

ORIGINAL PAPER**Levels of Assertiveness and Peer Pressure of Nursing Students****Esin Arslan, RN**

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Correspondence: Esin Arslan, Research Assistant, Bozok University Health School, Develik Mahallesi Hastane Caddesi 66200 Yozgat, Turkey. Email: insulaesin@hotmail.com**Abstract****Background:** The research was conducted in order to determine levels of assertiveness and peer pressure of the nursing students.**Methodology:** This descriptive research has been performed with 154 nursing students in Bozok University. The data were collected with Questionnaire Form, Rathus Assertiveness Inventory and Peer Pressure Scale. We used the data one way Anova, two samples t test, the relationship between several independent variables and scales were evaluated by Pearson correlation technique in order to evaluate the data with normal distribution.**Results:** It was seen that 69.5% of the students was assertive and mean scores for assertiveness of the male students (19.4 ± 17.9) were higher than that of the female students (29.0 ± 14.1). However, mean scores for peer pressure of the male students (56.6 ± 12.4) were higher than that of the female students (44.0 ± 8.8). It was found out that there was a positive direction middle level significant correlation between mean assertiveness scores and mean peer pressure scores of the students**Conclusion:** Although we did not find any significant correlation between mean assertiveness scores and mean peer pressure scores, it was seen that male students were more assertive than female students and male students experienced peer pressure more than female students.**Key Words:** Nursing students: assertiveness: peer pressure**Introduction**

In the present study, the aim was to determine levels of assertiveness and peer pressure of the students of the Health School and assertiveness training so that plans can be made. Assertiveness is one of the most important and fundamental social skills consisting of interpersonal and behavioural skills (Gist et al 1991).

Assertiveness is a key attribute for nurses without which true autonomy (Keenan 1999), Professional status (Parkin 1995) or empowerment (Fulton 1997) cannot be achieved. Traditionally nurses have been taught to be acquiescent and submissive helpers of doctors (Slater 1990;

Poroch & McIntosh 1995). Assertive behaviour has been an essential communication strategy for women in pursuing equality, however within the nursing profession which is a predominantly female, nurses working on wards retain a submissive role and do not assert themselves well (Poroch & McIntosh 1995). Poroch & McIntosh (1995) identified barriers that prevent nurses from being assertive. These included a lack of knowledge about personal/professional rights, concern about what others will think about their behaviour and anxiety due to a lack of confidence and poor self-esteem. This belief may stem from nurses buying in to the stereotypical sex roles as described by Kanter (1979). But Farrell (2001)

would argue that feeling oppressed is not the sole prerogative of female nurses as men in nursing also feel oppressed. Farrell (2001) was anxious to move beyond the oppression debate and recognised that these effects are not confined to oppressed groups, stating that men in nursing also feel oppressed and that 'doctors eat their young too' (Farrell 2001).

Nursing students as university students may encounter economical, educational, sexual, academic and environment-adaptation problems; have no time and opportunities for activities outside the regular class sessions; achieve insufficient counseling, have lack of trust and respect for themselves. Also, such factors as difficult and intense nursing education, on-job trainings in stressful environments like hospitals, dealing with the patients and those with deadly diseases, communicational problems with the instructors and staff at the hospital affect the students negatively. Role changes occur shortly after starting the nursing education in nurse students who take the first step in nursing profession. It was emphasized in the studies made that students experienced such problems as distress, pessimism, involuntariness, unhappiness, fear, inability to speak in a group, being introvert, inability to start a relation and psycho motor complaints due to the role change (Clasen & Brown 1985; Özcan 2006).

Also youth nursing students, leaving their families and passing to adulthood in this period, are still dependant upon others (Neinstein et al 2002). They experience a dilemma between the rules learnt at the puberty-childhood and the ones expected from an adult and indecision and confusion cause them to form peer groups (Geçtan 1997). The fear of being excluded from a group is so deep that adolescents may accept the values of the group with no hesitation (Çok & Karaman 2008). One of the factors that influence the behaviors of these individuals is peer pressure. Peer pressure refers to the influence exerted by other peers in getting the individual to do something or not to do something and does not care whether the individual wants to do it or not (Clasen & Brown 1985). The individuals may be undergone peer pressure when they excessively feel loneliness, experience an active communication problem and think that there is no

one near to help them deal with problems (Çok & Karaman 2008). Many student nurses are in late adolescence and they may be affected by peer pressure. It is one of the objectives of the nursing education to create professional members who have a high self worth, self respect and who demonstrate assertive behaviors in interpersonal relations (Kilkus, 1993; Begley & Glacken, 2004). It is possible to provide sufficient level of health services and to get satisfaction from them only when we have created nurses who are assertive and have high self esteem and self confidence (Küçük et.al, 2008).

