

EXECUTIVE SUMMARY

Title: Indices of Assertiveness Among Staff Nurses in a Private Tertiary Hospital in Iloilo City

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Background and Rationale of the Study

Nurses are the largest group of health care providers in a rapidly evolving field. Numerous advances in health care have expanded the nurse's responsibility and necessitated concurrent changes in nursing practice. As a result, there should be a need for a new nursing image, one that is assertive, competent, and self-sufficient.

Being assertive in the Philippines is based on certain principles, including equality, respect, responsibility, and accountability. Being an assertive nurse promotes client rights, fairness, and equality, and most significantly, the efficiency and efficacy of nursing practice. Additionally, the hierarchical structure of the nursing profession in the country needs assertiveness on the part of nurses in upper management. Assertiveness can help nursing directors, supervisors, and nurse managers to communicate and express themselves competently. Also, it enables them to stand up for their own corresponding point of view and respecting the rights and beliefs of others.

Assertiveness, as defined by Maheshwari and Gill (2015), is an interpersonal behavior that promotes equality in human relationships by assisting an individual to give expression to their rights, thoughts and feeling in a manner that neither denies or demeans

but recognizes and respects those of others. Assertive behavior could enhance someone's personal power and self-confidence. Becoming more assertive allows individuals to empower self-esteem, without diminishing that of others. Furthermore, assertive people defend their own rights as well as the rights of others. They are responsible for their personal decisions and allow others to make their own. Non-assertive persons, on the other hand, repudiate the human rights of others **only** to seek gratification from other people. As a result, they feel upset and anxious by not showing their true feelings and allowing others to choose for them.

According to Omura, Maguire, Levett-Jones and Stone (2016), assertiveness is often mistaken for aggressiveness. The latter involves the inappropriate expression of views and emotions in a manner that ignores the rights of others. Assertiveness also differs from passive or submissive behaviors, which allow others to violate one's rights. Personal anguish, disillusionment, and even self-recrimination are all negative effects of passive and aggressive behavior. Individuals who behave in this manner, on a regular basis, may get stressed and burned out. People who lack assertiveness are also more likely to be victims of workplace violence. In effect, assertiveness is fundamental for preserving mental health, particularly for those who work in high-stress environments, such as health professionals.

In today's healthcare setting, professional nurses are expected to become more cognizant of how to use assertiveness efficiently in their individual workplaces. This would also enable them to successfully deal with the challenges in human resources. Furthermore, assertive staff nurses can provide recommendations in a straightforward, comfortable manner, accept and give criticism, analyze the rights and responsibilities in a nursing context, and act on evaluations in a logical problem-solving manner (Clark, 2010).

Ideally, assertive professional nurses should be able to stand up for their rights while acknowledging that of the others and should know their strengths and limitations. In complex situations, instead of attacking others and defending themselves, assertive nurses should assess the situations and be collaborative, supportive, neutral, and non-threatening. They should accept challenges and deal with conflict effectively by assisting other people to deal with their own anger (Rousell, Swansburg and Swansburg, 2006). Furthermore, it can provide nurses with professional dignity, allow them to address professional challenges, and prevent them from making inappropriate judgments. Nurses' assertiveness is also significantly connected to their caring abilities. (Hadavi and Abdorrazagh Nejad, 2018).

Nurses are generally viewed as being in submissive roles and needing to live up to societal standards in a profession that is predominantly female- dominated (Timmins and McCabe, 2015). In the study conducted by Dubrosky (2015), the effects of the gender gap are even more noticeable when nurses stand up for themselves or advocate for their patients. Sometimes participants felt that simply being a woman caused difficulties when interacting with male physicians. However, according to the findings of Hadavi and Abdorrazagh Nejad's (2018) study, there is no significant difference in assertiveness ratings between male and female participants, albeit female individuals have somewhat higher assertiveness scores than their male counterparts. Men are more assertive because they participate in more social activities, whereas women are more passive. The minor association between gender and assertiveness, on the other hand, may be attributed to both male and female nurses' obedience to physicians.

Nurses have been found to be less assertive in the workplace than in everyday life, emphasizing the multi-faceted character of assertiveness. According to Fulton (2018), the majority of nurses think and work less assertively in the workplace than they do outside. Correspondingly, the study of Poroch and McIntosh (2015) found that nurses have

moderate to low assertiveness skills. Likewise, Timmins and McCabe (2015) discovered that nurses and midwives must learn how to express themselves. Finally, Ibrahim (2019) similarly found that only 60.4% of the student nurses included in their study were assertive.

Constantly, nurses interact with patients, colleagues and other health care professionals. This interaction is improved by good communication skills of nurses. Also, several studies have suggested that nurses lack assertiveness skills, and that this deficiency in assertiveness results in diminished communication efficacy, thus compromising patient care (Poroch and McIntosh, 2015).

Moreover, the study conducted by Nur'ain Balquis, Ibrahim and Rajab (2013) found that Asians are less assertive than Westerners because the principles of assertiveness may be in conflict with the values of Asian society. According to Coleman (2015) Filipino nurses are less assertive than their European and American counterparts, but this is slowly changing, since Filipino nurses deployed all over the world are now beginning to let their voices be heard, although no study has yet to be done to validate such allegations.

In general, staff nurses' behavior in the clinical context has a substantial impact on the quality of care they deliver to patients. According to Bucco (2015), assertiveness is a strategy for improving therapeutic communication, fostering a safe atmosphere for patients, resolving conflicts successfully, building self-confidence, and expanding nurses' professional responsibilities in healthcare settings.

Epistemological and Theoretical Perspective of the Study

Philosophical underpinnings are the foundations of how people think and study social phenomena; they guide the methods and procedures for assembling and dissecting data (Corbin & Strauss, 2008). Also, they are conceptual frameworks that enhance

reasoning and understanding, as well as providing a background and perspective from which to approach a social process (Crotty, 2012). Owing to the disposition of the research problem, the inquiry must be guided by a particular paradigm, along with the appropriate philosophical keystones. One of the most perplexing yet stimulating pursuits in preparing to embark on a research journey is grasping the precise role of philosophical underpinnings in the entire process.

This study of nursing assertiveness used GT methodology. First proposed by Glaser and Strauss (1967), this is a qualitative research method using inductive reasoning to study the meaning of human behavior by looking for, describing, and explaining processes. Symbolic interactionism is the philosophical underpinning of GT. This is a theoretical perspective that instructs the processes for that mode of social research that closely examines the method by which humans discover meaning in terms of understanding their relationships with other people and their surroundings (Samson-Mojares, 2017). The key methodological implication of symbolic interactionism is the importance of getting at the meaning of individuals' experiences to understand and explain their behavior (Meltzer & Manis, 1967). Language, actions, environment, and people are significant symbols that interact together and emanate meanings. Symbolic interactionism assumes that individuals act toward things and people based on meanings, and that meanings arise from interaction with others. Based on Munhall (2012), individuals revise meanings through an interpretive method utilized to generate sense so that the individual can cope with the social world.

