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A quasi experimental study to assess the effectiveness of assertive training on self-esteem and assertiveness among female nursing students studying in selected nursing colleges of district Mohali, Punjab

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Abstract
Background: Low self-esteem is also an important barrier to self-assertiveness people with low self-esteem lack of social skill and self-confidence which makes them avoid social life. Also, youth nursing students leaving their families passing to adulthood in this period are still dependent upon others.
Objectives of the Study were
a. To assess the pre-test level of self-esteem and assertiveness among female nursing students studying selected in nursing colleges.
b. To determine the effectiveness of assertiveness training on enhancing the self esteem and assertiveness among female nursing students studying in selected nursing colleges.
c. To find out the association between post test level of self esteem and assertiveness among female nursing students and selected their demographical variables.
Material and Methods: The quasi-experimental research design was used to assess the effectiveness of assertive training on self-esteem and assertiveness among female nursing students studying in selected nursing colleges of district Mohali Punjab." 60 samples were selected by non-probability purposive sampling technique used. The reliability coefficient r' Rosenberg self-esteem scale 0.85 the to assess the assertiveness rating scale 0.71 which is more than 0.7 hence it was found to be reliable. the conceptual framework based develop by Modified King theory of goal attainment model.
Results and Conclusion: Rosenberg self-esteem scale was used collect the data it was found that pretest self esteem and assertiveness score in control and experimental group approximately similar however after implementing assertive training to the experimental group the value of post test was significantly high than pretest self-esteem and assertiveness score hence, it can be concluded that the assertive training was effective in increasing self-esteem and assertiveness. There fore null hypothesis is rejected and research hypothesis is accepted.

Keywords: Assertive training, self-esteem, assertiveness

Introduction
Chapter I
Background of the study

Communication skills play an important role in our everyday life as we relate to different people around us. Communication skills help us express our views, needs, emotions and support interpersonal relationships at home, work and in the community. The way we communicate can influence the quality of our relationships with people and our life role functioning. In everyday life situation and interaction, individuals develop patterns of responding to others. The four types of response pattern are: non-assertive, assertive, aggressive, and passive-aggressive to control and deal with our life. In this present world of stress we have to act in our best interests, stand up for ourselves without undue anxiety, express honest feelings comfortably, and exercise personal rights without denying the rights of others. And this behaviour is called as assertive behaviour. Assertiveness is a core human behaviour and is key to interpersonal relationships [1]. There are four response categories involved in assertive behaviour namely: the ability to initiate, continue and successfully terminate conversations, the ability to say 'no'; the ability to make requests or ask for favours, and the ability to express positive and negative feelings. Individuals who are not assertive do not respond in everyday interactions, and thus lack in spontaneity. Non-assertive individuals with expressive inhibitions lead unhappy lives.

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They generally experience a sense of emptiness and a feeling of dissatisfaction [2]. Traditionally nurses have been taught to be acquiescent and submissive helpers of doctors (Poroch & McIntosh 1995) [3]. Assertive behaviour has been an essential communication strategy for women in pursuing equality, however within the nursing profession which is a predominantly female, nurses working on wards retain a submissive role and do not assert themselves well (Poroch & McIntosh 1995) [3]. Poroch & McIntosh (1995) [3] identified barriers that prevent nurses from being assertive. These included a lack of knowledge about personal/professional rights, concern about what others will think about their behaviour and anxiety due to a lack of confidence and poor self-esteem [4].

