

ORIGINAL RESEARCH

Workplace Assertiveness of Filipino Hospital Staff Nurses: A Cross-sectional Study



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Abstract

Background: Several studies have demonstrated the significance of assertiveness in the nursing profession. However, there is a lacuna in the literature regarding the level of workplace assertiveness of Filipino nurses.

Purpose: This study determined the workplace assertiveness towards nursing colleagues, nursing management personnel, medical doctors, and other members of the health team among hospital staff nurses.

Methods: The data in this cross-sectional study were collected from randomly selected staff nurses (n=223) involving two tertiary hospitals in the Philippines using the Workplace Assertive Behavior Questionnaire. Descriptive statistics and tests for differences were used to analyze the data.

Results: Results showed that staff nurses had moderate workplace assertiveness. They were less assertive towards the nursing management personnel, and were less likely to provide constructive criticisms and say no to requests. Assertiveness significantly varied based on employment status ($p=.001$), age ($p=.046$), years of nursing work experience ($p=.037$), and years in the present organization ($p=.022$). A sense of responsibility to patients was the main facilitator while reprimand and fear of repercussions from the nursing management personnel were the major barriers to assertive behaviors.

Conclusion: Personal and work environmental factors can inhibit or support assertiveness. This study highlighted some gaps in Filipino staff nurses' assertiveness at work. Nursing management plays a pivotal role in nurses' assertiveness. Efforts should be made to address the barriers and improve the assertiveness of staff nurses.

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1. Introduction

Assertiveness or the ability to freely express feelings, thoughts, beliefs, and opinions that do not violate the rights of others is a desirable trait or skill nurses need to develop and possess in the workplace (Alberti & Emmons, 2008; Oducado, 2021a, 2021b). Assertive individuals are able to present suggestions directly and comfortably, respond and express their positive and negative feelings without undue anxiety and anger, give and take criticisms, and stand up, speak out, and act in their own best interest (Amicone & Miller, 2015; Larijani et al., 2017; Ames et al., 2017). As a learned communication skill or behavior (Timmins & McCabe, 2015), communicating assertively has been acknowledged as instrumental to ensuring patient safety and preventing adverse incidents in health care settings (Amicone & Miller, 2015; Omura et al., 2019). Moreover, the nursing profession cannot achieve full autonomy, empowerment, and good professional standing when nurses are not assertive (Arslan et al., 2013; Timmins & McCabe, 2015).

Acquiring knowledge on the effective use of assertive behavior and becoming more assertive in the workplace are important for professional nurses to effectively establish good teamwork, manage complex human situations, deal with the challenges in their workplace, and aid in the development of confidence (Ilyas et al., 2018; Mansour et al., 2020). Thus, assertive communication is considered an effective form of communication, a middle ground between passive and aggressive types of communication (Ames et al., 2017; Bulut et al., 2018). However, behaving assertively can be challenging for nurses (Okuyama et al., 2014).

Meanwhile, there are already studies conducted on assertiveness among nurses and nursing students in other countries like South Africa (Rasetsoke, 2012), Egypt (Ibrahim, 2011), Iran (Hadavi & Nejad, 2018; Hamooleh et al. 2018; Larijani et al., 2017), Pakistan (Ilyas et al., 2018), Turkey (Bulut et al., 2018), and India (Kaur et al., 2018; Sabatina et al., 2018; Sreedevi et al.,

2018). Prior researchers commonly used the Rathus Assertiveness Schedule (Ibrahim, 2011; Sreedevi et al., 2018; Kaur et al., 2018; Sabatina et al., 2018; Bulut et al., 2018) to assess the level of assertiveness. Moreover, there are also review studies conducted on assertiveness (Lyndon, 2006; Okuyama et al., 2014; Lee et al., 2021). Interestingly, the earlier work of Lyndon (2006) disclosed that the findings regarding nurses' assertiveness were mixed. The literature review of Okuyama et al. (2014) found that nurses still experience some difficulties asserting themselves. In addition, most of the studies reviewed by Okuyama et al. (2014) came from the United States of America, and the remaining originated from countries like Japan, Australia, Canada, and Ireland. A more recent systematic review of Lee et al. (2021) about factors influencing the speaking up behavior of nurses included studies conducted in Taiwan, South Korea, Japan, and Hong Kong. It has been argued that nurses' assertiveness in other countries with different cultural backgrounds can work differently (Okuyama et al., 2014). Maheshwari and Gill (2015) recommended investigating the socio-cultural circumstances or factors that may enhance or prevent assertiveness.