According to Blumer (1969) there are three principles that support the nature of symbolic interactionism. First, the ways a human being behaves toward things, are based on the meanings those things bear for him or her. These things include physical objects, other living things such as other humans, relationships, institutions, ideas, situations; in short, everything and anything an individual comes across in their lifetime. Second, the

meanings attached to things evolve from the person's social interactions with others. The complexity lies in the fact that the meaning attributed to a thing arises out of the manner with which other people behave toward the person as it relates to the thing. Meanings are constructed within, and by means of, human interactions. Meanings are social outcomes. Third, these meanings are adopted and revised by way of an interpretative process exercised by the person in coping with the things they come across. The most significant part of the third principle is the internal social interaction in which the person engages. The constant adaptation and revision of meanings occur after an individual goes through a process of decoding, or understanding, or making sense of something. This process takes place within the person; it is an interaction with oneself.

The development of understanding through symbolic interactionism follows a cycle in which meanings arise from actions, which in turn, influence a reaction (Charmaz, 2006). The attention is centered on the active connection between meaning and action and the fashion through which people participate in generating and negotiating meaning. It provides the assumption that individuals are dynamic, imaginative, introspective, and that their social life entails a process. Symbolic interactionism enables us to regard a culture that is made up of human beings who are engaged in organic activities (Blumer, 1965). These activities involve an ongoing process of actions, interpretations, interactions, and reactions within the self and simultaneously with others.

Along with, symbolic interaction emerged from the philosophy of pragmatism. Pragmatism, as described by Munhall (2012), is a philosophy that emphasizes the practical rather than theoretical importance of knowledge; truth arises from a combination of an inductive inquiry and empirical observations. Inquiry is driven by assessing the usefulness of making a change. The first assumption states that change is characteristic of social life through social connections and social activities. The second assumption posits that human interactions, social processes, and social changes are best understood

through the individual's point of view.

Furthermore, the knowledge is generated through action and interaction; and its expansion occurs through shared experiences (Corbin & Strauss, 2008). The cycle begins with having an idea or knowledge of something; followed by implementing the idea or putting it into action. This in turn reveals new sets of challenges, which also give way to new ideas and thoughtfulness, and births new knowledge. In *like* manner, human beings approach problems with ideas which they have accumulated over time and through previous interactions. Yet, since every circumstance is different, as they apply previous ideas to new problems, new interactions and knowledge arise. For pragmatists, there is no breach between knowledge and everyday action; theory is always being practiced (Strauss & Corbin, 2008). The view of reality is characterized by flexibility and malleability that is sympathetic to multiple understandings (Charmaz, 2006). In the same vein as symbolic interactionism, pragmatism presumes that individuals are active and creative, and they come to know and understand the world through actions, meanings, and the way they solve problems. Likewise, people associate actions with meanings and truth or reality as interim and contingent.

Hence, GT was the qualitative approach that best served the purpose of this study. It is an exploratory technique which unearths theory from data that has been obtained through an inductive process (Fain, 2004). Glaser and Strauss merged their diverging backgrounds by balancing the rigor of Glaser's quantitative background with the depth and breadth of Strauss' qualitative background (Charmaz, 2006). Glaser and Strauss (2012) reasoned that developing theory from data is the prime goal of contemporary sociologists who have the ability to get to the core of social matters and understand dynamics among human beings and their surroundings. It is important to have a research approach that allows us to solve (examine) the puzzle (issue) from the perspective of the participants, rather than imposing a confirmed theoretical framework against it (Munhall, 2012).

Moreover, a GT approach illuminated nursing assertiveness. It explained the perceptions and experiences of nurses faced with the challenges in the workplace. Developing a theory addressing this issue is long overdue. As nurses being the vital individuals in the healthcare industry, it is extremely significant to conduct this qualitative research study in the participants' natural environment. GT looks at a social process; in this case, assertiveness in nursing, from the perspectives of nurses who are immersed in the experience.

Objectives of the Study

This study discovered and explored staff nurses' perceptions and experiences on assertiveness and answers the research question: "What are the indices of assertiveness among staff nurses in a private tertiary hospital in Iloilo City?"

Research Design

Denzin and Lincoln (2011) described research design as a flexible set of guidelines that connect theoretical paradigms, first to strategies of inquiry and, second, to methods for collecting empirical material. It specifies how the researcher will address the specific issues that the inquiry represents. It places the researcher in the empirical world and connects the researcher to the materials necessary to answer the research question. In conducting this inquiry, it utilized the classical or Glaserian GT. However, the structural design of GT can be shifted to one structure to another during data gathering, coding and constant comparative analysis. Thus, other GT approaches (e.g., Strauss & Corbin and Charmaz) were also considered in this study.

Classical or Glaserian GT guided this study to develop a theory of assertiveness among staff nurses in a private tertiary hospital in Iloilo City.

Assertiveness is a subjective phenomenon that must be explained indirectly by the

respondent and very little direct data about the thinking of staff nurses has been collected and analyzed.

GT employs an inductive approach consisting of a systematic method to develop a theory based on a social phenomenon. It is used when processes, content, or situations need to be investigated and explained, when experiences and subjective information need to be studied, and when theories to guide action need to be developed (Birks & Mills, 2011). Furthermore, according to Creswell (2013), the aim of GT is to discover and determine any social or cultural influences that shape human behaviors. In GT, the researcher generated a general explanation of a process, action, or interaction formed from the views of a large number of participants. The researcher initially identified the phenomenon to be studied then explored the patterns of interactions and behaviors among particular populations. In the process of investigation, it is essential for the sample population to truly experience the phenomenon or social process that is being investigated. The results produced from the study is said to be grounded or imbedded in the data.

More importantly, the main purpose of GT methodology is to develop a theory. In the process, terms are defined, relationships between concepts are understood, and constructs are built. A functional theory of nursing must integrate the evidence-based hard science body of knowledge with the holistic-humanistic body of knowledge. It must be applicable to any area of nursing and must consider the powerful influences of culture and context. According to Chinn and Kramer (2011), two nursing theorists who have contributed a grand theory of the scope of nursing, any nursing theory must include emancipatory, aesthetic, ethical, personal, and empirical ways of knowing to have a complete and balanced perspective. A nursing theory must demonstrate how nurses, patients, environments, or administration's function. It must be researchable, teachable, practical and useful. It must use operationally defined, specific terms, standardized

language, and must be explained on a level conducive to understanding by nurses. It is easy to understand why nurses shy away from theorizing in nursing: the knowledge base is too large and the environments of care is too diverse to be encompassed easily by a single theory.

Constant comparative analysis technique, a core characteristic of GT, is used as the groundwork for the analysis and theory generation (Glaser, 1992). As part of this technique, data will be constantly analyzed, compared, checked and refined, as they will be generated (McCallin, 2003). This kind of comparison is crucial as it formed the starting point for decisions regarding theoretical sampling, specifically, if and where to look for the next relevant data. When additional data did not add new information or anything different to a category or the emerging theory, then data collection stopped and saturation is said to have occurred (Glaser, 1978).