Need of the Study
Female nursing students are usually of age group 17 and above and due to their adolescent period and being in nursing profession is a challenge for them. Adolescent is a time of rapid pubertal change and experience increasing desire for autonomy, increasing focus is on peers and social acceptance and increasing self-consciousness. Many of these changes itself create distress, anxiety, depression, alienation from peers and school and engagement in antisocial and high risk behaviours. Low self-worth is a major problem in the nursing profession. Nurses with healthy self-esteem are likely to deliver therapeutic patient care, while those with low self-esteem are less likely to do so. Nursing staff members who struggle with their self-esteems also display immature behaviours at the workplace.4Shipton (2002) [17] found that the emotions generated by stress in the clinical experience had been reported to lead to nervousness, depression, anxiety, fear, disappointment, irritation, hopelessness, solitude and inferiority. This disappointment and vulnerability can be particularly severe when bullying is involved, and the victims of bullying need high levels of assertiveness to allow them to resist the associated stress. Hence, in general nurses use conciliation and escape as methods of coping with bullying and conflicts. However, although assertiveness is considered to be a positive and a valuable behavioural component [10]. It is important for nurses to become aware of and recognize their own behavioural responses. The ability to respond assertively is especially important to nurses who are committed to further development of the profession. Assertive skills facilitate the implementation of change that is required if the image of nursing is to be upgraded to the level of professionalism that most nurses desire. Nurses who understand and use assertiveness skills themselves can in turn assist clients who wish to effect behavioural change in an effort to increase self-esteem and improve interpersonal relationships [1]. Nurses interact with patients, colleagues and other health care professionals on a daily basis, and this interaction is improved when nurses have good communication skills. Several studies have suggested that nurses lack assertiveness skills, and this deficiency in assertiveness results in diminished communication efficacy, thus compromising patient care. Qualified nurses have been found to behave with less assertiveness at their workplace than they do in life in general [10].

Statement of Problem
A Quasi Experimental Study to assess the Effectiveness of Assertive Training on Self Esteem and Assertiveness among Female Nursing Students Studying in Selected Nursing Colleges of District Mohali, Punjab.

Objectives
- To assess the pre-test level of self-esteem and assertiveness among female nursing students studying in selected nursing colleges of District Mohali Punjab.
- To determine the effectiveness of assertive training on enhancing the self-esteem and assertiveness among female nursing students studying in selected nursing colleges of District Mohali Punjab.
- To find the association between post-test level of self-esteem and assertiveness among female nursing students and their selected demographic variables.

Delimitations
The study was delimited to subjects who were:
- Present at the time of data collection
- Willing to participate in the study

Hypothesis
- Ho: there will be no statistical significant effect of assertiveness training on enhancing self-esteem and assertiveness among female nursing students.
- H1: there will be statistical significant difference in pre and post-test level of self-esteem and assertiveness in experimental group at p level ≤0.05 among female nursing students.
- H2: there will be statistical significant difference in post-test level of self-esteem and assertiveness in experimental and control group at p level ≤0.05 among female nursing students.

Conceptual Framework
The conceptual framework used for the present study was based on "Modified King's Theory of Goal Attainment". The King's Theory of Goal Attainment was proposed by Imogene M. King in (1981)[5].
Present study was done to assess the effectiveness of the structured training programme on assertiveness among female nursing students. The major elements include an investigator and female nursing students who were usually strangers come together in college setting to increase self esteem and assertiveness. According to this model interaction is process of perception and communication between person and environment and between person and person represented by verbal and non verbal behaviour that are goal directed. Hence investigator and female nursing students involved in an interaction brings different ideas, attitudes and perceptions to exchange. The individual come together for purpose and perceive each other, each makes a judgement and takes a mental action or decides to act.

Chapter II
Review of literature
An extensive review of literature was done from published and unpublished articles, books, documents, and reports. It has provided a deeper insight into problem and has assisted in methodology, defining the problem, recognizing the significance, formation of conceptual framework and analysis of data.

V. Hemavathy and C. Meribha Christy (2016) [29] conducted a study in Tamil Nadu Chennai to assess the assertiveness skills among post graduate nursing students. The descriptive study design used and sample size was 30. The standardized assertiveness tool constructed by Lloyd S.R(2000) was selected 17% students had highly assertive skills, majority of students 63% had fairly assertive skills, 17% had assertive in some situation and only 3% students are difficultly being assertiveness. There was significant association between the level of assertiveness skills among nursing students and the sex (8.86), year of experience (12.716), and marital status (6.657). Assertiveness is necessary for effective nurse patient communication and it is suggested that its development may also aid the confidence of the progression as it develops [6].