Moreover, prior studies have shown a number of determinants of nurses' assertiveness. For instance, Maheshwari and Gill (2015) found that age, nature of job, type of school in basic nursing education, type of hospital where nurses are working, and self-esteem affect nurses' assertiveness. Abed et al., (2015) noted that age, experience, and self-esteem are linked with assertiveness while Abdel-Aleem et al., (2009) disclosed that leadership style and job satisfaction positively influence nurses' assertiveness. The study of Oducado (2021a) reported that empowering behavior of leaders, psychological empowerment, and self-esteem were variables associated with assertiveness of staff nurses. Furthermore, Binuja and Nagarajaiah (2020) described intrinsic (e.g., gender, personality, knowledge, skill, confidence) and extrinsic (e.g., culture, religion, peer groups) factors influencing assertiveness in nursing.

Despite the significance of assertiveness, to the best of our knowledge, there is minimal evidence on nurses' assertiveness in the workplace in the Philippines. Also, there is not much attention in the literature exploring nurses' assertiveness from a generally collectivist society (Chan & Rowe, 2014). Whereas the Western culture tends to be individualistic and value assertiveness (Ma & Jaeger, 2010), the Philippines tends to be a collective-oriented society (Broomhall & Phillips, 2020). As local traditions and values provide a framework on how people behave and communicate, some Filipino values may not be supportive of assertiveness (Oducado, 2021a; Ordonez & Gandeza, 2004). Hence, a better understanding of assertiveness among Filipino nurses is deemed necessary so that measures can be done to improve assertive behaviors. This research was conducted to examine Filipino staff nurses' level of assertiveness towards their nursing colleagues, the nursing management personnel, medical doctors, and other members of the hospital team. This study also determined significant variations in staff nurses' assertiveness levels classified according to personal and work-related characteristics. In addition, staff nurses' reasons, facilitators, and barriers to workplace assertiveness were also investigated.

2. Methods

2.1 Research design

A cross-sectional research design was employed in this study. Data collection was done at one point in time giving a snapshot picture (Sapar & Oducado, 2021) of the assertiveness level of Filipino staff nurses.

2.2 Setting and samples

The participants of this study were Filipino staff nurses. The sample size was computed using the formula $n = N/(1+Ne^2)$. The sample size computation resulted in a minimum required sample size of 201. However, 230 questionnaires were distributed and proportionally allocated in one public and one private tertiary hospital in the Philippines. More than the required sample size was included to increase the diversity of nurses per hospital unit and to address refusal and nonresponse rates. A total of 223 staff nurses randomly selected through lottery technique participated in the study. The response rate was 97%. Only staff nurses in the two selected tertiary hospitals were included, while nurses who were 65 years old and above, and with supervisory positions, volunteers, and trainees, were not included in the study. Tertiary hospitals were selected because they are bigger and had more number of nurses. Moreover, only two tertiary

hospitals were chosen since the number of nurses in these hospitals were already adequate based on the priori power analysis.

2.3 Measurement and data collection

The Workplace Assertive Behavior Questionnaire by Timmins and McCabe (2005a, 2005b) was adopted in this study. Eight items assessing eight assertive behaviors were presented to assess workplace assertiveness. Nurses were asked to respond on a Likert scale (1 = never to 5 = always) how often they use these behaviors towards their nursing colleagues, the nursing management, and the medical personnel. Sample items include “I express my disagreement with my nursing colleague’s opinions where appropriate.”, “I provide constructive criticism to nursing management personnel.”, “I say no assertively to medical colleagues requests where appropriate.” Higher scores indicate higher assertiveness level. For this study, the 5-point scale was equally divided into three categories and the following arbitrary mean scale to interpret the results was used: High = 3.67-5.00, Moderate = 2.33-3.66, Low = 1.00-2.33. The cultural appropriateness of the instrument was examined by a panel of seven local experts in nursing using the survey instrument validation rating scale (Oducado, 2020). Pilot testing with 30 staff nurses in another hospital revealed a reliability of $\alpha = 0.95$ (Oducado, 2021a). The participants were also asked how assertive they are towards other healthcare team members: nursing attendants or nursing aides, institutional workers or orderly, midwives, physical or occupational therapists, dieticians or nutritionists, medical technologists, pharmacists, administrative staff (e.g., office clerks), and chaplain or priest. Response options for this section of the questionnaire was in the form of Likert scale (1 = never to 5 = always). A multiple response question to allow numerous answer alternatives and let the participants select more than just one option was used to inquire staff nurses about their reasons (11 items), facilitators (15 items), and barriers (24 items) towards behaving assertively in the workplace. Participants were also made to specify other options they deemed applicable. Staff nurses’ personal and work-related characteristics were also collected which include age, sex, highest educational attainment, type of school graduated, employment status, type of hospital, years of nursing work experience, years in the present organization, present unit of assignment, and if they had pre-service education or training and in-service attendance to seminars and training on assertiveness.

