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### Investigate the relationship between psychological empowerment and assertiveness among women working at a tertiary center in Central India

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#### Abstract

Assertiveness is the ability to communicate one's emotions and wants without infringing the rights of others or acting aggressively. Assertive women are thought to experience lower levels of depression, improved health outcomes, and increased psychological empowerment. Identifying and studying elements like psychological empowerment can have a big impact on assertiveness. The study aimed to investigate the relationship between psychological empowerment, assertiveness, and demographic characteristics among women working in a tertiary center in central India. A cross-sectional descriptive study design was adopted. A total of 170 females were selected using the probability simple random sampling technique. The study used Spreitzer's Psychological Empowerment Scale and Rathus' Assertiveness Schedule (RAS) to measure psychological empowerment and assertiveness. The study found that 76.5 percent of women felt moderately powerful and 63.5 percent were moderately assertive at work. Results showed a substantial positive connection ( $p=0.015$ ) between psychological empowerment and assertiveness ratings. The study found that psychologically empowered women have higher job satisfaction, less job pressure, and more confidence, leading to assertive behavior.

**Keywords:** Assertiveness, psychological empowerment, Spreitzer's psychological empowerment scale, and Rathus' Assertiveness Schedule (RAS)

#### Introduction

Assertiveness is expressing feelings and wants without violating others' rights or acting aggressively. Individuals who lack assertiveness may become overly kind to avoid rejection, but this can lead to a loss of self-confidence. Assertiveness is a balance between being aggressive and passive. It does not involve shouting or intimidating others. Assertiveness involves confidently asking for what one wants while preserving their rights without harming others<sup>[1]</sup>.

Since women entered the job in the 1960s, they have encountered numerous gender discrepancies. One of the distinctions is assertiveness. Assertiveness is a crucial skill for women in their personal and professional lives. It involves expressing thoughts, feelings, and beliefs in a direct, honest, and appropriate manner, advocating for personal rights while respecting the rights of others, and establishing satisfaction through social communication. Exhibiting hostile, passive, or manipulative behavior will only exacerbate their problems and the repression of the masculine dominant figure of authority<sup>[2]</sup>.

Spreitzer created and validated a multidimensional measure of psychological empowerment in the workplace, based on Thomas and Velthouse's (1990) four cognitions paradigm. Empowerment is defined as inner motivation reflected in four cognitions related to an individual's professional function. Psychological empowerment combines self-esteem, self-efficacy, self-determination, self-confidence, self-awareness, and positive thinking, ultimately leading to women's well-being and happiness. A psychologically empowered woman is capable of improving her self-image and overcoming stigma<sup>[3]</sup>.

Reverse psychology may play an important part in psychologically empowering women. This suggests that if we start making women aware of their talents, they will eventually begin to believe in themselves, which will boost their self-confidence. At the same time, if proper steps are taken to guarantee that women participate in activities, conversations, and sessions centered on how they (women) form the foundation of any community, this may result in an increase in self-esteem and self-worth.

Psychological empowerment is linked higher job satisfaction, less job strain, and more confidence, leading to assertive behaviour [3].

According to the literature, women are less assertive, work quietly, and behave well in the workplace. Unassertive behaviour among women in the job leads to excessive stress, low self-esteem, irritation, and mental tiredness. Women who work bear the responsibility of other people's job owing to their unwillingness to say "no" [4].

In a 2015 study, female participants in semi-structured interviews discussed how they balance professional aggressiveness and gender-appropriate civility. Women appeared to purposefully use assertiveness. They recognized the need to strike a balance between minimizing feminine strengths and avoiding mimicking masculine leaders. They assessed workplace connections, identified others' needs, and chose suitable communication tactics (e.g., forceful vs. courteous) for varied situations. Finally, they identified which components of their identity needed to be highlighted to attain their aims. Assertiveness is thought to have a key part in psychological empowerment for women. This study examines the relationship between psychological empowerment and assertiveness among professional women. [1].