Hakeem. S and Sujatha. N (2016) [11] conducted a descriptive study to assess the level of assertiveness among B.Sc Nursing students studying in Chettinad College of Nursing, Kelambakkam, Kanchipuram district, Tamil Nadu. The objectives were to assess the level of assertiveness among 1st year B.sc Nursing students and to find out the association between the level of assertiveness and selected demographic variables of 1st year B.Sc Nursing students. Simple random sampling technique was used with the sample of 30, modified assertiveness inventory was used to assess the assertiveness. The study results revealed that 40% of the samples were little assertive, 57% of the samples were very assertive and only 3% of the samples were completely assertive. So this study shows that only few of the nursing students in the first year of their course were completely assertive and they need assertiveness training to improve their communication skill [6].

Chapter III
Methodology
Methodology of research indicates the general pattern of organization of procedure, together with the valid and reliable data for investigation.

Research Approach
The choice of the appropriate research approach depends upon the purpose of the study. Quantitative research approach was adopted to accomplish the objectives of study is to assess the effectiveness of assertive training on self-esteem and assertiveness among female nursing students studying in selected nursing colleges of Dist- Mohali, Punjab.

Research Design
The Quasi Experimental Research Design was used. Non-equivalent control group design was adopted to accomplish the main objective of the study i.e. to evaluate the effectiveness of assertive training on self-esteem and assertiveness.

Control group and manipulation (i.e. intervention) was included. But randomization was not done due to non – availability of large number of subjects as per eligibility criteria for the study. So, quasi experimental research design was found appropriate for the study.

Variables under study
- **Dependent variable:** Self-esteem and assertiveness among nursing students
- **Independent variable:** Assertive training program
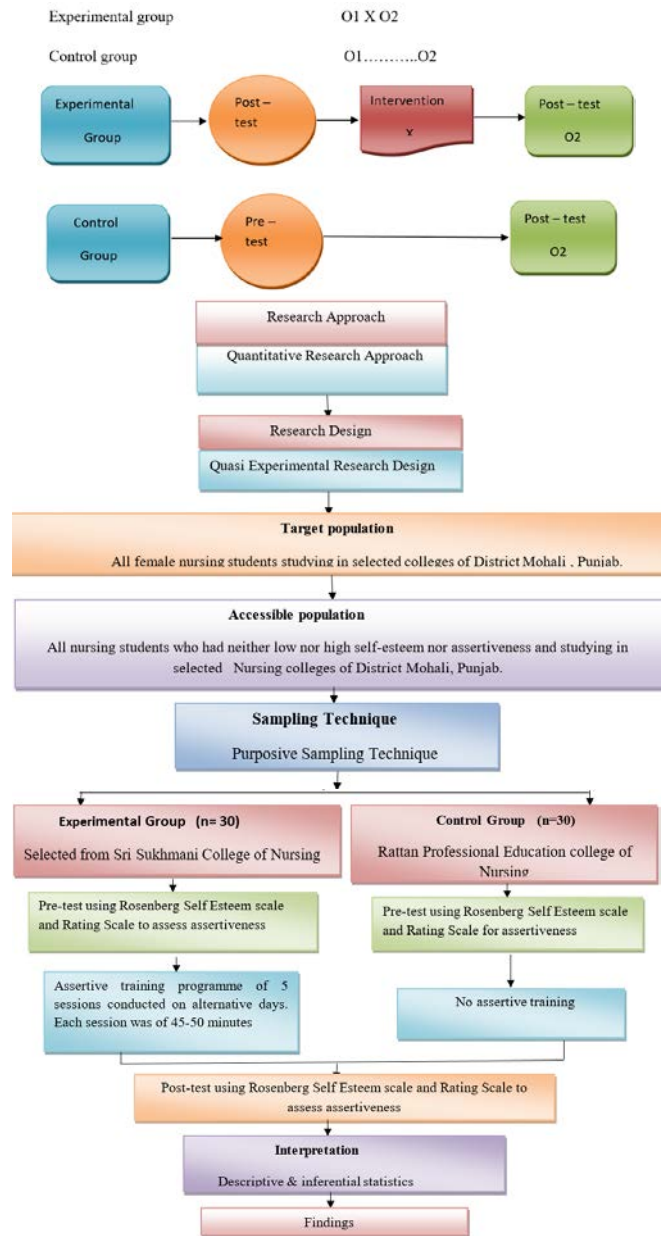
Inclusion Criteria
Subjects who had neither high nor low self esteem nor assertiveness as measured by Rosenberg's self esteem scale and rating scale to assess assertiveness.