The self-completion pen-and-paper questionnaire was administered in 2019 between the months of June to July. The researchers obtained ethical and administrative clearances prior to data gathering. Proper coordination with the Nursing Service Office was made in the distribution of the survey questionnaires. The questionnaires that were placed inside sealed long brown envelopes were distributed by one of the researchers and two trained data gatherers to the participants who were assigned in the different units of the hospitals either before or after their shift or during their break time. The staff nurses were asked if they would be willing to participate in the study and informed consent was obtained. The participants were oriented with the purpose of the study, the benefits that they could get from participating, risks involved, and questions were entertained thereafter. The participants were allowed to answer the questionnaire at their preferred time and place. The survey forms were retrieved after sufficient time was given to the participants to fill-out the questionnaire. The completeness of the data entry was checked before each participant submitted the accomplished questionnaire. The data collected were coded and entered into the Microsoft Excel and the Statistical Package for Social Sciences (SPSS) version 23.

2.4 Data analysis

The data were described using frequency (f), percentage (%), mean (M), and standard deviation (SD). The t-test and ANOVA with Scheffe post hoc test assessed differences in assertiveness between categories after normality of data distribution was determined. Test of normality revealed that data does not deviate from normal distribution. The alpha level of significance was set at 0.05.

2.5 Ethical considerations

The Ethics Review Committee of the West Visayas State University approved this study with Protocol No. WVSU.UBRERC-2019.GS-I_003. The participants were informed and consented to participate in the study. This research report is part of a larger research project on the

assertiveness of Filipino nurses. Other components of the research project are published elsewhere.

3. Results

3.1 Personal and work-related characteristics

Table 1 shows that the average age of nurses was 32.34 years (SD=8.14). More than half were females (68.6%), single (66.4%), Bachelor of Science in Nursing (BSN) degree holders (67.3%), graduates of private nursing schools (89.7%), and permanently employed nurses (78.9%). An almost equal proportion of participants from the public (50.7%) and private (49.3%) hospitals participated in the survey. The average number of years of nursing work experience and years in the present organization were 7.36 years (SD=6.41) and 5.40 years (SD=5.43), respectively. The majority were currently assigned in the medical and surgical units (43.5%). Most did not receive education and training on assertiveness in the undergraduate nursing program (90.1%). A little over half have not attended in-service seminars or conferences (52%) and trainings or workshops (54.3%) on assertiveness.

Table 1. Personal and work-related characteristics

Profile	Categories	<i>f</i>	%
Age (years) M ± SD = 32.34±8.14	≥ 32	89	39.9
	27-31	89	39.9
	21-26	45	20.2
Sex	Male	70	31.4
	Female	153	68.6
Marital status	Single	148	66.4
	Married	75	33.6
Educational attainment	BSN	150	67.3
	BSN with Masteral units	73	32.7
Type of school graduated	Public	27	12.1
	Private	196	89.7
Employment status	Permanent	176	78.9
	Casual/Contracted	47	21.1
Type of hospital	Public	113	50.7
	Private	110	49.3
Years of nursing work experience M ± SD = 7.36 ±6.41	11 and above	54	24.2
	6 to 10	59	26.5
	5 and below	110	49.3
Years in the present organization M ± SD = 5.40±5.43	11 and above	35	15.7
	6 to 10	42	18.8
	5 and below	146	65.5
Unit of assignment	Medicine/Surgery	97	43.5
	Emergency/Out-Patient	20	9.0
	Intensive/Critical	33	14.8
	Dialysis	11	4.9
	Operating Room Theater	35	15.7
Pre-service education or training	Gynecology/Obstetrics/Pediatrics	27	12.1
	Yes	22	9.9
In-service attendance to seminars	No	201	90.1
	Yes	107	48
In-service attendance to trainings	No	116	52
	Yes	102	45.7
	No	121	54.3