**Objectives of the study**

1. To assess the existing level of assertiveness among women working in a tertiary center of central India.
2. To assess the existing level of psychological empowerment among women working in a tertiary center of central India.
3. To find the correlation between the level of assertiveness and psychological empowerment among women working in a tertiary center of central India.
4. To find out the association between the level of psychological empowerment and level of assertiveness with the demographic variables among women working in a tertiary center of Central India.

**Research Question**

Is there any correlation between psychological empowerment and assertiveness among women working in a tertiary center in central India?

**Materials and Methods**

This study had utilized a cross-sectional descriptive design. The study took place at AIIMS Raipur. This tertiary care centre is located in the state capital of Chhattisgarh. The study's sample consists of women aged 22-41 who have worked at AIIMS Raipur, Chhattisgarh for at least 6 months and match the inclusion criteria. The sample consists of 170 women working at AIIMS Raipur in Chhattisgarh.

The inclusion and exclusion criteria used to select the sample are listed below.

The study's inclusion criteria include working women who are willing to participate, are competent in reading and writing English, have at least 6 months of experience working at AIIMS Raipur, and are between the ages of 22 and 41. The study excludes working women who have had assertiveness training or are currently receiving treatment for a mental disorder. This study used a probability sampling strategy using simple random sampling (lottery method) and 0% attrition. Data was collected via a self-administered questionnaire, including demographics, Rathus assertiveness, and the Spreitzer psychological empowerment

scores. The data was obtained after receiving consent from AIIMS Raipur's Ethical Committee and the Hospital Authority. Before distributing the instrument, participants received an explanation of the study and provided informed consent. Participants were instructed to complete the form and return it within one day.

**Based on the objectives, the instrument employed in this research study is divided into three pieces**

**Section 1:** The demographic performa for this study included age (year), marital status, religion, family type, location of residence, level of education, employment status, work experience, monthly income in INR, and history of any pre-existing illnesses.

**Section 2:** To determine individual perceptions, psychological empowerment was measured using a 12-item scale (Spreitzer, 1995), with the author's consent. It is a 12-item questionnaire that is designed to determine the degree of psychological empowerment in the workplace. Participants completed a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). This measure has demonstrated strong reliability and validity (Joo and Lim, 2013; Amundsen and Martinsen, 2015; Dust *et al.*, 2018). The tool has been effectively employed in over 50 research, ranging from nurses to low-wage service workers to factory workers.

**Table 1:** Score interpretation of Spreitzer psychological empowerment scale

Sr. No	Score	Grade
1	1-42	Poor
2	43-63	Moderate
3	64-84	High

**Section 3:** To assess assertive behaviour, the Rathus Assertiveness Schedule (Rathus 1973), a standardised tool in the public domain, was utilised. It consists of 30 elements for assessing assertive behaviour. Respondents were asked to rate each item's characteristic or descriptiveness on a 6-point scale. Rathus assertiveness schedule comprises of 30 descriptive sentences that must be responded based on their preference. 17 of the 30 items were assessed in reverse, following Rathus' (1973) technique. An individual's score is calculated by adding all 30 signed values. The greatest score is +90, while the minimum is -90. A high positive score indicated assertive behaviour, whereas a low negative score suggested non-assertive behaviour. In the present study, assertiveness was categorized into the following categories:

**Table 2(a):** Assertiveness score and meaning

Score	Meaning
+3	Very characteristic of me, extremely descriptive
+2	Rather characteristic of me, quite descriptive
+1	Somewhat characteristic of me, slightly descriptive
-1	Somewhat uncharacteristic of me, slightly nondescriptive
-2	Rather uncharacteristic of me, quite nondescriptive
-3	Very uncharacteristic of me, extremely nondescriptive

**Table 2 (b):** Assertiveness score and interpretation

Score	Interpretation
-90 to -30	Less assertive
-30 to 30	Moderately assertive
30 to 90	Highly assertive

The study focused on women working at AIIMS Raipur. The study included 170 people who were chosen using simple random sampling using the lottery technique, met the inclusion criteria, and expressed interest in participating. The prevalence of psychological empowerment and assertiveness was measured using Spritzer's psychological empowerment scale and Rathus Assertiveness Schedule (RAS).

## Results and Discussion

The analysis of study findings is organized and presented under the following headings. According to the objectives, the data analysis is separated into five sections as below:

**Section 1:** Demographic distribution among women working at a tertiary center in central India: frequency and percentages.