On the other hand, theoretical sensitivity forms the basis for GT research (Glaser, 1992). Theoretical sensitivity implies the personal qualities of the researcher. According to Strauss & Corbin (1998) the researcher will remain insightful, capable to make meaning of and give meaning to the data, and able to separate germane data from irrelevant data. Also, the researcher is receptive and sensitive to the narrative that will be presented by the participants of the research study (Glaser, 1992). The researcher will be able to discern what is significant in the data and give it meaning. A continuous process evolved looking for patterns that could suggest emerging categories and their properties, and identifying emerging relationships between the categories (Glaser, 1992). Keeping in perspective that the emerging theory must be derived from the data and not forced from the data (Glaser, 1992).

Along with, the researcher's theoretical sensitivity can be enhanced by keeping up to date with extant literature. Glaser (1998) stated that the researcher should be reading voraciously in other areas and fields while doing GT to keep the theoretical sensitivity.

The researcher should remain sensitive to the emergence of categories, their properties and relationships without any preconceived ideas (Glaser, 1998). Pursuing knowledge in related and unrelated fields can help the researcher expand on ideas about one's own phenomena under study (Schreiber & Stern, 2001). Using the literature for differences and similarities with emerging categories help to avoid forcing the data. Moreover, the literature become a data source, along with other sources of data such as focus group interview. Keeping a critical perspective when reading the literature, taking advantage of the literature to stimulate insights toward the emerging theory, and not favoring the literature with respect to the emerging categories, properties and relationships will aid to enhance theoretical sensitivity capability, a vital component in a GT study.

Outcomes of the GT method may contain interpretive and theorizing components, and most research will present both types of outcomes (Schreiber & Stern, 2001). The focus for interpretive outcomes is on the holistic representation and dense description, and not on weakening the authenticity of this component with other theory and shared concepts. Further, theorizing outcomes tend to build on and refine concepts and theories that assimilate variations into an explanatory model. This study accentuated the interpretive descriptive representation of outcomes and findings. This type of outcome is important as there is little known about nursing assertiveness.

The basic social process (BSP) is a central concept in GT method (Glaser, 1978), and GT is developed around this core category (Reed & Runquist, 2007). As Glaser (1978) defined BSPs as fundamental patterns in the organization of social behavior as it occurs over time. Hence, the GT method must focus on answering the conceptual question (Benoliel, 1996).

Moreover, Glaser (1992) divided the data coding process into two—substantive coding, which includes open and selective coding, and then theoretical coding—the last phase of Glaser's coding process. The intention of this final phase is centered on a core

category or central phenomenon that has emerged from the data. Throughout the entire study, these features of GT happened simultaneously: theoretical sampling, the constant comparative method, coding and categorizing, memo writing, and theory generation (Jeon, 2004).

Methodology (General and Applied Methods of Inquiry)

GT was an appropriate fit for nursing inquiry because staff nurses value context and perspective. The practice of nursing can be readily understood considering social interactionism theory (Corbin & Strauss, 2008). Within the context of a health problem, staff nurses, patients and their families, and other health care professionals collaborate to create a desirable health care environment by discussing goals and deciding on actions that will lead to a more suitable state of physical, psychosocial, or spiritual health. Staff nurses understand that meeting individual patient requirements is extremely contextual, and that variables such as developmental stage, culture, and socioeconomic resources should be incorporated into their thinking.

Additionally, nursing practice can be seen of as a series of acts and interactions between doctors, patients and their families, fellow nurses, and other members of the health care team, in which they are challenged to reinterpret actions and develop the self of a professional nurse. Thus, GT was an ideal vehicle for investigating how staff nurses, patients and their families, and other health care professionals interact with one another and their environment, the meanings they ascribe to the process, the actions they take as a result, and their conception of the desirable state.

Participants of the Study

Purposive and theoretical sampling is used in grounded theory studies even though sampling in grounded theory is said to be theoretical (Cutcliffe, 2000). The initial

sample comprised of staff nurses who had experience the phenomenon of interest.

Theoretical sampling is a hallmark of GT. Fassinger (2005) stated that it is a process in which continued sampling occurs concurrently with data analysis that has commenced immediately upon receipt of the data; the introduction of new data is directed by the gaps, unanswered questions, and underdeveloped ideas in the emerging theory.

The participants were chosen purposively to identify shared similar experiences and able to provide an in-depth description of the phenomena of interest. Purposive sampling, as described by Munhall (2010), is a sampling strategy in which participants are selected based on a set of predetermined criteria. The criteria include the characteristics of a good informant and the relevance of the research issue to the participants' experiences. Participants in this study were well-versed on the phenomenon and eager to share their personal stories. Additionally, the sample must be founded on a set of principles, including similar work experiences (Flick, 2014). The research question necessitated that the individuals had similar experiences with the phenomena. This study used classical GT's primary data gathering methods which were individual and focus group interviews to understand and recognize the significance of the participants' individual experiences.

To guarantee that the participants had comparable experiences with the phenomena, the following criteria were used to choose the purposive sample for this study:

- Employed as a regular staff nurse by the period of interview;
- regular staff nurse in different nursing units in the same institution;
- at least one or more years of work experience as a staff nurse (including experiences as a nurse trainee, casual nurse, and probationary) in the same institution;

- able and willing to fully describe their experiences on assertiveness in the clinical setting;
- able to give informed consent.

Meanwhile, exclusion criteria include:

- Nurses who have had one year of experience but still on probation;
- staff nurses who have had a total hospital experience of two years but from different institution;
- nurses who have had experience from other diagnostic and/or imaging department of the hospital is not counted.

Due to current situation, the identified participants based on the inclusion criteria are contacted either by telephone, email and/or their preferred social media platform. The initial telephone contact was made to discuss the research study and answer questions, as well as to ensure that the potential participant met the inclusion criteria before proceeding.

Each participant signed two distinct consent forms. The first form required the participant to affirm that they were giving their consent to be a part of the study. There will be specifics in the form regarding the details of participation, such as the study's background and objective, as well as provisions allowing participants to withdraw at any time if they change their minds about participating. In addition, the researcher's contact information was provided in case any inquiries or verifications were required. The second consent form gives permission for videotaping and analyzing the participants' interviews, as well as allowing the findings to be used in future research projects.

The participants were explicitly informed that the interview sessions would not exceed an hour in duration. Additionally, a follow-up interview may be necessary to elucidate participant statements or responses. A follow-up interview was expected to last

less than 15 minutes.

Additionally, the number of participants was determined in accordance with theoretical saturation. This was accomplished once the density and saturation of the key categories had been reached during analysis and additional interviews provided no new information. In a nutshell, the theoretical saturation point was defined as the point at which participants had the same and repeated experiences throughout the interview and no new experience emerged.