Exclusion Criteria
- If the subjects selected during the period of data collection experienced any uncertain happening (e.g. suffer from any illness of close relative, death of close relative)
- Students who were on clinical posting during data collection period.
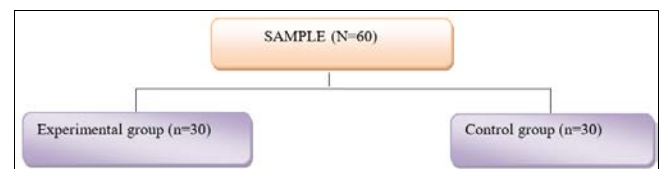
Chapter IV
Analysis and interpretation of data
This chapter deals with the analysis and interpretation of

data collected from female nursing students. The data was analysize by calculating the score in term of frequency, percentage, mean, standard deviation, chi- sqaure, 't- test' and ANOVA.

Objectives
- To assess the pre-test level of self-esteem and assertiveness among female nursing students studying in selected nursing colleges of District Mohali Punjab.
- To determine the effectiveness of assertive training on enhancing the self-esteem and assertiveness among female nursing students studying in selected nursing colleges of District Mohali Punjab.
- To find the association between post-test level of self-esteem and assertiveness among female nursing students and their selected demographic variables.

Section A: Percentage Distribution of Sample Characteristics

Table 1: Percentage Distribution of Sample Characteristics of Experimental and Control group N=60

Demographic Variable	Experimental Group (n=30)	Control Group (n=30)	Chi Square	df	p-value
Age (in years)					
18-21	24 (80%)	25 (83.33%)	0.1113 NS	1	0.7386
22-25	6 (20%)	5 (16.66%)			
Course					
B.Sc (N)	16 (53.33%)	11 (36.66%)	2.8688 NS	2	0.2382
GNM	13 (43.33%)	15 (50%)			
Post Basic	1 (3.33%)	4 (13.33%)			
Year of Course					
1st year	14 (46.67%)	8 (26.67%)	12.1697 *	3	0.0067
2nd year	6 (20%)	14 (46.67%)			
3rd year	4 (13.33%)	8 (26.67%)			
4th year	6 (20%)	-			
Type of Family					
Nuclear	20 (66.67%)	15 (50%)	1.7143 NS	1	0.1903
Joint	10 (33.33%)	15 (50%)			
Family Income (monthly)					
20,000-30,000	12 (40%)	7 (23.33%)	2.6067 NS	2	0.2715
31,000-40,000	12 (40%)	18 (60%)			
41,000-50,000	6 (20%)	5 (16.66%)			
Residence					
Urban	11 (36.67%)	15 (50%)	1.0860 NS	1	0.2973
Semi-urban	19 (63.33%)	15 (50%)			
Living Arrangement					
Hostel	19 (63.33%)	19 (63.33%)	3.6667 NS	2	0.1598
Home	10 (33.33%)	6 (20%)			
Paying Guest	1 (3.33%)	5 (16.67%)			
Marital Status					
Single	30 (100%)	30 (100%)	NA	0	...
Attended Assertive Program					
Yes	30 (100%)	30 (100%)	NA	0	...
No	-	-			

*Significant at p level ≤0.05
NSNon significant at p level ≤0.05
NA- Not applicable

Section B: Comparison of Pre Test and Post Test Mean Self Esteem Scores of Female Nursing Students to assess the Effectiveness of Assertive Training.

Table 2: Comparison of Mean Pre-test and Post Test Self Esteem Scores Among Female Nursing Students in Experimental and Control Group. N=60

60	Pre-Post Test	Experimental Group (n = 30)	Control Group (n = 30)	t-value	df	p-value
		Mean ± S.D.	Mean ± S.D.			
Pre-test		24.4333 ± 1.2507	24.3667 ± 1.0662	0.22228 NS	58	0.825
Post-test		33.2000 ± 2.4126	24.5667 ± 1.1943	17.5653 *	58	0.00001
		t = -17.224605	t = 0.640607 NS			
		df = 29	df = 29			
		p-value = 0.00001	p-value = 0.526808			

**Significant at p level ≤0.05 Maximum score=40
NSNon significant at p level ≤0.05 Minimum score=10

Section B: Comparison of Pre-test and Post-test mean Assertiveness scores of Female nursing students to assess the Effectiveness of Assertive Training on assertiveness.

