could be used as veritable tools in equipping nurses with necessary skills that can enhance good work attitude. The implications of this research suggest that medical education curriculum planners, government health management board and personnel/industrial psychologists are expected to incorporate the contents of assertiveness and emotional intelligence skills into their training programmes. Understanding how assertiveness and emotional intelligence skill training programmes influence attitudes, feelings and behaviours can help practitioners to provide the best quality of services for their clients.

Keywords: Assertiveness, Emotional Intelligence, Nurses, Self-Efficacy, Work Attitude,

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I. INTRODUCTION

Many patients in Nigeria are experiencing poor health care services which threaten the citizens' wellbeing and health which are important for the country to get the best out of her population [1] (Orabuchi, 2005). Nurses in both public and private institutions are involved in perceived improper work attitude. [2] - [3] (Thomson, 2007; Adetoyeje, Bashir, Oyeyemi & Ibrahim, 2008). A large number of nurses who performed unsatisfactorily and exhibiting negative attitudes in hospitals had been a kind of enigma to numerous patients, health administrators and employers; both at federal and state government levels [1] (Orabuchi, 2005). Not only that, it had prevented many patients from appreciating some nurses who are kind, polite, devoted and dedicated to their duties, but had also discouraged them from seeking medical attention in hospitals.

The negative attitude of many nurses had contributed to quite a number of health, social, economic and societal problems including patients getting discouraged from coming freely to seek healthcare in the public health institutions. Many patients would prefer to suffer in silence than going to public hospitals and be insulted by nurses. They also prefer consulting private clinics where there are inadequate facilities for proper diagnosis and treatment [4], [5] & [6] (Chung, Chan, Yeung, Wan & Ho, 2003; McKinlay & Cowan, 2003; Adepoju, Watkins & Richardson, 2007). Negative attitudes and reluctance to provide care result in a poorer quality care. Also, nurses' negative attitude has led to permanent disability or even death of patients in some cases. Even some patients who go to public health institutions keep their problems to themselves, and hide their true feelings for fear of insult or hostile treatment from the nurses [5], [2] & [3] (McKinlay & Cowan, 2003; Thomson, 2007; Adetoyeje, Bashir, Oyeyemi & Ibrahim, 2008).

Recently, The Nursing and Midwifery Council of Nigerian, Federal and State governments, Health Administrators, Hospital Management Boards and notable individuals have expressed concern about the factors which led to decline in the work attitude among Nigerian nurses. [7], [8], [9] & [10] (Decree No. 54 of 1988 and 2001; Adetoyeje, 2006; Ukah-Ogbonna, 2010). These factors have not only been identified but health administrators have been actively engaged in seeking clearer understanding of the issues involved and in some cases proffered viable remedies. [9] – [10] (Adetoyeje, 2006; Ukah-Ogbonna, 2010)

It has been discovered in previous studies that nurses work attitude is complex and difficult to determine and that nurses characteristics, hospital, family, society and government also affect nurses work attitude [9] - [11]. (Adetoyeje, 2006; Pickles, King & Belan, 2009). [12] Lee and Akhta (2007) opined that external factors and interaction with other people in emotionally charged situations exert influence on nurses work attitude.

[13] Noak (1995) opines that a good nurse-patient relationship enables the nurse to become an advocate of the patient, and allows the nurse to get to know the patient well thus developing empathy. He also maintains that a good relationship assists the patient to become engaged with and committed to therapy, and provides interpersonal continuity and stability. He therefore appears to see the nurse-patient relationship as having a restorative or re-parenting function, as well as a means by which patients ambivalent about treatment may be engaged with the process using the leverage that a relationship supplies.

