Self-esteem, assertiveness and decision-making skills of critical care nurses in Istanbul

Makbule Batmaz, BSN, MSN, PhD, Department of Psychiatry, Nursing Department of Health Services, Vocational High School, Istanbul, Turkey
Nuray Enç, BSN, MSN, PhD, Department of Internal Medicine, Florence Nightingale, Nursing College, University of Istanbul, Turkey (✉)
Çaylan Pektekin, BSN, MSN, PhD, Department of Psychiatry, Florence Nightingale Nursing College, University of Istanbul, Turkey

Nuray Enç, Dogancilar Cad. Demet Apt. No: 55/8, Üsküdar – Istanbul, Turkey. e-mail: nuray21@hotmail.com

INTRODUCTION

Assertiveness can be defined as the ability to present oneself without hesitation; to be strong; to express one's feelings and opinions sincerely and with determination; and to possess the skill of coping with difficulties and complex situations (Baltas and Baltas, 1989; Bush and Kjervik, 1979; Tanig, 1995).

Self-esteem is an important concept in relation to assertiveness, and it is likely that every person has his or her own interpretation of it. An individual who perceives themselves positively – to an appropriate degree – will have a high level of self-esteem, which in turn is likely to have a considerable influence on success in work or study, skills of coping with stress, and the development of relationships (Frerichs, 1973; Gassert, 1987; Sever *et al*., 1991).

The nursing profession, with its emphasis on developing relationships with people, and the necessity for co-ordinated care, requires nurses to be assertive in determining and achieving appropriate goals, and to assume accountability for the outcomes of their interventions (Bush and Kjervik, 1979; Enç, 1991; Gassert, 1987; Tanı, 1993). Successful critical care nursing and practice depend heavily on skills in decision-making (Enç, 1991). It has been assumed that nurses with a high level of self-esteem and assertiveness can better plan, develop and implement the independent interventions required in the care of their patients.

This paper reports on a small-scale study examining the relationship between self-esteem, assertiveness, and decision-making skills of nurses working in critical care units in Istanbul.

METHODOLOGY

For the purpose of this descriptive study, a total of 100 nurses who were working in critical care units in different institutions in Istanbul were randomly sampled. Data were collected using four different tools: a demographic questionnaire prepared by the authors in the light of current literature (Pektekin *et al*., 1993; Pektekin, 1993; Tanig, 1995); a questionnaire developed to determine decision-making skills (Oktay, 1996); the Stanley-Coopersmith Self-esteem Inventory (Tufan and Turan, 1987) and the Rathus Assertiveness Schedule (Voltan, 1980).

The questionnaire designed to determine decision-making skills comprised two parts. The first part, involving identifying approaches to nursing practice, was used to assign nursing roles into three categories: dependent (described as Approach I); partially dependent (Approach II); and independent (Approach III) roles.

- In Approach I, the physician observes, determines the problem, establishes the intervention, and implements the action, with the nurse providing support.
- In Approach II, the nurse observes, determines the problem, informs the physician of the intervention, and implements the appropriate action if it is within her responsibility.
- In Approach III, the nurse observes, determines the problem, and implements the appropriate intervention, informs the physician, and monitors the outcomes.

In the second part of the questionnaire, some practice situations were presented. Two of these described physiological changes in patients, when the nurse would be expected to intervene; and two were related to the nurse's role in communicating with patients, relatives and colleagues. The nurses were asked to select which of the three approaches outlined above they would take. Evaluation of the nurses' choices was made according to the 'expected' responses, determined in advance, which were appropriate in the four situations.

The expected responses were:

- In a patient who developed ventricular fibrillation – Approach III.
- In a patient with decreased blood sugar and impaired water–electrolyte balance – Approach II.

Table 1. Nurses' place of work

Place of work	No. of nurses (%)
University hospitals	46
State and social security (SSK) hospitals	25
Private hospitals	29
Surgical critical care unit	38
Coronary critical care unit	42
Accident and emergency unit	8
Neurosurgery unit	12

- In informing the patient and his or her family – Approach III.
- In the co-ordination of patient needs that would be met by the members of other disciplines – Approach III.

Data were analysed by computer with the Statistical Package for Social Scientists (SPSS), using percentages, χ^2 and t-tests.

RESULTS AND DISCUSSION

Table 1 shows the different environments in which the nurses who completed the questionnaire were working. In terms of length of service at the same institution, 43% had been working at the same place for up to one year; and 37% in the same place for between two and six years. Over three-quarters of the nurses (77%) were aged between 17 and 28 years. Also, 77% of them were single.

Most of the respondents (88%) were practising as a nurse at the time. (The remaining 12% of the nurses were in roles as leading nurses in intensive care). Regarding educational background, 40% of the nurses were university graduates. A majority, 57%, considered themselves to be assertive. Of the 100 nurses, 43% gave family-related decisions with the help of parents.

The average self-esteem score of the study subjects was 73.24 (SD±13.86). Those who scored below average amounted to 51% of the total, while 49% scored above average. Literature data on average self-esteem scores are shown in Table 2.