Research Setting

Each participant was scheduled for an interview at a time that was convenient for them. Due to the current pandemic, participants were given the option of being interviewed in person, over the phone, or via a mobile video conferencing application (e.g., Skype, Facetime, Facebook Messenger). If the participant agreed to an in-person interview, the suggested infection prevention approach was strictly followed. Otherwise, they were instructed to engage in the interview at a calm, private location devoid of distractions and with a reliable phone signal. All interviews took place in the conference room of the tertiary hospital chosen. Prior to the interview, participants were informed that they might refuse to answer any question or terminate the interview at any time without incurring any consequences.

Data Collection Procedures and Strategy

GT methodology as developed by Glaser entails a distinct process for collecting and analyzing narrative data. The data sources included were in-depth key informant interviews and observations using field notes and video recorder handled by the researcher. Perceptions and potential assumptions by the researcher were taken during the whole interview process were reflected on the field notes and memos. These are

important sources of data in GT research more importantly during data analysis.

The primary methods of data collection for this study were semi-structured and open-ended interactive individual interviews and one focus group discussion (FGD) with the staff nurses in a private tertiary hospital in Iloilo City. The main purpose was for the staff nurses who participated in the study disclosed their perceptions and experiences on assertiveness.

FGDs are used to gather data, and provide insight, into the attitudes, perceptions, and opinions of participants (Krueger, 1994). These types of groups usually take place in a natural environment, make use of open-ended questions, and the participants are influencing and being influenced by others to respond to questions and comments to provide a much richer and deeper data (Krueger, 1994). The major advantage of this type of interview is to provide a forum for dialogue and to garner perspectives on assertiveness with a group of participants interacting in one place and time. In this study, the focus group comprised of five (5) staff nurses who had common interests and willing to share their personal perceptions and experiences on assertiveness. The participants in the focus group will create a dialogue through the process of interactional exchange, stimulated thinking and responses from each other (Kreuger, 1994). In doing so, participants were able to clarify their own thoughts and behaviors regarding the topic of interest. A non-threatening and friendly environment to encourage group cohesiveness and a sense of community were established thereby allowing participants to freely express themselves.

Individual interviews were means of gathering data by speaking with participants, while simultaneously observing both their verbal and non-verbal reactions to questions posed by the researcher. Meanwhile, focus groups were steered to staff nurses working in the same institution in order to promote interaction and self-disclosure of experiences. Focus groups yield the best results from interaction of the participants, participants with

similarities, and participants that may be hesitant to self-disclose (Creswell, 2008).

The researcher was the sole person collecting this data. With the participants' permission, the interviews were taped via a mobile phone's video recorder. The duration each interview was thirty (30) minutes to one (1) hour. To minimize disruption and enable the sharing of viewpoints and interpretations, participants in both individual and focus group interviews were given the option of being interviewed at their place of employment or another convenient location. They were contacted to confirm the interview date, time, and location.

Before the beginning of the interview, mechanisms for maintaining confidentiality were discussed with every participant for both the individual and focus group. Confidentiality was maintained by removing any feature or information that might provide a lead or indicate the participant's identity from the research records.

At the outset of the interview, demographic information was gathered. This is to substantiate the study's inclusion. Age, sex, employment status, years of experience as a staff nurse and area assignment. This information was necessary in order to characterize the individuals. The study's sample size was determined by the theoretical saturation point.

Semi-structured interviews were used for both individual and focus group discussions to gather the data of this study. An interview is a purposeful process, yet it emphasizes the value of considering the relationship between the interviewer and the interviewee (Creswell, 2013) which played an essential part in data collection and analysis. Prior to the interview's actual recording, an informal conversation and an explanation of the full interview process took place. The participant was allowed to converse and feel comfortable with the researcher before the actual interview. Participants were then asked if they were ready to begin, and that the video recording started.

In CGT, the goal is to listen to the participant's main concern rather than assuming a preconceived problem (Glaser, 2007). CGT generally does not support the use of an interview guide to minimize forcing of interviewee responses and reduces constructivism (Simmons, 2011). The interview was semi – structured in order to elicit information about the participants' experiences, to meet the inquiry's emancipatory aims, and to address the research question. It provided a full and rich description of staff nurses' thoughts, feelings, and concerns regarding their experiences on assertiveness. It began with a grand tour question that drew the participant's attention to the topic of concern, which was, assertiveness among staff nurses. The substance of the grand tour questions was shared with the participants in advance to give them an opportunity to gather their thoughts and reflect on their personal experiences.

In focus group session, a more personable, trusting, and interactive relationship with the participants were created. Moreover, direct contact with the participants allowed the researcher to pay attention to cues and nonverbal communications. These cues and non-verbal communications within context were captured and added richer interpretation of the data beyond that of the spoken word. They were encouraged to share their points of view even if it differed from other participants.

Apart from this, participants were recommended and advised to expand their answers with stories to exemplify and develop on their thoughts. According to Banks (2014), the researcher will understand that narratives and storytelling are means for individuals to make sense of their worlds and that the experiences recounted are both historically situated and current. The histories of both the participants and the researcher have an effect on the narratives that emerge during the interviews and data processing (Doane, 2014). Thus, it is indispensable for the researcher to continuously reflect on preconceived ideas, beliefs and assumptions were accounted for within the narrative. As the study continued, different questions elaborating on the participants' perceptions and

specific experiences were asked in subsequent interviews. Although not all participants were asked the same questions, similar concepts were able to explore. To achieve the goals of GT, the researcher tried to ask questions in a way to discover and explore the participants' perceptions and experiences on assertiveness and not their theoretical knowledge. It was the experience and interpretation of the respondents that were discovered, not the individual's knowledge of the relevant literature. To differentiate between the two, the researcher was careful not to use terminology that reflected the researcher's own perceptions, orientation, and theoretical perspective.

To enhanced reflexivity of this study, the researcher utilized a journal about personal experiences, thoughts, feelings, preconceived notions, stress, reaction to participants' responses, and the research experienced throughout the inquiry. This allowed the researcher to reflect on the experiences separate from the data collection experienced. Field notes and journaling became part of the data that notified the emerging theory. Prior to the next individual interview, the researcher reviewed and considered the data from the interviews, field notes and journaling to determine the need for further elaboration or explanation.

Moreover, upon the approval of the research panel, this study was completed within twelve (12) months of the current year.

Ethical Issues

Nurses aspire to contribute to the growing body of knowledge in their field, while also advocating for human dignity, accountability and responsibility for action, and public responsibility. Each scientific study involving human subjects inevitably raises ethical concerns (Smith, 2000). As a result, this work was submitted to the CPU Ethics Review Committee for consideration and approval based on its ethical soundness. Following approval by the technical review panel, the consent of the subject institution to participate

in this research project was obtained at the outset. A letter was written and addressed to the hospital administrator as well as the director of nursing services. Prior to the start of this investigation, informed consent was obtained from each participant. The participant may also decline and withdraw from the interview at any point during the process. All responses were treated with absolute confidentiality and were only permitted to be utilized for the purposes of research.