The success of any business depends on maintaining a positive attitude with business associates, customers, clients, and employees. In achieving this, [14] DeSantis, (1998) postulates seven ways of demonstrating a positive attitude at work by being

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|------------------|--------------------|---------------|----------------|
| a. Conscientious | b. Respectful | c. Honest | d. Cooperative |
| e. Flexible | f. Offer Solutions | g. Work Hard. | |

The nursing profession demands that the nurse, in the process of care, has to interact with the patients, the medical fraternity and the health care workers constantly. Hence, "Nurse-Patient Interaction" is the pulse of the nursing practice. This interaction is not just conversation. It is a complex process that involves nurse perception, understanding of the patient emotions and utilization of the perceptions to manage patient situations towards the goal of effective patient care. (American Society of Registered Nurses, 2007) (ASRN.ORG).

Emotional intelligence is the ability to perceive emotions, to access and generate emotions in order to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions, so as to promote emotional and intellectual growth [15] (Freedman & Everett, 2004). It is also necessary for Nurses learn how to view and understand people's behaviour, attitudes, interpersonal skills and potential. Individuals who have these characteristics are said to be "emotionally intelligent" [16] (Chacko, Raju, Singh, et al, 2007). Emotional intelligence (EI) can be summarized as the ability to understand and recognize emotional states and to use that understanding to manage one's self and other individuals or teams [17] – [18] (Montes-Berges & Augusto, 2007; Naidoo & Pau, 2008).

The concept of emotional intelligence has grown in popularity among nurses over the last two decades, generating interest both at a social and a professional level [19] (Dawn and Stickley, 2004). Today, patient care not only includes quality medical care but also a care concept that encompasses respecting patients' goals, preferences and choices, obliging their emotional, social and spiritual needs using the strengths of interdisciplinary resources. Many patients suffer only when they do not receive adequate care for the symptoms accompanying their serious illness.

Thus, care cannot be confined to the physical ailment but also the psychological and spiritual needs. Hence, the role of Emotional Intelligence in the nursing profession should be viewed in two dimensions:

1. The Nurse's perception and understanding of the patient's emotions, and
2. The Nurse's utilization of these perceptions to achieve the goal of managing complex situations towards quality patient care.

Nurses should develop skills to assess patient's responses to the illness. This requires active self-introspection of the events, assessment of the events, psychological understanding of the patients and above all a genuine concern for the sick. The perception cannot be universal in the sense that every patient differs and has different attitudes on various issues of life and has varied levels of understanding and withstanding capabilities. [20] Akindele-Oscar (2006) describes every human being as an emotional being. He went further to state that emotions are energies that are created within our bodies in response to physical experiences we have and thoughts we think. Emotions are human beings' warning systems as to what is really going on around them. They are our most reliable indicators of how things are going in our lives [21] (Akinboye, 2003).

[22] Sudha (2005) opines that being assertive is less about being confident and more about valuing oneself and one's profession. He mentions that as a nurse, being assertive can lead to more respect and recognition, and can get one more of what one wants. Assertiveness is an antidote to fear, shyness, passivity, and even anger. As nurses work in different situations, they have to be assertive in order to meet the challenges and to win the cooperation from others. Assertiveness enhances nurses' ability to express feelings, opinions, beliefs, and needs directly, openly and honestly, while not violating the personal rights of the patients. It is important for nurses to understand the difference between assertiveness (expressing oneself confidently) rather than forcing one's ideas on others (being passive) or intimidating them (being aggressive). Assertiveness does not, in any way, mean being aggressive. Aggressive behaviour is self-enhancing at the expense of others and it does not take other individuals' rights into consideration [22] (Sudha, 2005).

Nurses in the process of care, interact with patients, the medical fraternity and other health care workers constantly. However, "Nurse-Patient Interaction" is the pulse of the nursing practice. This interaction is not just conversation it is a complex process that involves nurses trying to study or understand patients' emotions in an effort to manage them such that they get over their health problems as soon as possible (American Society of Registered Nurses (ASRN ORG., 2007).