Table 3: Comparison of Mean Pre-test and Post-test Assertiveness scores among Female Nursing Students in Experimental and Control Group. N=60

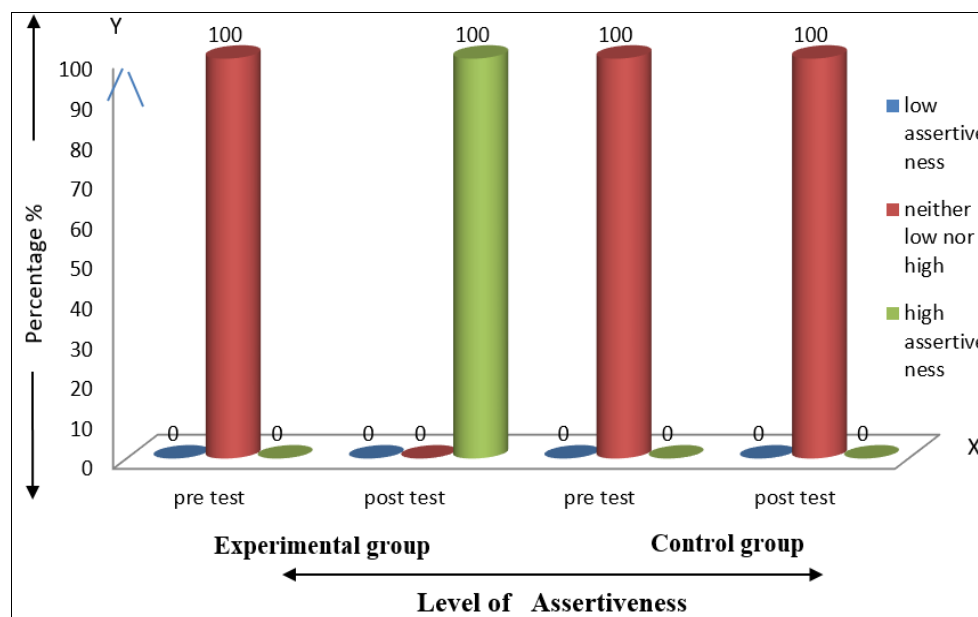| 60	Pre-Post Test	Experimental Group (n = 30)	Control Group (n = 30)	t-value	df	p-value
		Mean ± S.D.	Mean ± S.D.			
Pre-test		102.9000 ± 7.0435	101.6333 ± 6.7949	0.7089 NS	58	0.4812
Post-test		153.6667 ± 10.1483	102.1333 ± 5.6062	24.3455 *	58	0.00001
		t = -22.826225	t = 0.285333 NS			
		df = 29	df = 29			
		p-value = 0.00001	p-value = 0.777417			