Assertiveness

Of 100 nurses, 71% were found to be assertive. Those working at university, state and social insurance hospitals, and at neurosurgery and intensive care units had statistically higher scores (χ^2: 8.93, $p<0.01$; χ^2: 8.06, $p<0.05$, respectively).

A significant relation was found between assertiveness and nurses' considering themselves to 'have initiative' (χ^2: 14.46, $p<0.01$). Most of the nurses who considered themselves to have initiative were found to be assertive as well. This finding shows that nurses seem to be objective enough to perceive themselves and their own attributes clearly. The relation between self-esteem scores and assertiveness was found to be highly significant (Table 3). Those with above-average self-esteem scores were found to rate themselves as assertive. This finding is consistent with literature reports (Pektekin *et al.*, 1993; Rosenberg, 1984; Terakye, 1989).

Table 2. Average self-esteem scores taken from the literature

Tufan and Turan (1987)	72.2 (SD±12.8)
Frerichs (1973)	77.4 (SD±13.4)
Ulupinar (1991)	73.3 (SD±13.7)
Pektekin *et al.* (1993)	78.63 (SD±13.37)

Table 3. Relationship between assertiveness and self-esteem (n = 100)

Self-esteem/assertiveness	n	x	SD	t	SS	p
Assertive	71	77.07	13.57			
Nonassertive	29	63.86	9.53	5.52	73.44	<0.001

The relationship between Rathus assertiveness scores and self-esteem scores was also investigated. A highly significant positive relationship was found between the two scores ($t = 5.35$, $p<0.001$). Those having less self-confidence and lower self-esteem scores had a tendency to ask others to make decisions in vital situations. Rosenberg (1984) stated that individuals with high self-esteem scores tended to behave more independently.

Most of the nurses in this study exhibited the 'expected' approaches in situations in which a patient had decreased blood sugar (57%), in identifying impaired water–electrolyte balance (58%), in informing the patient and his or her family (44%), and in ensuring co-ordination of the healthcare team (52%).

However, the rate of 'expected' approaches fell to 17% when a patient developed ventricular fibrillation. Reluctance of nurses in risk-taking may be attributed to the inadequate information and experience they are offered, and the consequent lack of familiarity with intervention algorithms and protocols concerning critical care (Enç, 1991). Although no significant relationship was found between nurses' approaches to patient problems and their assertiveness, of those who considered themselves assertive, most exhibited Approach III in ventricular fibrillation (82.4%). Similarly, high percentages were found in relation to a patient with decreased blood sugar (70.4%), in relation to impaired water–electrolyte balance (73.7%), in informing the patient and his or her family (70.5%) and in achieving co-ordination of patient needs (69.2%). These findings suggest the need for critical care nurses to develop assertive behaviours and attitudes in order to be able to take more independent and semi-independent approaches to practice-based decision-making (Table 4).

RECOMMENDATIONS

Nurses should make efforts to develop their self-esteem and to achieve assertiveness; this should be addressed and emphasised

Table 4. Relationship between nursing approaches and assertiveness (n = 100)

PROBLEMS	Ventricular fibrillation			Decrease in blood sugar			Impaired water-electrolyte balance			Informing the patient and family			Providing co-ordination with other disciplines		
Assertive	Yes n (%)	No n (%)	Total n	Yes n (%)	No n (%)	Total n	Yes n (%)	No n (%)	Total n	Yes n (%)	No n (%)	Total n	Yes n (%)	No n (%)	Total n
Approach I	13 (59)	9 (41)	22	6 (60)	4 (40)	10	13 (76)	4 (24)	17	22 (73)	8 (27)	30	17 (77)	5 (23)	22
Approach II	40 (71)	16 (29)	56	41 (72)	16 (28)	57	39 (67)	19 (33)	58	9 (64)	5 (36)	14	15 (71)	6 (29)	21
Approach III	14 (82)	3 (18)	17	19 (70)	8 (30)	27	14 (74)	5 (26)	19	31 (70)	13 (30)	44	36 (69)	16 (31)	52
No response			*5*			*6*			*6*			*12*			*5*
TOTAL (n)	67	28	100	66	28	100	66	28	100	62	26	100	68	27	100

in the nursing curriculum. Post-education continuous training in the critical care environment should be put into practice.

With appropriate team efforts, intervention algorithms and protocols concerning frequently occurring circumstances in critical care should be prepared.

REFERENCES

Baltas A, Baltas Z. (1989). *Stress and ways to cope with it.* Istanbul: Remzi Kitabevi.

Bush MA, Kjervik DK. (1979). The nurse's self-image. *Nursing Times*; **75:** 697–701.

Enç N. (1991). An analysis of the ability of nurses who work in coronary care units to make immediate decisions in critical situations. *Istanbul Hemsirelik Bülteni*; **5:** 21.

Frerichs M. (1973). Relationship of self-esteem and internal-external control to selected characteristics of associate degree nursing students. *Nursing Research*; **22:** 350–352.

Gassert CA. (1987). How assertive are you? *Nursing Life*; March/April.

Oktay S. (1996). *The consultant expert person.* Istanbul: Department of Nursing Management, Florence Nightingale Nursing College, University of Istanbul.