Today, patients care does not only include quality medical attention but also a care concept that encompasses respecting patients' goals, preferences and choices, providing their emotional, social and spiritual needs using the strengths of interdisciplinary resources. Many patients suffer a lot when they do not receive adequate care for the symptoms accompanying their serious illness [19] (Dawn &Stickley, 2004). Care cannot be confined to the physical ailment but also involves psychological and spiritual needs [23] (Muetzel, 1988). The advantage to patients of feeling cared for can be demonstrated in physical behaviour, attentiveness, and the time that nurses give to meeting their needs. The quality of care may be enhanced when nurses can engage with patients, detect and act on cues, anticipate needs and wishes, and respond accordingly to address physical, psychological and spiritual aspects of care.

II. OBJECTIVES OF THE STUDY

The objectives of the study were to investigate the relative effectiveness of Assertiveness and Emotional Intelligence Training Programmes in enhancing nurses' work attitude. To investigate if Self-Efficacy will moderate the causal effects of the intervention programme skill training on the criterion measure.

III. STATEMENT OF THE PROBLEM

Health administrators and patients often complain about the negative attitude and poor level of assertiveness and lack of emotional intelligence of nurses in public hospitals. These have led to many patients opting for quacks, faith clinics and traditional healers thus jeopardizing the National Health Policy of the nation. Not only that, it may have damaging effect on patients' relatives and loved ones who are psychologically injured when their loved one is sick or dies. Therefore, this study was interested in determining the effects of assertiveness and emotional intelligence training programmes on work attitude of nurses in public State health hospitals in Ogun State, Nigeria.

IV. STATEMENT OF HYPOTHESES

The following hypotheses were generated for the study and tested for significance at 0.05 level

H₀₁. There is no significant difference in the effect of self-efficacy on the effectiveness of the Assertiveness and Emotional Intelligence in enhancing nurses' work attitude.

H₀₂. There is no significant self-efficacy difference in nurses' work attitude.

H₀₃. There is no significant difference in the effect of self-efficacy on the effectiveness of the two treatments in enhancing nurses' work attitude.

V. METHODOLOGY

The study adopted experimental design using a factorial design. This is because of the fact that this experimental design accomplished in one experiment what otherwise might require two or more separate studies. Apart from this fact, the design provides an opportunity to study the interactive effects of the moderating variables. This variable exist at two levels' treatment (Assertiveness and Emotional intelligence) and self-efficacy at 2 levels (High and Low)

The population of the study consisted of the entire nurses working in State Hospitals in Ogun State, Nigeria. There are five (5) State Hospitals in Ogun State. These are Ijebu-Ode State Hospital, Ijebu-Ode; Ishara State Hospital, Ishara, Remo; Ijaiye State Hospital SokenuIjaiye, Abeokuta; Ilaro State Hospital, Ilaro and Ota State Hospital, Ota.

VI. DATA ANALYSIS

Hypothesis One

Table 1.1: *Estimates of Effect of Assertiveness, Emotional Intelligence and Interpersonal Skills Training Programmes in Enhancing Nurses' Work Attitude*

Treatment group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Assertiveness	101.421 ^a	1.503	98.436	104.405
Emotional intelligence	98.773 ^a	1.258	96.275	101.270

a. Covariates appearing in the model are evaluated at the following values: PRETEST ATTITUDE = 90.8333.

The results in Table 1.1 revealed that participants in the assertiveness group had a mean score of 101.421 and standard error of 1.503. In the emotional intelligence group, the mean score was 98.773 and the standard error was 1.258.

The results in Table 1 revealed that there was no significant difference in the effect of assertiveness and emotional intelligence training programmes in enhancing nurses' work attitude ($F_{(2,95)} = .913$; $p > 0.05$). In effect the null hypothesis was therefore accepted by this finding. The implication of this finding is that nurses' work attitude would not differ with regards to the treatment given to them.