3.2 Level of workplace assertiveness staff nurses towards nursing colleagues, nursing management personnel, and medical doctors

Table 2 shows that nurses had a general assertiveness score of 3.61 (SD=.55). Nurses' assertiveness scores towards their nursing colleagues, the nursing management personnel, and medical personnel were 3.78 (SD=.55), 3.40 (SD=.68), and 3.65 (SD=.65), respectively. Nurses were most likely to give compliments (M=3.95, SD=.68) and allow others to express opinions

($M=3.86$, $SD=.70$) but were less likely to provide constructive criticisms ($M=3.35$, $SD=.73$) and say no to requests ($M=3.27$, $SD=.90$).

Table 2. Level of workplace assertiveness towards colleagues, management and doctors

Assertive Behaviors	Nursing Colleagues			Nursing Management			Medical Doctors			General		
	M ± SD	I	R	M ± SD	I	R	M ± SD	I	R	M ± SD	I	R
Overall	3.78±.55	Hi		3.40±.68	Mo		3.65±.65	Mo		3.61±.55	Mo	
Giving compliments	4.27±.72	Hi	1	3.62±.97	Mo	2	3.96±.95	Hi	1	3.95±.68	Hi	1
Allowing others to express opinions	4.01±.76	Hi	2	3.76±.90	Hi	1	3.81±.90	Hi	3	3.86±.70	Hi	2
Placing requests	3.95±.74	Hi	3.5	3.62±.86	Mo	3	3.82±.77	Hi	2	3.79±.64	Hi	3
Making suggestions	3.95±.78	Hi	3.5	3.42±.94	Mo	4	3.74±.81	Hi	4	3.70±.69	Hi	4
Resolving conflicts	3.74±.91	Hi	5	3.23±.1.06	Mo	6	3.52±.97	Mo	5	3.50±.82	Mo	5
Expressing disagreement	3.57±.83	Mo	6	3.25±.93	Mo	5	3.51±.96	Mo	6	3.44±.74	Mo	6
Providing constructive criticisms	3.49±.87	Mo	7	3.15±.97	Mo	7	3.43±.94	Mo	7	3.35±.73	Mo	7
Saying no to requests	3.27±.1.09	Mo	8	3.12±.1.06	Mo	8	3.42±.1.04	Mo	8	3.27±.90	Mo	8

Note: I (Interpretation), Hi (High), Mo (Moderate), Lo (Low), R (Rank)

3.3 Level of workplace assertiveness with other hospital team members

Table 3 shows that nurses were most assertive towards the institutional workers ($M=3.93$, $SD=.93$, Rank 1) and nursing aides ($M=3.91$, $SD=.94$, Rank 2) and were least assertive towards hospital chaplain or priests ($M=3.16$; $SD=1.24$, Rank 8).

Table 3. Level of workplace assertiveness with other hospital team members

Hospital Team Members	Never	Seldom	Sometimes	Usually	Always	M±SD	Rank
	Percentage (%)						
Institutional workers	2.7	4.0	18.4	47.1	27.8	3.93±.93	1
Nursing aides	3.1	3.6	18.4	48.0	26.9	3.91±.94	2
Medical Technologists	4.0	8.1	21.5	47.5	18.8	3.69±1.00	3.5
Pharmacists	4.0	7.2	24.7	44.4	19.7	3.69±1.00	3.5
Midwives	8.1	9.4	20.6	42.2	19.7	3.56±1.15	4
Administrative staff	4.0	9.9	29.1	43.9	13.0	3.52±.98	5
Physical therapists	7.6	14.3	28.7	37.2	12.1	3.31±1.10	6
Nutritionists	6.7	14.8	31.8	34.5	12.1	3.30±1.08	7
Chaplain	14.3	13.9	26.0	32.7	13.0	3.16±1.24	8

3.4 Differences in staff nurses' workplace assertiveness according to personal and work-related characteristics

Table 4 shows that staff nurses with permanent employment status had higher assertiveness than nurses with contractual employment status ($t=3.240$, $p=.001$). We also noted significant differences in the workplace assertiveness of nurses according to age ($F=3.119$, $p=.046$), years of nursing work experience ($F=3.343$; $p=.037$), and years in the present organization ($F=3.881$; $p=.022$). On the other hand, comparing nurses' assertiveness based other personal and work-related characteristics showed no significant differences ($p>.05$).