*Significant at p level ≤0.05 Maximum score=175
NSNon significant at p level ≤0.05 Minimum score=35
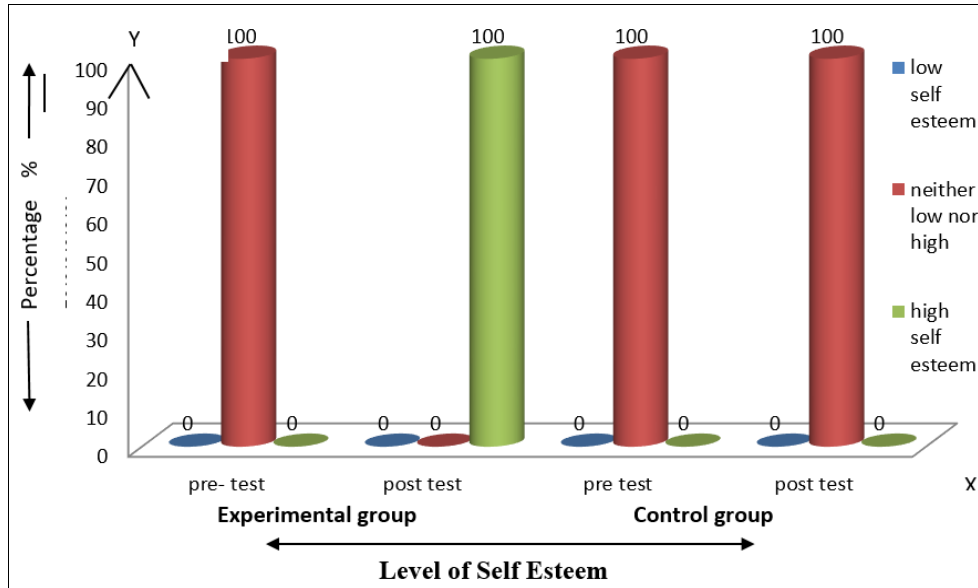
Fig 3: Percentage Distribution of Subjects of Experimental and Control Group according to their Pre-test and Post-test Level of Self Esteem

Figure 3: shows that in experimental group & control group during pre-test all (100%) female nursing students had neither low nor high self-esteem, During post-test in experimental group, 100% subjects had high self-esteem whereas in control group 100% subjects had neither low nor high self-esteem.

Fig 4: Percentage Distribution of Subjects of Experimental and Control Group according to their Pre-test and Post-test Level of Assertiveness

Figure 4: Shows that in experimental group & control group during pre-test all (100%) female nursing students had neither low nor high assertiveness, During post-test in experimental group, 100% subjects had high assertiveness whereas in control group 100% subjects had neither low nor high assertiveness.

Table 4: Association of the Mean Post Test Self Esteem Scores of Female Nursing Students with their Selected Demographic Variables in Control Group. N=30

Characteristics	n	Mean	±SD	F/t	df	p-value
Age (in years)						
18-21	25	24.56	1.227	50.0672 NS (t)	28	0.9469
22-25	5	24.6	1.1402			
Course						
B.Sc (N)	11	24.6364	1.206	0.0287 NS (F)	2	0.9731
GNM	15	24.5333	1.2459		27	
Post Basic	4	24.5	1.291			
Year of Course						
1st year	8	24.25	1.488	0.3869 NS (F)	2	0.6815
2nd year	14	24.6429	1.2157		27	
3rd year	8	24.75	0.8864			
4th year	0	0	0			
Type of Family						
Nuclear	15	24.8	1.2649	1.0728 NS (t)	28	0.2925
Joint	15	24.333	1.1127			
Family Income (monthly)						
20,000-30,000	7	23	3.3665	2.0017 NS (F)	2	0.1517
31,000-40,000	18	24.555	1.149		27	
41,000-50,000	5	24.8	1.0954			
Residence						
Urban	15	24.3333	1.291	1.0728 NS (t)	28	0.2925
Semi-urban	19	24.8	1.0823			
Living Arrangement						
Hostel	19	24.5789	1.2164	0.0115 NS (F)	2	0.9895
Home	6	24.5	1.0488		27	
Paying guest	5	24.6	1.5166			

[NS]Non significant at p ≤0.05

t - t test was applied

Table 5: Association of the Mean Post Test Assertiveness Scores of Female Nursing Students with their Selected Demographic Variables in Control Group N=30

Characteristics	n	Mean	±SD	F/t	df	p-value
Age (in years)						
18-21	25	100.88	4.8246	3.1244 * (t)	28	0.0041
22-25	5	108.4	5.4129			
Course						
B.Sc (N)	11	102.2727	5.8325	2.6739 NS (F)	2	0.0851
GNM	15	100.6	4.7779		27	
Post Basic	4	107.5	5.8023			
Year of Course						
1st year	8	99.375	5.7802	1.3525 NS (F)	2	0.2719
2nd year	14	103.1429	5.5589		27	
3rd year	8	103.125	5.2491			
4th year	0	0	0			
Type of Family						
Nuclear	15	101.3333	5.2053	0.7762 NS (t)	28	0.4441
Joint	15	102.9333	6.0529			
Family Income (monthly)						
20,000-30,000	7	102	9.2736	0.1835 NS (F)	2	0.8341
31,000-40,000	18	102.5556	4.6554		27	
41,000-50,000	5	100.8	1.9235			
Residence						
Urban	15	103	5.757	0.8425 NS (t)	28	0.4067
Semi-urban	19	24.8	1.0823			
Living Arrangement						
Hostel	19	101.2632	6.1087	1.0158 NS (F)	2	0.3718
Home	6	105	2.6077		27	
Paying guest	5	102	5.9582			