Hypothesis Two

H₀₂: There is no significant Self-efficacy difference in the Nurses' Work Attitude

Table 1.2: Estimates of Self-Efficacy on Nurses' Work Attitude

Self efficacy	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Low	98.214 ^a	1.389	95.457	100.970
High	101.802 ^a	.878	100.060	103.545

a. Covariates appearing in the model are evaluated at the following values: PRETEST ATTITUDE = 90.8333. The results in Table 1.2 indicated that participants with Low Self-Efficacy had a mean Work Attitude score of 98.214 and a Standard Error of 1.389 while participants with High Self-efficacy had a mean score of 101.802 and a Standard Error of .878. To determine if these mean scores are significantly different, an Analysis of Covariance was conducted. Results are as presented in Table 1.3

Table 1.3: Univariate Test of Self-Efficacy on Nurses' Work Attitude

	Sum of Squares	Df	Mean Square	F	Sig.
Contrast	211.667	1	211.667	4.568	.035
Error	4401.630	95	46.333		

The F tests the effect of SELF-EFFICACY. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

The results in Table 1.3 revealed that there was a significant effect of Self-Efficacy ($F_{(1,95)} = 4.568$; $p < 0.05$) on Nurses' Work Attitude. The null hypothesis which stated that there is no significant Self-Efficacy difference in Nurses' Work Attitude was rejected by this finding. The implication of this result is that participants with Low and High Self-Efficacy will significantly differ in their Work Attitude. However, to determine the direction of the difference, a pairwise comparison was carried out using the Least Squared Difference. The results are presented in Table 1.4.

Table 1.4: Pairwise Comparison of Self-Efficacy on Nurses' Work Attitude

(I) Self-Efficacy	(j) Self-Efficacy	Mean Difference (I-J)	Std. Error	Sig. ^a	95% Confidence Interval for Difference ^a	
					Lower Bound	Upper Bound
Low	High	-3.589*	1.679	.035	-6.922	-.255
High	Low	3.589*	1.679	.035	.255	6.922

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

The results in Table 1.4 revealed that there was a significant difference in the Work Attitude of Nurses with Low Self-efficacy and High Self-efficacy (MD = -3.589; Std error = 1.679; $p < 0.05$) in favour of those with High Self-Efficacy. In effect, Self-Efficacy would significantly affect the Work Attitude of Nurses.

Hypothesis Three

Table 1.5: Estimates of the Interaction Effect of Treatment and Self-Efficacy in Enhancing Nurses' Work Attitude

Treatment group	Self efficacy	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Assertiveness	Low	102.502 ^a	2.665	97.212	107.792

	High	100.340 ^a	1.451	97.460	103.220
Emotional intelligence	Low	97.791 ^a	2.025	93.770	101.811
	High	99.755 ^a	1.522	96.733	102.776

a. Covariates appearing in the model are evaluated at the following values: PRETEST ATTITUDE = 90.8333.

The results in Table 1.5 revealed that there was a significant two-way interaction effects of Treatment and Self-Efficacy ($F_{(2,95)} = 5.706$; $p < 0.05$) on Nurses' Work Attitude. Therefore, the null hypothesis which stated that there is no significant difference in the effect of Self-Efficacy on the effectiveness of the two treatments in enhancing Nurses' Work Attitude was rejected by this finding.

The implication of the results is that Self-Efficacy would interact significantly with treatment to affect the Work Attitude of participants. This was revealed in the results in Table 1.5 which showed that participants with Low Self-Efficacy in the Assertiveness group had a mean score of 102.502 and a Standard Error of 2.665 compared with those in the Emotional Intelligence group who had a mean score of 97.791 and a Standard Error of 2.025.

Also, participants with High Self-Efficacy in the in the Assertiveness group had a mean score of 100.340 and a Standard Error of 1.451 compared with those in the Emotional Intelligence group who had a mean score of 99.755 and a Standard Error of 1.522.

VII. DISCUSSION OF FINDINGS

The first hypothesis stated that there is no significant difference in the effectiveness of assertiveness and emotional intelligence training programmes in enhancing nurses' work attitude. This hypothesis was upheld by the findings of the study. It was found that all the treatment packages, that is, Assertiveness and Emotional Intelligence Training did not significantly differ in their impact on participants work attitude. This was reflected in the increase in the post-test work attitude scores of the participants across the two groups. Therefore, by the findings of this study, the null hypothesis was therefore accepted. This means that all the two training packages were equally effective in enhancing nurses' work attitude. This result corroborated earlier studies that trained participants were superior in assertiveness and emotional intelligence than their untrained counterparts [24], [22], [12] & [25] (Adenuga, 2004; Akindele-Oscar, 2006; Lee & Akhata 2007; Abar, Carter & Winsler, 2008; & Azeez, 2012).