Table 4. Differences in workplace assertiveness based on nurses' characteristics

Independent variables	M ± SD	Test Statistics	p-value
Sex [†]		1.227	.222
Male	3.68 ± 0.55		
Female	3.58 ± 0.54		
Marital status [†]		-.892	.373
Single	3.59 ± 0.56		
Married	3.66 ± 0.5		
Educational attainment [†]		-1.150	.251
BSN	3.58 ± 0.54		
BSN with MA units	3.67 ± 0.56		
Type of school graduated [†]		.119	.905
Public	3.62 ± 0.46		
Private	3.60 ± 0.56		
Employment status [†]		3.240*	.001
Permanent	3.67 ± 0.53		
Casual/Contracted	3.39 ± 0.57		
Type of hospital [†]		.352	.725
Public	3.62 ± 0.53		
Private	3.58 ± 0.56		
Pre-service education or training [†]		-.024	.981
Yes	3.61 ± 0.52		
No	3.61 ± 0.55		
In-service seminars [†]		1.341	.181
Yes	3.67 ± 0.50		
No	3.56 ± 0.59		
In-service trainings [†]		1.256	.210
Yes	3.66 ± 0.49		
No	3.57 ± 0.59		
Age [*]		3.119*	.046
32 and above	3.70 ± 0.60		
27-31	3.61 ± 0.51		
26 and below	3.45 ± 0.55		
Years of nursing work experience [*]		3.343*	.037
11 and above	3.64 ± 0.52		
6 to 10	3.75 ± 0.49		
5 and below	3.52 ± 0.58		
Years in present organization [*]		3.881*	.022
11 and above	3.55 ± 0.58		
6 to 10	3.82 ± 0.42		
5 and below	3.56 ± 0.56		
Unit of assignment [†]		1.191	.315
Medicine/Surgery	3.58 ± 0.58		
Emergency/Out-Patient	3.84 ± 0.50		
Intensive/Critical	3.68 ± 0.42		
Dialysis	3.47 ± 0.59		
Operating Theater	3.62 ± 0.62		
Gynecology/Obstetrics/Pediatric	3.52 ± 0.48		

[†]t-test for independent group, ^{*}ANOVA with Scheffe post hoc test, ^{*}p < 0.01

3.5 Reasons, facilitators, and barriers to workplace assertiveness

The primary reasons, facilitators, and barriers of workplace assertiveness among staff nurses are shown in Table 5. The foremost reason of staff nurses for behaving assertively was to defend personal rights (87.9%). The number one facilitator of assertive behaviors was a sense of responsibility to patients under their care (88.8%) while the main barriers to nurses' assertiveness identified by more than half of the surveyed nurses were reprimand from nursing management personnel (57.4%) and fear of repercussions from nursing management personnel (55.6%).

Table 5. Top five reasons, facilitators, and barriers to workplace assertiveness

Reasons, Facilitators, and Barriers to Workplace Assertiveness	<i>f</i>	%	Rank
Reasons for Assertive Behaviors			
To defend personal rights	196	87.9	1
To work better with the healthcare team	187	83.9	2
To safeguard patient safety	182	81.6	3
To speak on behalf or advocate for patient's rights	180	80.7	4.5
To communicate effectively	180	80.7	4.5
Facilitators of Assertive Behaviors			
A sense of responsibility to patients in your care	198	88.8	1
A sense of respect for the patients in your care	173	77.6	2
Personal values and beliefs	172	77.1	3
Personal confidence	170	76.2	4
Personal experience and skills in assertiveness	164	73.5	5
Barriers to Assertive Behaviors			
Reprimand from nursing management personnel	128	57.4	1
Fear of repercussions from nursing management personnel	124	55.6	2
Reprimand from medical personnel	101	45.3	3
Fear of repercussions from nursing colleagues	95	42.6	5
Fear of repercussions from medical personnel	95	42.6	5
The organizational culture, climate, or work atmosphere of the hospital	95	42.6	5