[NS]Non significant at p level ≤0.05

*Significant at p level≤0.05

t – t test was applied

Table 6: Association of the Mean Post Test Self Esteem Scores of Female Nursing Students with their Selected Demographic Variables in Experimental Group. N=30

Characteristics	n	Mean	±SD	F/t	df	p-value
Age (in years)						
18-21	24	33.25	2.3266	0.2233 NS (t)	28	0.8249
22-25	6	33	2.9665			
Course						
B.Sc (N)	16	34.125	2.391	2.7165 * (t)	28	0.0112
GNM	13	31.9286	1.9793			
Post Basic	1					
Year of Course						
1st year	14	32.0714	1.3281	7.1042 * (F)	3	0.0012
2nd year	6	34.5	2.0736		26	
3rd year	4	31.5	3.4157			
4th year	6	35.6667	1.633			
Type of Family						
Nuclear	20	33.7	2.7164	1.6525 NS (t)	28	0.1096
Joint	10	32.2	1.2293			
Family Income (monthly)						
20,000-30,000	12	33.6667	2.1462	0.3951 NS (F)	2	0.676
31,000-40,000	12	33	2.2563		27	
41,000-50,000	6	32.6667	3.3862			
Residence						
Urban	11	33.3636	2.3355	0.2781 NS (t)	28	0.783
Semi-urban	19	33.1053	2.5143			
Living Arrangement						
Hostel	19	33.3684	2.6291	0.4959 NS (t)	28	0.6238
Home	10	32.9091	2.0715			
Paying guest	1					

[NS]Non significant at p level ≤0.05
*Significant at p level≤0.05
t – t test was applied

Table 7: Association of the Mean Post Test Assertiveness Scores of Female Nursing Students with their Selected Demographic Variables in Experimental Group. N=30

Characteristics	n	Mean	±SD	F/t	df	p-value
Age (in years)						
18-21	24	154.625	10.3117	1.0358 NS (t)	28	0.3092
22-25	6	33	9.2826			
Course						
B.Sc (N)	16	159.0625	9.241	3.7492 * (t)	28	0.0008
GNM	13	147.5	7.3772			
Post Basic	1					
Year of Course						
1st year	14	150.2143	10.8428	2.7039 NS (F)	3	0.0653
2nd year	6	155	5.2915		26	
3rd year	4	150.25	3.2016			
4th year	6	162.6667	10.7455			
Type of Family						
Nuclear	20	154.55	9.3554	0.8387 NS (t)	28	0.4087
Joint	10	151.3	11.2551			
Family Income (monthly)						
20,000-30,000	12	152.4167	10.211	1.7199 NS (F)	2	0.1948
31,000-40,000	12	157.4167	7.833		27	
41,000-50,000	6	148.6667	12.8634			
Residence						
Urban	11	153.6364	8.9585	0.0122 NS (t)	28	0.9903
Semi-urban	19	153.6842	11.0154			
Living Arrangement						
Hostel	19	155.8947	9.4098	1.6245 NS (t)	28	0.1155
Home	10	149.8182	10.6566			
Paying guest	1					

[NS]Non significant at p level ≤0.05
= one category is merged for the p
*Significant at p level≤0.05
t – t test was applied
= one category is merged for the purpose of analysis

Discussion
This chapter relates the results of the findings of the present study with the findings of the studies conducted in past. The present study findings have been discussed in accordance with the objectives of the study.