**Table 3:** Demographic distribution among women working at a tertiary center in central India: frequency and percentages, (N=170)

Sr. No	Demographic variables	Frequency	Percentage (%)
1.	<b>Age in years</b>		
	21-30	141	82.9
	31-40	27	15.9
	41 and above	2	1.2
2.	<b>Marital status</b>		
	Single	113	66.5
	Married	57	33.5
3.	<b>Religion</b>		
	Hindu	129	75.9
	Muslim	4	2.4
	Christian	32	18.8
	Sikh	5	2.9
4.	<b>Type of family</b>		
	Nuclear family	125	73.5
	Joint family	42	24.7
	Single parent	3	1.8
5.	<b>Area of residence</b>		
	Rural	44	25.9
	Urban	126	74.1
6.	<b>Level of education</b>		
	Primary school	1	0.6
	Middle school	1	0.6
	High school	2	1.2
	Diploma	2	1.2
	Graduate	129	75.9
	Postgraduate	35	20.6
7.	<b>Employment status</b>		
	Contractual	59	34.7
	Permanent	97	57.1
	Outsourcing	14	8.2
8.	<b>Work experience</b>		
	Below 5 years	132	77.6
	6-10 years	29	17.1
	11-15 years	6	3.5
	Above 15 years	3	1.8
9.	<b>Monthly income in INR</b>		
	< 10,000	7	4.1
	10,001 -30,000	44	25.9
	30,001-50,000	19	11.2
	50,001	100	58.8
10.	<b>History of pre-existing illness</b>		
	No	152	89.4
	Yes	18	10.6

Table 3 shows that the majority of women (82.9%) were between the ages of 21 and 30, 15.9% (27) were between the ages of 31 and 40, and only 1.2% (2) were 41 and older. The majority of responders (66.5%, 113) were single women, while 33.5% (57) were married. The majority (75.9%) were Hindu, followed by Christians (18.8%) and Sikhs and Muslims (2.9% and 2.4%, respectively). The majority 73.5% (125) of the women are from nuclear families, while 24.7% (42) and 1.8% (3) come from joint and single-parent families, respectively. majority 74.1% (126) of women live in cities, with the remaining 25.9%

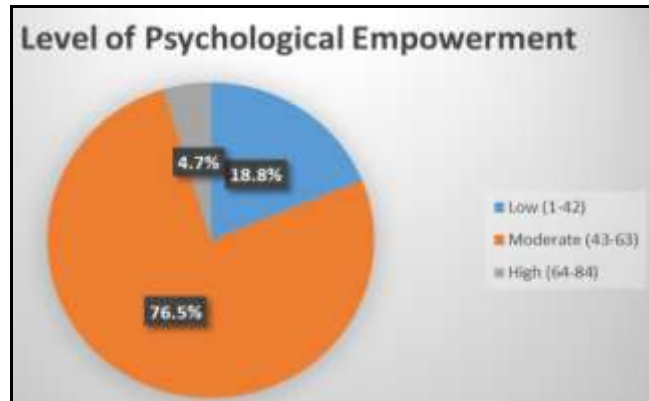
(44) living in rural areas. A significant percentage of the women (75.9%) were graduates, 20.6% (35) were postgraduates, 1.2% (2) studied up to high school and diploma, and only 0.6% (1) studied up to primary school. A majority of women, 34.7% (97), were employed permanently, while 34.7% (59) and 8.2% (14) were engaged on a contractual and outsourced basis. The majority of 77.6% (132) had less than five years of experience, while 17.1% (29) had between six and ten years. Only 3.5% (6) of women had 11-15 years of experience, while 1.8% (3) had more than 15 years. Among the women, 58.8% (100) had

monthly incomes above INR 50,000, 11.2% (19) had monthly incomes between 30,000 and INR 50,000, 25.9% (44) had monthly incomes between 10,000 and 30,000, and only 4.1% (7) had monthly incomes under INR 10,000. The majority of women, 89.4% (152), had no history of

preexisting disease.