Note: Multiple Response Item

4. Discussion

This study examined the level of assertive behaviors of staff nurses in two large tertiary hospitals in the Philippines. In this study, it was demonstrated that Filipino staff nurses were moderately assertive in the workplace. Filipino nurses may not be highly assertive given the generally collectivist culture in the Philippines (Oducado, 2021a). Collectivistic cultures place more value on maintaining harmonious working relationships and group identities (Lee et al., 2021). Causing disharmony and tension among teams or concerns about upsetting a colleague restrict assertiveness (Omura et al., 2018). As traditions and values provide a framework for communication and behavioral patterns of Filipinos (Ordonez & Gandeza, 2004), Filipinos are likely to be nonconfrontational and have high regard for the age-based seniority and authority (Ordonez & Gandeza, 2004). Nevertheless, it is argued that too little or too much assertiveness can be problematic (Ames et al., 2017). Similarly, a moderate or average level of assertiveness was noted in the majority of samples in a study conducted in India before assertiveness training (Kaur et al., 2018), and in a study conducted in Iran (Hamooleh et al. 2018). Limited assertiveness was reported among nurses and nursing students in another study in Iran (Larijani et al., 2017; Hadavi & Abdorrazagh Nejad, 2018). Some other nurses in South Africa admitted being lacking of assertiveness skills (Rasetsoke, 2012). Additionally, the majority of the samples of studies conducted in India among nursing students were non-assertive (Sabatina et al., 2018; Sreedevi et al., 2018). A low level of assertiveness was also noted among 50.6 percent of nursing students in Turkey (Bulut et al., 2018).

Moreover, this study found that staff nurses were less assertive towards the nursing management personnel. At the same time, reprimand and fear of repercussions from the nursing management personnel were the primary barriers to assertiveness. Nurses may be less assertive towards those in higher positions in the organization's hierarchical structure. Similarly, nurses in Malta were more assertive in their behavior with their colleagues than with medical officers and the least with the nursing management (Brincat, 2012). Nurses also reported the least barriers towards their nursing colleagues (Brincat, 2012). It has been reported that nurses encounter barriers in asserting themselves when they have to assert up in the hierarchical system found within hospitals (Thrasher et al., 2017). Power and dominance in an organizational structure are chief barriers for nurses to showcase assertive behavior (Brincat, 2012). The power differentials evident in traditional healthcare cultures and the hierarchical structure of healthcare environments can render it difficult for nurses to be assertive (Omura et al., 2018; Reese et al., 2016). On the other hand, nurse managers play a pivotal role in creating a work environment and communication culture that will allow nurses to practice assertiveness (Garon, 2012). Another

study also noted that supportive working culture facilitates nurses' willingness and ability to speak up about their concerns (Mansour et al., 2020). Hospital administrative support, positive team culture, hierarchy, and power differential were also identified in a systematic review as factors influencing East Asian nurses' willingness to voice their concerns regarding patient safety (Lee et al., 2021). Furthermore, the findings of this study disclosed nurses behaved more assertively towards those who are under their supervision, such as nursing aides and institutional workers. This result is consistent with Timmins and McCabe's (2005b) and Brincat's (2012) findings. The result of this study may also indicate that nurses may be more assertive to hospital team members they frequently interact with (Brincat, 2012).

Meanwhile, being assertive means acting as a patient advocate to safeguard their rights and the rights of their patients (Mushtaq, 2018; Oducado, 2021a). The current study's findings suggest that reasons for behaving assertively among nurses demonstrate recognition of personal rights and responsibility to patients under their care. Moreover, the present research revealed that nurses' sense of responsibility to their patients, their knowledge, skills, and confidence facilitate assertive behaviors at work. Similarly, Timmins and McCabe (2005b) found that responsibility to patients appeared as a key supporting factor for behaving assertively in the workplace. Motivation toward patient safety also promoted nurses' willingness to speak up as reported in other studies (Omura et al., 2018; Lee et al., 2021).