Pektekin Ç. (1993). *The effect of the education given on the students' attitude and self-esteem at the Florence Nightingale Nursing College, University of Istanbul.* III. Uluslararasi Hemsirelik Egitim Simpozyumu, 8–10 Eylül.

Pektekin Ç, Batmaz M *et al.* (1993). The assertiveness and self-esteem research of the medical personnel working at a private hospital. *Türk Hemsireler Derg*; **43:** 1.

Rosenberg M. (1984). *Society and the adolescent self-image.* University Press.

Sever A, Hotun N, Sabuncu H, Issever H. (1991). *The psychological and self-esteem research of the nursing department students, Florence Nightingale Nursing College, University of Istanbul.* Antalya 27. Ulusal Psikiyatrik Bilimler Kongresi, 6–9 Kasım.

Tanig Y. (1995). The role of the nurse in assertiveness training. *Istanbul Hemsirelik Bülteni*; **7:** 29.

Terakye G. (1989). *The evaluation of self-esteem and psychological situations' interaction of Hacettepe Univeristy Nursing College students.* Mersin 25. Ulusal Psikiyatri Kongresi Bildirileri.

Tufan B, Turan N. (1987) *The study of the validity and reliability of the Coopersmith Self-esteem Inventory.* Istanbul 23. Ulusal Psikiyatri Kongresi Bildirileri.

Ulupınar S. (1991). *Research into the self-esteem and psychological situations' contributory factors, of the nurses working in different associations.* Istanbul: Saglık Bilimleri Enstitüsü Yüksek Lisans Tezi.

Voltan N. (1980). *A study of the validity and reliability of the Rathus Assertiveness Schedule.* Ankara: Psikoloji Dergisi 10.

CONFERENCE CONNECTIONS

15th Dutch Intensive Care Congress
Jaarbeurscongrescentrum, Utrecht, Holland. May 17–18, 2001
E-mail: info@venticare.nl; www.venticare.nl

XXVII National Intensive Care Nursing Conference
Spanish Society of Intensive and Coronary Care Nursing
Las Palmas de Gran Canaria, Canary Islands.
June 20–23, 2001
Information from: Torre Lazur Inter-Congres, Maignon, 50 Bajos – 08024 Barcelona. Tel: +34 93 213 44 47; Fax: +34 93 210 66 98; E-mail: inter.congres@bcn.servicom.es
(Language: Spanish)

12th Congress of the European Society for Paediatric and Neonatal Intensive Care
(***Joint meeting with the 27th GNPI-Congress***)
Lübeck, Germany. June 21–23, 2001
www.espnic.org

National Conference 2001
British Association of Critical Care Nurses
Bournemouth International Centre, Bournemouth, UK.
September 16–18, 2001
E-mail: baccn.icms@dial.pipex.com; www.baccn.org.uk

8th World Congress of Intensive and Critical Care Medicine
Sydney, Australia. October 28–November 1, 2001
Congress Secretariat: GPO Box 2609, Sydney NSW, Australia. Tel: +61 2 9241 1478; Fax: +61 2 9251 3552; E-mail: iccm@icmsaust.com.au; www.iccm.aust.com

Autumn Conference 2001
The Danish Association of Critical Care Nurses and Nurse Anaesthetists
Hotel Scanticon, Comwell, Kolding. November 12–14, 2001
Information from: Anette_Povey@hotmail.com

National Association of Critical Care Area Nurses – Italy
20th ANIARTI National Conference
Congresses Palace, Rimini, Italy. November 14–16, 2001
Information from: ANIARTI, Via Val di Sieve 32, 50127 Firenze, Italy. E-mail: aniarti@aniarti.it; www.aniarti.it

Care of the Newborn: Neonatology Symposium 2001
Utrecht, The Netherlands. December 3, 2001
Information from: Mrs J de Vos, Nurse manager NICU, UMC Utrecht, location WKZ. PO Box 85090, 3508 AB Utrecht, The Netherlands. E-mail: J.deVos@azu.nl

2nd European Conference on Management of Coronary Heart Disease
Nice, France. April 13–15, 2002
Information from: Castle House Medical Conferences, Quint House, Nevill Ridge, Nevill Park, Tunbridge Wells, Kent TN4 8NN, UK. Tel: +44 1892 539606; Fax: +44 1892 517773; E-mail: cardiology@castlehouse.co.uk; www.castlehouse.co.uk/coron2/index.htm

Spring Conference 2002
1st Conference of the European Federation of Critical Care Nursing Associations
Disneyland®, Paris, France. May 26–27, 2002
Information from: Index Communications, Crown House, 28 Winchester Road, Romsey, SO51 8AA, UK. Tel: +44 1794 511331; Fax: +44 1794 511455; www.efccna.org

8th Symposium of European Society of Paediatric and Neonatal Intensive Care
Göteborg, Sweden. September 13–14, 2002
Information from: Monica Johnson, PICU–Avd 328, The Queen Silvia Children's Hospital, S-41685 Göteborg, Sweden. Tel: +46 313 434 746; Fax: +46 313 435 5884; E-mail: monica.m.johanssonevgregion.se