**Section 2: Prevalence of Psychological Empowerment**

2 (a): The level of psychological empowerment among women working in a tertiary center in central India



**Fig 1:** Level of psychological empowerment among women working in a tertiary center in central India

Figure 1 reveals that 18.8% (32) of women were low psychologically empowered, 76.5% (130) were moderately psychologically empowered, and 4.7% (8) were extremely psychologically empowered.

2 (b): Description of domains of psychological empowerment among women working in a tertiary center of central India.

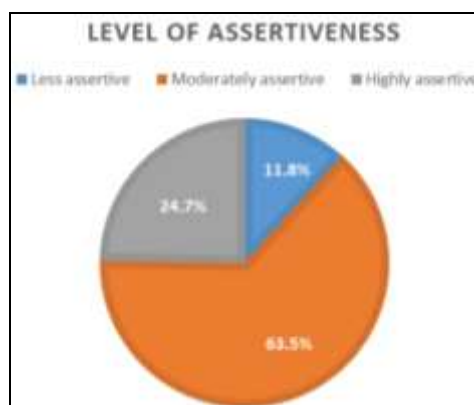


**Fig 2:** Description of domains of psychological empowerment among women working in a tertiary center of central India

Figure 2 shows that the domain "Meaning" had the highest mean and standard deviation scores (17.43 and 4.07, respectively). Whereas "competence" got mean and standard deviation ratings of 11.89 and 2.98, respectively. The domain "self-determination" received the lowest mean and standard deviation scores, at 7.92 and 2.12, respectively. Domain "Impact" earned mean and standard deviation

scores of 12.91 and 2.78, respectively. The total mean score for psychological empowerment was 50.16, with a standard deviation of 10.36.

**Section 3: Description of the level of assertiveness among the women working in a tertiary center of central India**



**Fig 3:** Description of the level of assertiveness among the women working in a tertiary center of central India

Figure 3 reveals that the majority of women (63.5%/108) were moderately assertive, 24.7% (42) were highly assertive, and only 11.8% (20) were less assertive.

**Section 4:** Correlation between scores of psychological empowerment and assertiveness and its domain among women working in a tertiary center of central India

**Table 4:** Correlation between scores of psychological empowerment and assertiveness and its domain

Domains of Psychological Empowerment	Assertiveness	
	R	P-Value
Meaning	-0.086	0.268
Competence	0.189	0.014*
Self Determination	0.161	0.036*
Impact	0.217	0.004*
Total score of psychological empowerments	0.187	0.015*

Pearsons’s correlation; \*p<0.05 significant

Table 4 reveals a statistically significant positive connection (p=0.015) between assertiveness scores and psychological empowerment levels. A positive link was found between three categories of psychological empowerment: competence (p<0.014), self-determination (p<0.036), and impact (p<0.004). However, no significant correlation was found between meaning and assertiveness. As the score of

competence, self-determination impact, and assertiveness improve.

**Section 5:** Association between socio-demographic variables, psychological empowerment, and assertiveness  
5 (a): Association between the level of psychological empowerment among the women working with the socio-demographical variables in a tertiary center of central India.

**Table 5:** Association between the level of psychological empowerment with the socio-demographical variables

Demographic variables		Poor	Moderate	High	Total	Chi-Square	Df	P-Value
Age	21-30 years	26	108	7	141	0.89	4	0.926
	31-40 years	6	20	1	27			
	>40 years	0	2	0	2			
Marital status	Single	23	82	8	113	5.12	2	0.077
	Married	9	48	0	57			
Religion	Hindu	22	101	6	129	2.55	6	0.862
	Muslim	1	3	0	4			
	Christian	7	23	2	32			
Type of Family	Sikh	2	3	0	5	2.08	4	0.719
	Nuclear family	25	93	7	125			
	Joint family	6	35	1	42			
Area of residence	Single Parent	1	2	0	3	1.23	2	0.539
	Rural	7	36	1	44			
Level of education	Urban	25	94	7	126	7.14	10	0.712
	Primary school	0	1	0	1			
	Middle school	0	1	0	1			
	High school	0	2	0	2			
	Diploma	1	1	0	2			
	Graduate	21	100	8	129			
Employment Status	Post Graduate	10	25	0	35	11.21	4	0.024*
	Contractual	18	40	1	59			
	Permanent	11	79	7	97			
Work Experience	Outsourcing	3	11	0	14	2.65	6	0.850
	Below 5 years	27	98	7	132			
	6-10 years	5	26	1	32			
	11-15 years	0	4	0	4			
Monthly income	More than 15 years	0	2	0	2	12.69	6	0.048*
	< Rs.10,000	2	4	1	7			
	Rs.10,001-30,000	14	30	0	44			
	Rs.30,001-50,000	3	16	0	19			
History of existing illness	>50,000	13	80	7	100	3.76	2	.152
	No	31	115	6	152			
	Yes	1	15	2	18			