Confidentiality, on the other hand, entailed not only the protection of the individual, but also the protection of the information. The digitally recorded video interviews were stored on a personal computer that was password locked. Each interview was allocated a code number, which was assigned in a sequential manner. The code number provided to each participant was displayed on all subsequent documents, such as the demographic sheet and the transcripts of the transcribed interviews. The transcripts of the interviews, researcher's memos and notes contained no identifying information and were stored in a locked file cabinet for security reasons and to maintain privacy. Only the researcher and the research adviser have access to the transcribed interviews. It will be destroyed within one year after the completion of the study.

Analysis of the Study

According to Creswell (2007), the core elements of qualitative research include reducing the data into meaningful segments and assigning names for the segments, combining the codes into broader categories or themes, and displaying and making comparisons in the data, graph, or tables. Data analysis in a qualitative study is an inductive process. This data will be organized and transcribed into codes in order to identify concepts or patterns evolving as data collection proceeded from the raw data.

The data from this study was analyzed in accordance with the analysis of classical or Glaserian GT (CGT) study. CGT provides a set of guidelines for data analysis. It involves

conducting a series of tasks that are continually repeated and therefore resemble a circular process (Hennink, Hutter and Bailey, 2011). Analysis in GT is aimed at generating a theoretical, as opposed to a descriptive, account of patterns (Munhall, 2012).

Analysis began as soon as data were collected. Codes were created as the data were studied. Glaser's method involved a two-step approach to data analysis—substantial and theoretical coding. Substantial coding consists of open and selective coding. In open coding codes were generated through line by line, sentence by sentence, or paragraph by paragraph analysis. Breaking down the raw data was made depending on the type of data. By using this method, the researcher was not seeking full contextual description but rather, looked for patterns in behavior within the substantive area under study. These patterns were coded, contextualized, categorized, theoretically coded, and relationship among concepts and categories were extricated. The result is the development of a substantive theory that explained the indices of assertiveness among staff nurses.

As emphasized by Glaser (1992), this method involves retaining the analytical mode of emergence and discovery while maintaining theoretical sensitivity and constantly comparing the data. Besides, Glaser (1992) defined theoretical sensitivity as the researcher's knowledge, understanding and skills that boosts the ability to generate categories and properties and relate these into hypotheses that are integrated into emergent theoretical codes.

Throughout this process, the researcher was being guided by continuously asking two formal questions as guided by Glaser's (1992) approach: (a) What was the primary issue or problem of the respondents in the substantive area, and what explains the majority of the diversity in how the problem was processed? and (b) Which category or property of which category did the incidence imply? Categories and properties of categories were generated through constant comparative analysis. This is the process of

comparing incidents to incidents and incidents to concepts while continually asking the aforementioned questions. By further constantly comparing the categories and their properties and closely examining their similarities and differences, a core category emerged. With the emergence of a core category, theoretical sampling was conducted to compare and confirm the core category. Theoretical sampling is a means of seeking answers to questions that arose as a result of constant comparative analysis of the data.

Figure showing an illustrative representation of data analysis process in classical GT. Data analysis starts with open coding, then selective and finally, theoretical coding.

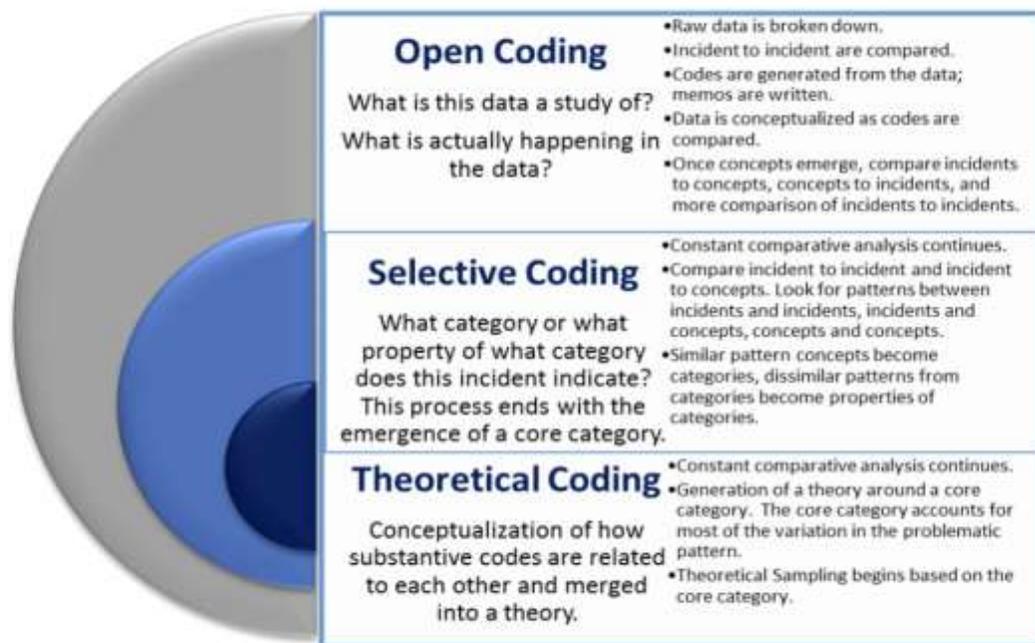


Figure 1. Mgbokwere (2014) diagrammatic interpretation of classic GT analysis adapted from Glaser (1992).

Open coding. This is the initial stage of constant comparative analysis. In open coding, varying on the type of data, codes can be generated through line-by-line analysis, closely examining phrases or words, sentence by sentence or paragraph by paragraph analysis, and breaking down of the raw data. The researcher is conceptualizing the data by comparing incident to incident. The concepts emerge when a series of descriptive episodes exhibits an underlying consistency or pattern.

Additionally, Glaser (1992) asserted that concepts are the fundamental unit of data analysis in the GT approach and that the primary stage in GT analysis is conceptualizing the data. Conceptualizing or dissecting data does not imply dissecting a single observation; rather, it entails comparing incidents to incidents when no concepts exist and then incidents to concepts as concepts arise (Glaser, 1992).

In conducting this study, it started in transcribing and analyzing the data as soon as it were collected. The first interview was conducted then transcribed prior to the conduction of subsequent interviews. As soon as the first interview had been transcribed, it was sent to the participant for member checking. Conduction of the next three interviews were made continuously. Analysis, open coding, and constant comparative analysis of these four initial interviews began immediately after member checking. This is to gain an idea of what was happening in the data as well as setting a tone for what to compare once the other interviews are made. This is comparing incident to incident, which was part of the constant comparative analysis inherent to the GT design. Codes were generated through line by line, sentence by sentence, and paragraph by paragraph analysis and breaking down of raw data.

As data collection and constant comparative analysis continued, substantive codes had been generated. Glaser (1978) stressed that coding for conceptual ideas allows the researcher to transcend the empirical nature of the data. This conceptually accounts for the processes within the data in a theoretically sensitive way

(Glaser, 1992) while constantly comparing incidents to incidents, incidents to concepts, and concepts to concepts. The researcher constantly asked set of questions, which include:

- (a) What was the data of the study?
- (b) What category did this incident indicate?
- (c) What was happening in the data?