The first objective of the study was to assess the pre-test level of self-esteem and assertiveness among female nursing students. Study results revealed that during pre-test all (100%) subjects had neither low nor high self-esteem and assertiveness in both experimental and control group. These findings are supported by the findings of the studies conducted by V. Hemavathy and C. Meribha Christy (2016) which concluded that 17% students have highly assertive skills, majority of students (63%) have fairly assertive skills, 17% have assertive skills in some situation and only (3%) students are difficulty being assertiveness. Another study conducted by Mane Supriya (2016) revealed that (97.5%) of students have moderate level of self-esteem and 2.5% students have low self-esteem.

Another objective was to determine the effectiveness of assertive training on enhancing the self-esteem and assertiveness among female nursing students. Structured training programme on assertiveness was developed and it was to be effective in enhancing self-esteem and assertiveness which is supported by the findings of studies conducted by Nichloas S, Neelakshi G and Nalini. S (2015) which revealed that the mean value of level of self-esteem increased from 45.55 (pre-test) to 66.27(post-test) and mean value of assertive behaviour increased from 93.60 (pres test) to 146.23 (post-test) after implementing assertiveness training among Adolescents, Myoungsuk Kim (2016) which revealed that scores of assertiveness behaviour (t=-2.49, p=.015), self-esteem (t=-4.80, p<.001) were significantly higher after implementing assertive training among nursing students which concluded that assertive training programme helps to increase the self-esteem and assertiveness among nursing students.

Chapter-v
Summary, Conclusion and Recommendations
This chapter gives a brief account of the present study including conclusion drawn from the findings, limitations of the study, recommendations for future research and implications of the study.

Limitations
- The study was confined to female nursing students studying in selected colleges only.
- As sample size was small so broad generalisation of the study is not possible.

Recommendations
The findings of the study suggest many implications for the nursing research, nursing education, nursing practice, and nursing administrations.

Nursing Research
Present study adds to the body of knowledge regarding effect of assertive training. Replication of this study can be done in another setting to validate the findings. Nurse researcher can further explore various techniques and ways, advantages for increasing self esteem and assertiveness. Replication can be done among different populations like nurses, patients, patient's relatives and elderly. Findings of

study can motivate for further researches related to assertiveness and self-esteem.

Recommendations for the Future Research
- The similar study can be replicated with a large sample size to generalize the results.
- The similar study can be conducted on different population like adults, elderly people, and individuals with psychological/mental / emotional problems.

Nursing Education
Nursing curriculum should provide more extensive knowledge to the nursing students regarding assertive training, inclusion of various techniques of assertiveness and importance of assertiveness as an essential component within nursing education. Nurse educator should help the students for early identification of low self-esteem and assertiveness and teach basic rights, techniques and behavioural components to increase self-esteem and assertiveness. Assertiveness develops professional confidence and enhances the growth and develop of nursing profession, and develop.

In Community Health Nursing
Nurses can recognize the various aspects affecting self esteem and assertiveness among females in community areas. Particularly as women hide their real feelings and preferences and not having knowledge about their basic rights. Various training programmes, dramas, role plays, skits can be organized to educate them so that they can stand up for oneself and can resolve conflicts. Educations regarding their own basic rights can be given. Assertiveness for community is helpful in many ways as improving family relationships and resolving conflicts. Community mental health nurse help community people to communicate their needs and wishes clearly by guiding them about different types of behaviour.

In Mental Health Nursing
Mental health nurse can use assertiveness training as an effective treatment for various psychiatric conditions, such as depression, social anxiety, and problems resulting from unexpressed anger. Assertiveness is substantial communication style that can be very helpful for mental health nurse to have successful relationship with psychiatric patients, families and colleagues. As psychiatric mental health nurses are confronted with daily responsibility of assessing, intervening and evaluating the client responses to stress and client interaction thus assertiveness can help them to identify the meaning of their own stress and develop strategies that increase personal and professional growth of both nurses and patients.

Nursing Administration
Nurse administrator should take initiatives in implementing assertive therapy programme in nursing curricula. Nursing administrator may make sure that nursing staff posted in the psychiatric as well as other wards are qualified enough in the field of assertive therapy. The administrator can make budgetary provisions for training nursing personnel on psychosocial therapies including assertive training in consultation with government and nongovernmental organizations.

Conflict of Interest
Not available

Financial Support
Not available

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