

What Type of Personality Are You ??? Assertive, Non assertive or Aggressive

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Introduction

Assertion is a style of communication. We all have learned different styles of communication as we have adapted to various situations of lives. If some of our styles of communication don't work well in our current situation, they can be changed and replaced with new behaviours. Though there is times when it is best to be passive and times when it is best to be aggressive, in most situations it works best to communicate assertively.

Many people are concerned that if they assert themselves others will think of their behaviour as aggressive. But there is a difference between being assertive and aggressive.

"In most situations it works best to communicate assertively"

Assertiveness is the ability to declare your self, who you are, what you think and feel directly, openly, and honestly while not violating the personal rights of others. Aggressive people attack or ignore others' opinions on favour of their own. Passive people don't state their opinions at all. (Table 1)

Why we should be assertive

Non assertive individuals seldom feel happy with or proud of themselves. Aggressive individuals may feel on top of things, they are often defensive, and seldom have many friends. Acting assertively will allow you to feel self-confident. It generally gains you the respect of your peers and friends. It can also increase your chances for honest relationships. Assertiveness is an antidote to fear, shyness, passivity, and even anger.

Non assertive	Assertive	aggressive
Weak, passive, Complaint Self sacrificing Communicating a message of inferiority A lose- win situation.	Insist on being treated fairly Constructive & creative Stand up for his rights without violating the right of others A win-win situation	Self centered Destructive manner Inconsiderate Hostile Arrogantly demanding A win- loses situation. (I will be the winner you will be the loser)

Table (1) shows a comparison between three styles of communications

Factors contributing to non assertiveness

Related to childhood: children who are bombarded with rules, e.g., don't question people, don't make mistake, don't interrupt, don't trouble others with your problems, do what people ask you to do and don't be emotional. These instructions help to produce submissive child...and adult. The old feeling deep inside of us may still have powerful control over us. We can change however.

Related to adulthood: because some people want to be "nice" and "not cause trouble" they suffer in silence and assume nothing can be done to change their situation.

Related to nursing as a profession: - Most of nurses are women. - Nurses are taught to value sacrifice and services to others. - They are expected to be a part of the health team but not to make decisions. - They tend to keep so busy that they ignore their own rights.

How to develop assertive skills

- Be honest and open about feelings, opinions and needs.
- State reasonable requests directly and firmly. Being responsible for your own behavior will let you feel good about your self.
- Be direct, deliver your message to the person for whom it is intended.
- Be honest when giving and receiving compliments. Never put down a compliment, and don't feel you must return one.
- Learn to say "no" to unreasonable requests.
- Recognise and respect the rights of your friends and colleagues.
- When communicating with others use an appropriate tone of voice, body posture and maintain eye contact.
- When communicating with others use an appropriate tone of voice, body posture and maintain eye contact.
- Ask for feedback. Ask for clarification instead of assuming.
- It is better to deal with minor irritations before your anger builds into intense resentment and explosive aggression.
- Avoid blaming statements

Language of assertiveness

The following are suggestions regarding the language of assertiveness:

"I" statements; I think, I feel, I want

Statements of personal reference and personal meaning;

This is the way I see it, In my opinion, This is how I feel, and This is what it means to me.

Statements of request; I want----or I don't want you to....I need ---- or I like it when you did that.

Statement of offering compromise; I would like this...,what would you like, I think,what do you think

Asking for time; I would like to discuss this in an hour

You must remember that it takes time and practice, as well as willingness to accept yourself as you make mistakes, to reach the goal of acting assertively

References

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Recording Patient Education

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Sample template for Diabetes Education

Patient education is one of the greatest challenges facing nurses. It can also be one of the most rewarding. Education empowers patients to take charge of their lives and control of their health. Nurses are often the primary educators, providing the patient and family with information ranging from introductory basics to detailed instructions.

In order to provide the patient with the necessary knowledge, the nurse who provides the education must ensure that a clear consistent message is presented. This can be a challenge when rotations and assignments mean that several staff may share the responsibility for teaching a detailed concept such as diabetes management.

At Shaikh Khalifa Medical Center, we have found one way to assist nurses in providing patient education is to create a written template that can be kept at the bedside, on the chart, or given to the patient. This template is intended to help nurses consistently teach the same content, track exactly who has taught which piece of information to the patient and record how much the patient understands. The record is to be used alongside a teaching

plan that clearly outlines the aspects of the education plan that must be taught so a consistent message is provided.

A template should list the subjects to be taught, the materials required, and since it is intended to be a multidisciplinary form, the person or discipline responsible for teaching the information (e.g. Nurse, dietitian, physician, physiotherapist, etc...)

Each staff member can consult the template to see what has already been presented and then note what stage of understanding the patient is currently at. Several stages may be documented at any given time as the patient is presented with the information, and gradually learns the subject, finally "graduating" as competent to carry out the activities independently. A sample of a template that could be used for Diabetes education is shown.

These teaching/learning records can be adapted to any area where patient education is taught by more than one person or over a period of time. Examples might include pre and post-operative teaching, diabetes management, peritoneal dialysis, etc. The subjects might range from theory to practical aspects. By listing each aspect to be covered, the education provided remains consistent throughout the team. The record also has the added advantage of providing legal documentation of exactly what the patient was taught.

Learning Objective	Responsible Person	Date
1. Understand types and signs of diabetes	PC	10/12/03
2. Management of Diabetes	PC	10/12/03
3. Diabetes complications	PC	10/12/03
4. Diabetes self-management	PC	10/12/03
5. Diabetes complications (Diabetic neuropathy, retinopathy, nephropathy, and foot care)	PC	10/12/03
6. Diabetes complications (Diabetic ketoacidosis and hypoglycemia)	PC	10/12/03
7. Diabetes complications (Diabetic macular edema and cataracts)	PC	10/12/03
8. Diabetes complications (Diabetic peripheral neuropathy)	PC	10/12/03
9. Diabetes complications (Diabetic osteoporosis)	PC	10/12/03
10. Diabetes complications (Diabetic gastroparesis)	PC	10/12/03
11. Diabetes complications (Diabetic cystitis)	PC	10/12/03
12. Diabetes complications (Diabetic skin infections)	PC	10/12/03
13. Diabetes complications (Diabetic hearing loss)	PC	10/12/03
14. Diabetes complications (Diabetic depression)	PC	10/12/03
15. Diabetes complications (Diabetic anxiety)	PC	10/12/03
16. Diabetes complications (Diabetic dementia)	PC	10/12/03
17. Diabetes complications (Diabetic stroke)	PC	10/12/03
18. Diabetes complications (Diabetic heart disease)	PC	10/12/03
19. Diabetes complications (Diabetic kidney disease)	PC	10/12/03
20. Diabetes complications (Diabetic liver disease)	PC	10/12/03
21. Diabetes complications (Diabetic pancreas disease)	PC	10/12/03
22. Diabetes complications (Diabetic thyroid disease)	PC	10/12/03
23. Diabetes complications (Diabetic adrenal disease)	PC	10/12/03
24. Diabetes complications (Diabetic pituitary disease)	PC	10/12/03
25. Diabetes complications (Diabetic hypothalamic disease)	PC	10/12/03
26. Diabetes complications (Diabetic reproductive system disease)	PC	10/12/03
27. Diabetes complications (Diabetic immune system disease)	PC	10/12/03
28. Diabetes complications (Diabetic cancer)	PC	10/12/03
29. Diabetes complications (Diabetic aging)	PC	10/12/03
30. Diabetes complications (Diabetic death)	PC	10/12/03