



Midwifery education in practice

Assertiveness training for undergraduate midwifery students



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ABSTRACT

Assertiveness can be defined as an interpersonal behaviour that promotes the fact all people in a relationship are equally important. All health professionals including midwives must work with and care for people. At times this will include facilitating interactions that require skilful negotiation and assertiveness. Yet embedding assertiveness education into undergraduate midwifery curricula has not been widely adopted.

This paper explores one method of delivering assertiveness training in an undergraduate midwifery course and provides comment on the effectiveness of this strategy in developing assertiveness skills in a cohort of undergraduate midwifery students.

We used an assertiveness survey which was administered immediately before and 3–4 months after an assertiveness training workshop.

All students ($n = 55$) attending the training day were invited to participate. Of these 41 (77% response) chose to participate in the pre intervention survey and 32 participated (9 students lost to follow-up) in the follow up survey.

There was an overall improvement in self-perceived assertiveness scores following the assertiveness training workshop.

These findings provide encouraging evidence that educational institutions that offer specific and targeted assertiveness education will be rewarded with more assertive graduates.

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Background

Assertiveness can be defined as an interpersonal behaviour that maintains boundaries whilst allowing people in relationship to express their needs clearly and directly. Assertive behaviour is seen when an individual gives expression to their rights, thoughts and feelings in a way that does not degrade but recognises and respects the rights, thoughts and feelings of others (Begley and Glacken, 2004; Slater, 1990).

Assertiveness may sometimes be confused with aggression, particularly in the workplace. However, the main difference between assertiveness and aggression is in the approach taken to a situation or problem. A person exhibiting assertive behaviour will tackle the problem rather than the person, so that all involved are respected (Slater, 1990). In contrast, a person exhibiting aggressive behaviour will have little regard for the thoughts and feelings of

others in their quest to achieve a solution to a problem (Slater, 1990). A positive correlation exists between assertiveness, job satisfaction and role clarity (Lounsbury et al., 2003) as well as the ability to deal with stress and bullying in the workplace. Assertiveness skills therefore, can be used to counteract workplace bullying, as well as ameliorate stressful situations and increase empowerment (Begley, Glacken, 2004).

There have been a few studies exploring the benefits of assertive behaviour for nurses, (Kilkus, 1993; Lawton, Stewart, 2005; Sudha, 2005) however, this is less well explored in the midwifery profession. One of the core competencies of a registered midwife is to act as an advocate to protect the rights of woman in relation to maternity care (NMBA, 2006). This involves acknowledging and respecting the woman's right to be involved as an active participant in her care as well as advocating for her as she makes decisions, whilst maintaining her dignity and privacy. Therefore, the ability to be assertive when advocating for women is key to the midwife's role. At times this will include facilitating interactions that require skilful negotiation and assertiveness. It is not uncommon to find midwives dealing with highly aroused partners and/or family members, as well as having to support and look after the needs of the woman herself and deal assertively with colleagues. In order for

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midwifery students to be well prepared for their role as a midwife it is important that they are equipped with skills to safely manage their own behaviour and the behaviour of others.

Midwifery is a predominately female profession. Femininity has been traditionally associated with non-assertiveness, caring and nurturing behaviours, however, the role of a midwife is also professional and autonomous. These factors may act to reduce a midwife's capacity to behave in an assertive manner (Timmins and McCabe, 2005a, b). As nurses and midwives move away from traditional stereotypes (Jinks and Bradley, 2004), it is increasingly being recognized that caring and assertive behaviours can co-exist (McCartan; Hargie, 2004). Indeed, much literature supports the fact that assertive behaviour in clinical practice enables effective safe professional communication (Garon, 2012) as well as a sense of personal empowerment (Laschinger et al., 2009).