The following questions kept the researcher theoretically sensitive and transcending when collecting, analyzing, and coding the data. As the process progressed, field notes, journals, and theoretical memos were being written. By this open coding process, it allows to see which direction the data are going. Additional data collection, coding, and constant comparative analysis were verified and saturated individual codes. This began the process that allowed to selectively code on the certain problem that was emerging from the data.

Selective Coding. As concepts and codes were developed, selectively code the codes and concepts that had been occurred from the raw data began. This method involved constant comparative analysis of more incidents to incidents and incidents to concepts. While doing this, seeking for patterns had been made. Patterns of many comparable incidents were given a conceptual name as a category, and patterns of the categories that were dissimilar were identified as properties of categories. Other incidents to other concepts were also compared interchangeably and vice versa. Saturation had been reached when there was a constant recurring pattern among the interchangeable indices.

Throughout this procedure, the researcher asked the following questions, which were adapted from Glaser (1992):

- (a) What was the chief concern or problem of the respondent in the substantive area?

(b) What accounted for most of the variation in processing the problem?

(c) What category or property did this incident indicate?

Through constant comparative analysis, that was, comparing incidents to incidents and incidents to concepts while continually asking the above questions, categories and properties of categories were generated. By further constantly comparing the categories and properties and closely examining the similarities and differences, the data were reduced. During this time, data gathering continued and remained within the substantial area under study. This process will aid the researcher in maintaining the integrity of the data and emergent notions while he or she strives to construct a substantive theory that is relevant, fits the evidence, and works (Glaser, 1978).

Theoretical Coding. Glaser (1978) stated that theoretical codes conceptualize how the substantive codes relate to each other, they relate to each other as hypotheses that will be weaved into a theory. The penultimate stage toward coding for the emergence of a core category is theoretical coding. Additionally, theoretical codes assist in giving nascent theory an integrative breadth, a broader view, and a fresh perspective (Glaser, 1978).

Theoretical coding for this study began when the data had been categorized or at the end of substantive coding. Further data were collected, and constant comparative analysis continued by comparing more incidents to the categories and the categories and their properties to each other, for the researcher to properly code the codes and saturate the categories accurately.

As the method progressed and connections were discovered, more categories were eliminated, and some categories became subcategories of others. The categories were examined, compared, and contrasted continuously as more data were gathered in order to densify, saturate, and ensure that no new categories arose.

Theoretical sorting, theoretical memos, and diagramming were used in integrating

emergent categories and established the relationship between them. This led to the emergence of the core category and basic social process, which were accounted for the variations of what was happening in the data. Theoretical sampling was conducted to completely saturate and validate the core category.

On the other hand, memoing was a constant process that was initiated as soon the first coding of data started. By this, it captured the thought processes of the phenomenon being studied. Memos were written throughout the entire coding process in order to systematically track the theoretical development. Throughout the procedure, the researcher's reflections, thoughts, disputes, and data interpretation were recorded continuously as theoretical memos. In theoretical sensitivity, memos are the theorizing write-up of ideas about codes and their relationships while coding (Glaser, 1978).

In addition to data collecting and draft writing, memo writing was a crucial procedure that required the researcher to assess data and codes early and often throughout the study process (Charmaz, 2006). The researcher and the data had a dialogue through memo writing. It allowed for expounding on what occurred in the field. For Ghezeljeh and Emami (2009), it was an introspective activity that gave meaning to time and nuanced observations. Interconnected fundamental categories provided a theory that explained a social phenomenon.

Validity and Reliability of the Study

The primary means of ensuring rigor and quality in a GT study is to maintain awareness of assumptions and theoretical positions regarding the subject matter of the study. It could have easily inserted external meanings into the data while formulating initial codes and in the final steps of theoretical coding when there is the opportunity to overlay external theoretical information onto the data. It is needed to differentiate concepts that are generated from the data versus those fabricated in the mind of the

researcher that found their way into the basic or theoretical coding systems (Simmons, 2011). It is important to constantly resist the temptation to insert hermeneutic data into this study.

The critical aspect of any inquiry is to ensure trustworthiness. Any qualitative or quantitative research study must take measures to ensure the quality of the results. This indicates that the research's truthfulness must be guaranteed, and the study's conclusions must be generalizable to similar situations. The degree to which the research can be duplicated without flaws can also be used to determine the research's rigor, and the findings and conclusions should be traceable to their sources. These are the requirements that must be met in order to assure the credibility of qualitative research. Lincoln and Guba (1985) enumerated credibility, dependability, confirmability, and transferability as the four ways through which the rigor of a qualitative research can be evaluated.

Lincoln and Guba (1985) defined credibility as the confidence in the truth of the data and the researcher's understanding of them (Polit & Beck, 2012). It is also regarded as the primary objective of any qualitative research study. It was asserted by Tuckett (2005) that constant comparative analysis and theoretical sampling were necessary to determine theoretical saturation, which is a concept important to GT methodology, and to achieve credibility. According to the GT approach developed by Strauss and Corbin (1998), theoretical saturation is a component that is essential for the creation of theories or models. This is also the point in any category development at which no new properties, dimensions, or relationships are discovered over the course of the investigation.

Furthermore, the manner in which the conduction of the research study leads to the authenticity of the study results and the findings make sense to participants are other significant considerations in attaining credibility. Member check interviews and feedbacks from the respondents are crucial in any research study. It will be utilized to verify the

clarity, soundness, and relevance of the evolving conceptual model, as well as its applicability.

To ascertain that the credibility of this study will be achieved, various techniques were used. After transcription or within 1 to 2 weeks after the initial interview, the transcribed data were given to the participants for member checking. Assuming that there are no new additional questions and clarifications, the participants are given the chance to expand and develop their given information and responses during the interview to attain a thorough and extensive data set. Additionally, to obtain clarity and confirmation that the transcribed data accurately represented what was said and meant during the interview. Field notes were kept, and participants were observed closely during interviews in order to maximize and enhance the richness of the data. Following that, data gathered from field notes and the reflective notebook served as an audit trail. This is to document how the development of concepts occurred and the adequacy or appropriateness of data obtained. Utilization of a comfortable and suitable interview setting in which an open discourse was encouraged also contributed to the collection of truthful data.

Dependability is a term that relates to the stability and strength of data across time and under a variety of settings. Additionally, it is comparable to reliability in quantitative research. Polit and Beck (2012) claimed that the major question regarding dependability is whether the findings will be duplicated if the study is replicated with the same or similar participants in the same or similar setting. Additionally, dependability and credibility are inextricably linked. Credibility cannot be acquired in the lack of dependability, just as validity cannot be attained in the absence of reliability in quantitative research (Polit & Beck, 2012).