Interestingly, nurses in this study seemed to practice more affirmative assertive behaviors like giving compliments, allowing others to express their opinions, making suggestions, and placing requests than saying no, providing constructive criticisms, expressing disagreements, and resolving conflict. Likewise, the findings of Timmins and McCabe (2005ab) noted that nurses were more frequent in giving compliments and allowing others to express their opinion. However, nurses were less frequent in expressing their own needs, such as expressing their disagreement, giving constructive criticism, and saying no, which is the core of assertive behavior. Brincat (2012) also found that nurses were more assertive in giving compliments.

It is also remarkable that most staff nurses in this study had limited pre-service and in-service education and training on assertiveness. Almost a similar proportion of nurses in Malta indicated that they received some form of training on assertive behavior (Brincat, 2012). A study also noted gaps in the theory and practice of assertiveness (Mansour et al., 2020). While undergraduate nursing education emphasizes the need to acquire assertiveness skills, it failed to deal with some important and critical operational skills which would aid nurses in translating theory into practice (Mansour et al., 2020).

The post hoc test on this study showed that staff nurses aged 26 years old and below, with five years and below nursing work experience and years in the present organization, were significantly less assertive in the workplace. Possibly, in this study, age, years of experience, and length of service coincided with each other, wherein those who had lesser years of experience and length of service tended to be generally younger. The result of this study is similar to the findings of Maheshwari and Gill (2015), wherein nurses in India who were on regular job and greater than 50 years old were reportedly more assertive. Earlier research also noted a significant positive correlation between age and experience with assertiveness skills in a sample of psychiatric nurses in Egypt (Abed et al., 2015). Correspondingly, novice nurses' perception of having limited knowledge and experience and age-based seniority were explained factors affecting the assertiveness of Japanese nurses (Omura et al., 2018).

5. Implications and limitations

This study provided insights on the assertiveness of Filipino nurses and the result of this research has important implications to nursing practice and education. Recognizing the relevance of assertiveness in the nursing profession, assertiveness in the workplace must be improved, supported and reinforced. Nurse managers and leaders have a pivotal role in promoting or hindering assertiveness of staff, thus are encouraged to create a work environment that will permit nurses to practice assertive behaviors. Additionally, the results of this study may be valuable towards the development of assertiveness training for staff nurses, giving priority to novice, inexperienced, and contracted staff nurses. Training of assertiveness may be started in the undergraduate program so that nurses can showcase assertiveness at the start or as they begin practicing their profession.

This study has certain limitations. This study is limited to the two tertiary hospitals among staff nurses in the Philippines. Generalization to all Filipino nurses is not possible at this point. Data were gathered at a single point in time (cross-sectional design), and our research design did not measure changes in assertiveness over time. There is also a potential for self-reported bias because of the use of a self-administered questionnaire. Future research may be conducted with larger cohort samples of nurses and among nurses in other fields of specialization. Research involving a qualitative research design may be done, and other factors relating to the assertiveness of nurses may be explored. Nevertheless, this study contributed to the body of knowledge and a better understanding of nurses' assertiveness.

6. Conclusion

Filipino staff nurses are moderately assertive in the workplace. Our study underscores that personal and work environment factors can inhibit or support assertive behaviors. The findings of this study also highlight some gaps in the assertiveness of Filipino staff nurses at work. Nurses are less assertive towards those in the higher levels of the nursing hierarchy, and the influence of the nursing management appears to be a great factor for nurses to behave assertively. Moreover, nurses have some problems in giving constructive criticism and in saying no. It is also noteworthy that pre-service and in-service assertiveness education and training have not been given much attention in the Philippines. Efforts should be made to address the barriers identified in this study to improve nurses' assertiveness. It may also be worth introducing assertion training in the undergraduate nursing program and continuing professional development of nurses. And while training for assertiveness may be beneficial to all nurses, particular attention must be given to novice or young nurses who are just starting their career.

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Author contribution

RMFO: Involved in the study conception and design, data collection and analysis, and writing the draft and final version of the manuscript. HCM: Provided guidance and supervision for the entire study and provided significant inputs and critically revised the manuscript for important intellectual content. All authors read and approved the final version of the manuscript

Conflict of interest

The authors declare that they have no conflict of interest.

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