Although specific individual assertive behaviours and skills have been examined in many settings, little empirical evidence exists about the manner in which assertive skills are acquired and used by nurses and midwives in the workplace. Those studies which have been conducted indicate that assertiveness skills are not necessarily innate and therefore, may be learned (Arslan et al., 2013; Kilpatrick, Forchuk, 1992; Lee, Crockett, 1994; Lin et al., 2004.) This paper explores one method of delivering assertiveness training in an undergraduate midwifery course. We provide comment on the effectiveness of this strategy in developing assertiveness skills in a cohort of undergraduate midwifery students.

Instrument

Following a review of the relevant literature, we identified several assertiveness scales (Galassi et al., 1974; Gambrell, Richey, 1975; Rathus, 1973). We chose an assertiveness questionnaire developed by Begley and Glacken (2004) which had been specifically created for use with Irish undergraduate nursing students. We adapted it for use with undergraduate midwifery students by changing the word “patient” to “woman.” The questionnaire included 28, 4 point Likert questions with the options ‘always’, ‘often’, ‘rarely’ and ‘never’. The questions were designed to determine students’ current level of assertiveness both in the workplace and in social settings and had been validated both by the developers (Begley & Glacken, 2004) and through a similar study to ours (Deltsidou, 2009). In addition to the assertiveness questionnaire students were also asked their age range and enrolment status (i.e. domestic or international).

Approach

The study was designed to measure midwifery student's assertiveness immediately prior to the start of the one-day assertiveness training workshop and assess whether or not this changed when the students returned to the University after a clinical placement. A pre and post intervention survey was administered. The first baseline survey was administered face-to-face immediately prior to the workshop commencing. A second post-intervention survey consisting of the same questions was administered when students attended University for their post clinical placement debrief workshop. This workshop occurred approximately three to four months after the assertiveness training workshop.

The workshop

Assertiveness training programmes are designed to improve an individual's assertive beliefs and behaviours, which can help the individual change how they view themselves and establish self-confidence and reduce social anxiety (Lin et al., 2008). The

workshop was run by the Principal Consultant of a local Counselling and Consultancy Service. She holds qualifications in social work, and has extensive experience in facilitating such training.

The one day workshop consisted of: lectures, role-plays, and facilitated discussion. Topics included:

- Definition of assertiveness
- Overcoming difficulties in becoming assertive
- Steps in giving assertive criticism
- The role of emotional intelligence, stress, fear, control, power, respect, self-confidence, and resilience in determining assertiveness

Role plays included small groups practising:

- differentiating between assertive, non-assertive and aggressive verbal and non-verbal behaviour
- assertively:
 - telling others how they felt
 - expressing negative feelings

Groups discussed the following over the course of the day:

- identifying stereotypes (especially female)
- the influence of positional power on one's ability to assert oneself
- what can influence people's views of assertive communication
- discussion of a coroner's report (Lock, 2012) in which the midwives involved did not respond assertively to the emerging situation and a baby died as a result (Table 1).

The facilitator of the workshop also conducted a workshop evaluation using satisfaction measures. Students were given six evaluation questions which asked for their response using 5 point Likert scales. 41 students (77% response) participated in the evaluation survey. There was greater than 98% broad agreement (Strongly agree/Agree) on all questions with the remaining 1 or 2 students holding a neutral opinion (Table 2).

Population

The sample population consisted of 53 students. The students were mainly “direct entry” students, “registered nurses” undertaking our undergraduate midwifery program receive “credit” for this course. All students attending the workshop were invited to participate. Of these 41 (77% response) chose to participate in the pre intervention survey and 32 participated (9 students lost to follow-up) in the follow-up survey after their clinical placement.

Table 1
Participant demographics.

	n = 41 (%)
Age group	
19–24 years	23 (56)
25–30 years	6 (15)
31–36 years	3 (7)
37–42 years	5 (12)
>43 years	2 (5)
Missing	2 (5)
Enrolment status	
International student	4 (10)
Domestic student	34 (83)
Missing	3 (7)

All were female.

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