Accurate data collection and analysis will be achieved through the use of a sound research design that is consistent with the research questions as well as the philosophic and theoretical underpinnings of the study. Additionally, in order to improve reliability, a

clear and complete record of the research process will be maintained in the form of field notes, memos, and the reflective journal. This evaluative criterion will be used in conjunction with another technique in which the audit trail will be maintained, and the procedural dependability will be guaranteed (Flick, 2009).

In this study, dependability was enhanced by keeping a recorded videotaped of the interview sessions. Interview journals and field notes were maintained throughout the procedure to document the researcher's reflections during the whole data collection process. Theoretical memos were cautiously written to keep track of the thought processes regarding the developing theory. Data taken from the respondents were directly transcribed verbatim following each interview and stored in a password-protected database.

As regards to confirmability, according to Lincoln and Guba (1985), it relates to the objectivity of the data and is proven by explicit and transparent documentation in the audit trail, as well as reflexivity. In a GT study, the researcher develops theoretical sensitivity which is the attribute of having insight and the ability to give meaning to data, the capacity to understand, and the capability to separate the pertinent from that which is not (Strauss & Corbin, 1990). Polit and Beck (2012) defined the audit trail as a collection of six distinct types of qualitative records. These include raw data (interviews), data reduction (coding), process notes (memos), materials relating to researchers' perceptions (reflexive journal), information about instrument development (pilot data), and data reconstruction products.

For this standard to be achieved in this study, findings must be reflected from the participants' videotaped interviews and the conditions of the inquiry. Biases, motivations, and viewpoints of the researcher must be avoided at all costs. Aside from that, other techniques were employed, such as meticulous documenting in the audit trail and soliciting comments from participants during the interview process when ideas and concepts being communicated were unclear. As a result of the analogy between earlier

participants' discussions and experiences, broad ideas that arose were occasionally shared with subsequent participants. By using this form of validation, the participant's anonymity was kept while confirming that what he or she was considering was common among participants and necessitated close attention in the coding and data analysis processes. Moreover, the comparison of incident to incident, incident to concepts, and concepts to concepts to recognized emergent patterns and eventual theoretical emergence were an ongoing process throughout this study.

When a qualitative study can be duplicated in similar conditions and contexts with consistent and reproducible results, it is said to be transferable. This factor reflects generalizability, or the capacity of the study's findings to be applied to other similar situations. Glaser (1992) asserts that a GT that is well induced from substantive data will meet four essential criteria. It must be fit with the reality under investigation, functional or work, relevant, and modifiable.

Fit refers to how well a theory fits the facts from which it was developed as well as how well a theory matches the real-world situations to which it will be applied in practice (Glaser & Strauss, 2008). According to Lomborg and Kirkevold (2003), fit is fundamental to work, relevance, and modifiability in a variety of contexts. Theories should be able to produce predictions, explanations, and interpretations of the event under investigation, which is called "work." In this case, relevance indicates that the theory is relevant to the important problems and processes associated with the phenomenon under consideration. In other words, a theory is effective and relevant if it can be used by practitioners to influence their own activity. Modifiability refers to the ability of a theory to change and evolve through time in response to new information that comes to light (Lomborg & Kirkevold, 2003). If a GT satisfies these four criteria, it is considered transferrable.

Specifically, according to Lincoln and Guba (1985), a qualitative researcher is unable to determine and specify the external validity of an investigation. Instead, he or

she can provide only the detailed explanation that is required to enable someone who is interested in making a transfer to come to a decision on whether or not a transfer is a viable option to consider. Lincoln and Guba (1985) coined the phrase "thick description," which refers to a comprehensive description and explanation of the environmental context in which the research took place, including the research setting and aggregate data about participants (Tuckett, 2005). A detailed and comprehensive description, according to Creswell (2007), enables someone to apply the information to a variety of different situations and circumstances. Adding to this, Tuckett (2005) states that the researcher is responsible for making the transfer of data easy by giving a rich, thorough, and thick description of data. Transferability, on the other hand, is ultimately the responsibility of the reader. Final but not least, lengthy descriptions were most frequently recorded in the form of memoranda and reflective journal entries, which all became part of the audit trail.

Summary of Findings

Indices of assertiveness were drawn from the perceptions and shared experiences of the participants of the study and emerged using the Glaser's method of data analysis. To categorize the indices of assertiveness manual management of data was done. From the perceptions and rich experiences of the participants patterns of assertiveness were identified. The indices of assertiveness can help the nurses understand their behavior in the workplace. The findings of the study show the views on assertiveness and the indices of assertiveness were derived from the varied, diverse, and vibrant perceptions and experiences of the study participants.

Three concepts of assertiveness emerged from the experiences of the participants of the study, namely, advocating for one's rights, ideas and opinions; self – determination and accountability; and being confident and persuasive.

Advocating for one's rights, ideas and opinions is a view on assertiveness of nurses who believe what they are asserting is right and it is a way of standing up for one's self. They, however, said this should be done with confidence and politeness.

Self – determination and accountability are outlooks on assertiveness of nurses who believe that it is a way of taking responsibility for one's decision and involves a goal. This view holds that assertiveness is also a way of sharing one's views with concerned people.

Finally, there are nurses who think that assertiveness is an expression of being confident and persuasive. Assertiveness is viewed by these participants as a way of showing confidence and in displaying persuasiveness in a non-manipulative way.

Nurses said there are advantages and disadvantages of being assertive. There are two main advantages of being assertive in the hospital according to the participants of the study. One, is it facilitates good job performance by allowing the nurses to implement their work plan and create trust in the workplace. And the other one, is it builds the confidence of the nurses thus boosting their self-esteem. Three disadvantages of being assertive were identified by the nurses. These are: being misunderstood by people; it causes one to make quick decisions; and assertiveness can hurt the feeling of others.

It is also difficult to be assertive according to the study participants and they identified some factors and reasons why it is difficult to be assertive in the workplace. The foremost factor they pointed out for the difficulty is the power relations among the parties. Another one is lack of practice or people are not used to being assertive. Shyness and fear or confusion also makes it difficult for some nurses to be assertive.

Finally, eight indices of assertiveness emerged from the in-depth interviews. The eight indices are as follows:

1. Basic Assertion – a statement that states plainly one's needs, desires, ideas, opinions, or emotions. This form of assertion can be utilized on a daily basis to communicate one's desires. Typically, basic assertions employ "I" statements.
2. Morale- building Assertion – assertion that promotes morale. This type of assertion boosts self-esteem, self-confidence, self-awareness, and similar assertions related to self.
3. Self-Disclosure Assertion – assertion that discloses information about oneself – how one think, feel, and react to the other person's information. This gives the other person information about you.
4. Workplace Management Assertion – assertion that facilitates compromise in the workplace. This promotes collaboration, coordination, and smooth working relations. Type of assertion manages conflict, solves workplace issues and problems and promotes trust.
5. Communication Efficacy Assertion – assertion that smoothens communication among people i.e., colleagues, superiors, clients, folks, in the hospital. This assertion facilitates better understanding avoid miscommunication and enables parties to arrive at mutual understanding.
6. Truth/Principle Assertion – assertion that insists when one knows he/she is right. Assertion that insists on following right principles and procedures especially when they are not followed. This also includes acknowledgement of criticism that is truthful and agree with it.
7. Opposing Assertion – assertion that says “No.” Many people have great difficulty saying “No” to others. Even people who are quite assertive in other situations may find themselves saying “Yes” to things that they really do **not** want to do. Now saying “Yes” to something one does **not** really want to do can be inappropriate in some situations.