Table 5 shows that the demographic variables - women's employment status (p=0.024) and monthly income in INR (P=0.048) - had a statistically significant relationship with the level of psychological empowerment of women working in a tertiary center in central India, while no significant

association was seen with other demographic variables.  
5(b): Association between the level of assertiveness among the working women with the socio-demographical variables among the women working in a tertiary center of central India.

**Table 6:** Association between the level of assertiveness with the socio-demographical variables

Demographic variables		Low	Moderate	High	Total	Chi-Square	Df	P-Value
Age	21-30 years	18	91	32	141	6.64	4	0.156
	31-40 years	1	16	10	27			
	>40 years	1	1	0	2			
Marital status	Single	16	76	21	113	7.49	2	0.024*
	Married	4	32	21	57			
Religion	Hindu	17	77	35	129	5.41	6	0.492
	Muslim	0	4	0	4			
	Christian	2	24	6	32			
	Sikh	1	3	1	5			
Type of Family	Nuclear family	12	81	32	125	3.20	4	0.525
	Joint family	8	25	9	42			
	Single Parent	0	2	1	3			
Area of residence	Rural	9	28	7	44	5.67	2	0.059
	Urban	11	80	35	126			
Level of education	Primary school	1	0	0	1	12.26	10	0.267
	Middle school	0	1	0	1			
	High school	1	1	0	2			
	Diploma	0	1	1	2			
	Graduate	15	82	32	129			
	Post Graduate	3	23	9	35			
Employment Status	Contractual	11	38	10	59	10.20	4	0.037*
	Permanent	8	58	31	97			
	Outsourcing	1	12	1	14			
Work Experience	Below 5 years	17	84	31	132	8.16	6	0.226
	6-10 years	1	20	11	32			
	11-15 years	1	3	0	4			
	More than 15 years	1	1	0	2			
Monthly Income	< Rs.10,000	1	5	1	7	15.43	6	0.017*
	Rs.10,001-30,000	5	30	9	44			
	Rs.30,001-50,000	7	7	5	19			
	>50,000	7	66	27	100			
History of presenting illness	No	20	95	37	152	2.68	2	0.261
	Yes	0	13	5	18			

Chi-square test; \*p&lt;0.05 significant

Table 6 shows that the demographic variables - women's employment status ( $p=0.037$ ) and monthly income in INR ( $P=0.017$ ) - had a statistically significant relationship with the assertiveness level of women working in a tertiary center in central India, whereas no significant association was found with other demographic variables.

### Conclusions

Assertiveness is critical to team performance. Assertive team members are valuable because they convey their viewpoints persuasively with others, hence boosting team collaboration. This can lead to more productive team meetings, which can have a favourable impact on organizational outcomes, such as increased team productivity and success. In other words, giving women authority and responsibility for making decisions in all aspects has a positive and significant relationship with their ability to express and direct self-assertiveness, as well as respect for their own feelings and thoughts and understanding of their own strengths and weaknesses. Assertiveness is thought to have a key part in psychological empowerment for women. This study demonstrated a statistically significant relationship between psychological empowerment scores and assertiveness levels. As a result, assertiveness rises in proportion to psychological empowerment scores.

### Source of Funding

Self

### Ethical clearance

- The Institutional Ethical Committee and the hospital authority provided prior written permission.
- Informed consent of the samples was taken
- Confidentiality of the information was maintained

### Conflict of Interest

Not available

### Financial Support

Not available

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