The advantages of this result is that the training packages provided the much needed guide in the choice of best training strategy to use when it comes to helping nurses to improve on their work attitude so as to enhance their performances on the job. Many earlier studies have reported that training has a major impact on attitudes (McNally & Lukens, 2006). This finding indicates practical solution to the persistent poor health services of public nurses which suffered criticisms from the masses in the recent times.

Hypothesis two stated that there is no significant self-efficacy difference in nurses work attitude. Therefore, by the findings of this study, the null hypothesis was rejected. This means that the study revealed that there was a significant difference in the effect of self-efficacy on nurses work attitude. Studies have shown that personal estimates of self-efficacy are really a form of meta-cognition or self-awareness (Klassen, 2002); and self-efficacy is closely bound up with an individual's capacity to identify the causes of his or her successes and failure (attribution style). This finding is well expected as the self-efficacy level of individuals had been found to have positive influence on their behaviour especially in accomplishing a task (Adeyemo, 2001; Ogunyemi, 2005; Akindele-Oscar, 2006).

This finding confirms the earlier findings which have shown that human behaviour can be influenced by self-efficacy (Maitland, 1997; & Iro-Idoro, 2010). It can be deduced that self-efficacy beliefs play a key role in setting the course of intellectual development and operate as an important contributor of behaviour change, which influence individuals' thinking faculty. These judgments influence how individual think, motivate themselves and act (Bandura, 1995; Adenuga & Ayodele, 2009).

The third Hypothesis stated that there is no significant difference in the effect of self-efficacy on effectiveness of the two treatments in enhancing nurses work attitude. The findings of this study did not supported this hypothesis. Therefore, by the findings of this study, the null hypothesis was rejected. This means that in the 2-way interaction there was significant difference in the effect of self-efficacy in the effectiveness of the two treatments in enhancing nurses work attitude. The finding tallied with the result of earlier studies of Maitland (1997); Morúa & Lopez, (2005); Bandura, (2008) and Azeez & Adenuga (2009) who found that employees who report perceptions of personal efficacy cope better when faced with change; they resist the acceptance of negative feedback. They persist at performing tasks longer, even in the face of adversity; function optimally in the areas of motivation, affect, thought and have the capabilities to learn and perform behaviours at designated levels.

VIII. CONCLUSION AND RECOMMENDATIONS

This study has provided meaningful insight and direction into the comparative effectiveness of assertiveness, emotional intelligence and interpersonal skills training programmes in enhancing nurses' work attitude in State Hospitals in Ogun State, Nigeria. It has also shown that all the three techniques are equally potent in enhancing nurses' work attitude.

- ❖ Understanding how assertiveness and emotional intelligence training programmes influence attitudes, feelings and behaviours can help practitioners provide the best quality of services for those who seek help. Practising social workers should take every opportunity to utilize as many strength-based approaches as available when working with individuals who seek professional help. Clinical social workers may do a great deal for their clients by assessing the extent to which treatment packages plays a role in their lives and using empirically based studies to develop an effective psycho-social based treatment approach if deemed appropriate.
- ❖ In view of the potency of the creativity techniques employed in this study in boosting the work attitude of nurses' it is recommended that creativity study should be incorporated into the curriculum of the schools of nursing across the federation. In this regard, competent psychologists should be involved in the review of the curriculum for nursing education in Nigeria.
- ❖ It is equally recommended that health care delivery system in Nigeria should be comprehensively reviewed towards meeting the demands of the citizens. Training programmes should be directed at improving the social skills of health personnel in Nigeria.
- ❖ Creativity skills are teachable and learnable, regular workshops and seminars should be organised for medical personnel from time to time to improve their skills and enhance their service delivery.

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