8. Assertion for Others – assertion for other people. People find it difficult to assert themselves hence others do it for them. This assertion speaks up for those who are not able to assert themselves when they are not treated well.

Conclusions

The findings of the study reveal that assertiveness is a behavior that does not happen in a vacuum. As shown by the rich and varied experiences of the study participants assertive behavior arises from different situations. There is context for assertiveness. The context can be found in the eight indices of assertiveness. When a nurse is placed in a situation which requires assertion, the nurse assesses the situation before making a reaction. For example, there is violation of hospital rules or protocols. The nurse assesses the seriousness of the infraction, its impact and the person or people involved.

The decision of the nurse to be assertive depends on two factors. The first is the internal factor which includes the personality of the nurse, the values and beliefs of the nurse and how the nurse perceives his/her role in the workplace. The other factor is the external which includes the working environment and the power relations. The interplay between the internal and external factors determines the assertive behavior of the nurse. A strong sense of right and wrong may prompt the nurse to be assertive. However, the external factor can temper the decision of the nurse to assert. Work environment may prevent the nurse from asserting particularly if the institution where the nurse is affiliated is not hospitable to assertive behavior. This can make the nurse take a pause. Another important factor is the power relation. If the person involved for example is a superior, this hierarchical relation may cause the nurse to modify the manner of assertion.

Assertiveness is a complex behavior. Understanding it requires one to consider many several aspects. Attention must be paid to the situation where the behavior

emerged. It can arise from the need to promote morale, smoothen relationship in the workplace or speak for others. The interaction of the personality of the nurse and the power relations of people involved in the situation is also decisive in producing assertive behavior. Assertiveness occurs in three phases. The first phase involves the situation that create the condition for assertion while the second phase which is the interaction of internal and external factors is crucial in determining the manifestation of assertiveness which is the third phase.

Thus, it can be concluded that assertiveness takes place in three phases and involves two factors.

Recommendations

Human resource office of hospitals should craft or strengthen existing policies on bullying and maltreatment of nurses in the workplace. The existence of bullying/maltreatment is one situation which pushes nurses to be assertive on behalf of the victim. Aside from the information drive, the personnel office should sponsor programs and activities like seminars on the harmful effects of bullying in the workplace. Strict monitoring and zero-tolerance of bullying should be strictly enforced. Counseling and similar healing activities should also be done the victims of bullying or maltreatment in the hospital.

Study found that nurses engaged in truth/principle assertion since there are violations of principles or procedures. It is the recommendation of the study that the hospital management should formulate strategies that address errors or violations of procedures, policies, and rules. Hospital personnel should be aware of the errors and violations thru information drive. Another way to do this is incentivizing units with zero violations or errors of procedures, policies, and rules to encourage avoidance of these incidents.

Communication efficacy assertion is done by nurses when there is miscommunication in the workplace study results show. Errors or violations of procedures sometimes happen due to miscommunication. Study recommends that a system of communication be instituted in the hospital to reduce to minimal level, if not completely eliminate miscommunication, not only among hospital personnel but also between the personnel and the clients and their folks. Trainings to develop the communication skills of the hospital personnel should be done.

Assertion is a way of nurses to boost their morale the study found. Nurses need not be assertive to enhance their morale in the hospital. It is the recommendation of the study that activities and programs that improve the self-esteem, self-confidence, self-awareness of the nurses should be done by human resource office. The hospital must create a working environment that promotes and increase morale not only of nurses but other hospital personnel. Morale can be boosted through the promotion of teamwork, better communication, giving recognition to achievements of the personnel and appreciating their work, cultivating the culture of respect and support among other ways of doing this.

When conflict arises in the workplace, the study reveals nurses engaged in work-place-management assertion. Nurses engage in this assertion to manage the conflict, solve workplace issues and problems and to promote trust. To address this issue, the study recommends that the hospital crates a conflict management mechanism to handle conflict, disagreements, and differences. Such mechanism can be either be formal or informal or both. It can be a committee, an arbitration body or a conciliation board. Minimizing conflict and discord in the workplace will not only prevent nurses from making this assertion but will also promote harmony and good working relations among hospital personnel.

Study found that nurses engage in self-disclosure assertion to reveal about how they think, feel, and react to other person's information. Nurses also do basic assertion to clearly express their needs, wants, beliefs, opinions, or feelings. Inability to express one's emotion has physical and mental consequences. Study recommends that venues for self-expression and venting of pent-up emotions should be provided by the human resource office. Such service should include therapy, counseling and a robust emotional support system. Developing a good coping program is also one way to address this concern. The mental health not just of nurses but of all hospital personnel should be a primary concern of the hospital management.

Opposing assertion is also a way of nurses to say "NO." Study found that nurses have difficulty saying "NO" to others. The feeling of discomfort in saying no causes stress. Based on this finding, the study recommends that hospital management, particularly the immediate superior of the nurses to help, especially those who had this difficulty, set their boundaries and how to reinforce the boundaries once established. Counseling and similar services should be provided to nurses and other similarly situated hospital personnel.

Moreover, study found that nurses assert to express their needs, promote their morale, disclose information about themselves, and that smoothens communication among people. The study recommends that when nurses do these they are done in courteous and polite way. These assertions should be expressed in ways that convey the message without damaging the interactions and relations between parties.

Nurses assert when they know they are right. It is the recommendation of the study that before doing this, nurses should check the facts, ensure that they had the correct and right information. It would be embarrassing if what the nurses assert turns out to be wrong. For effective exercise of this assertion, nurses must be careful that they had the appropriate data.

Saying “No” is an assertion nurses’ resort to when they express opposition. While nurses had a right to say “No,” the study recommends that it should be done in a non-confrontational way. Care should be taken that saying “No” does not damage the smooth interpersonal relations among the parties involved.

It was also revealed by the study that nurses assert for others. Study recommends that when nurses intervene on behalf of the victims of bullying and maltreatment, they should check the circumstance behind the incident. This includes looking at both sides of the story and be open to the narratives of all parties involved. Objectivity must be observed in these cases.

This study recommends further exploration of the two-factor theory on assertiveness. Other researchers can do similar study among non-nurses’ hospital personnel to find out if similar or new indices of assertiveness will emerge. Study on other professional fields like teaching, office setting, call centers, etc., on the indices of assertiveness should also be done to widen the investigation.

Finally, the Two – Factor Theory of Assertiveness can be utilized as a framework for future research studies in order to further develop the understanding on assertiveness. This can be used as a baseline for quantitative or mixed-method researches, which can help to further validate the theory’s applicability and validity.