Studies of nurse assertiveness have shown which may indicate that nursing education and/or socialisation into the nurse role decreases assertiveness.

Methods

Participants

The study was carried out at Bozok University in Yozgat, Turkey. Yozgat is a small province of Turkish Republic which is located in the Middle Anatolian Region with a population of 484.206 (<http://en.wikipedia.org/wiki/Yozgat>, 2010).

One hundred eighty three students -154 female and 29 male students- studied at the Health School. Education duration of the health school is 4 years and those who finish the school graduate to be a nurse (http://saglik.bozok.edu.tr/viewpage.php?page_id=2, 2011).

Yozgat, one of the small cities in Central Anatolia, is to be effective in the traditional culture and nursing services underdeveloped city. Peer pressure is common, especially in the city and the majority of Health School students come from small cities and villages. For these reasons, students' self-esteem, self-confidence is not very good. Therefore, we used peer pressure and assertiveness scale in this study.

Measures

Rathus Assertiveness Inventory (RAI) and Peer Pressure Scale (PPS) and a questionnaire form with 15 questions that addressed socio-demographic features, reasons to choose nursing profession and whether they were satisfied with their decision to be a nursing student were used. RAI developed by Rathus (1973), was used in

order to determine the assertiveness levels of the students.

The reliability and validation tests of the scale were made by Rathus and Nevid (1977), Vall and Mc Cullagh (1977) in the United States of America and by Voltan (1980) in Turkiye. Cronbach's alpha reliability coefficient was 0.92. The inventory modified for adolescents and adults, consists of 30 items. The scores range between -90 and +90. Passivity reaches -90 and assertiveness reaches +90. Options range from -3 and +3. If the items -number 1, 2, 4, 5, 9, 11, 12, 13, 14, 15, 16, 17, 19, 23, 24, 26 and 30- are marked as -3 or +3, the scores of these items are reversed. The total score of the inventory is obtained after negative and positive scores are added separately and subtracted from each other. Those who have a total score of < +10 are described as being passive and that of > +10 and above as assertive (Küçük et. al, 2008; Voltan et.al, 2008). PPS was developed by Kiran (2003) in order to assess peer pressure in adolescents. The scale contains 34 items. PPS is a Likert type scale with a 5-point used to evaluate negative peer pressure experienced by the adolescents. The students are asked to mark the best option that explains the frequency of their behaviors: (5) always, (4) often, (3) sometimes, (2) occasionally and (1) never. The highest score from the scale is 180 and the lowest score is 34. A higher score means higher peer pressure that the students undergo. Cronbach's alpha reliability coefficient was 0.82 (Kıran, 2003).

The statistical analysis; The data one way anova, two samples t test, the relationship between several independent variables and scales were evaluated by Pearson correlation Significant level of 0.05 out of analysis of variance ($p < 0.05$) cases were post-hoc test.

Procedure

The data of the research were collected from a total of 154 students, 128 of whom were females and 26 were males, who were volunteer and attended the classes between the 1st and 16th after the permissions of the Health School Directorate were obtained. The forms were filled in by the students and no names were written on.

Table 1 Characteristics of students

Characteristics	n (%)
Sex	
Female	128 (83.1)
Male	26 (16.9)
Age group	
20 and ↓	63 (40.9)
21	47 (30.5)
22 and ↑	44 (28.6)
Mean age ($\bar{X} \pm SD$)	20.8
Class	
I	46 (29.9)
II	31 (20.1)
III	37 (24.0)
IV	40 (26.0)
Place of residence	
With family	16 (10.4)
With friends	75 (48.7)
At state home	63 (40.9)
The reason of profession	
Voluntarily	38 (24.7)
With the guidance of family	20 (12.9)
The score's is enough this section	43 (27.9)
Think of the job guarantee	53 (34.4)
Self-Identification	
Assertiveness	64 (40.9)
Aggressive	12 (7.8)
Passive	56 (36.4)
Manipulative	23 (14.9)
Reading book, newspaper etc. at free time	
Reading	80 (51.9)
Not reading	74 (48.1)
Going to cinema, theatre etc. at free time	
Yes	58 (37.7)
No	96 (62.3)
Going to internet cafe at free time	
Yes	23 (14.9)
No	131 (85.1)
Travelling with friends at free time	
Yes	62 (40.3)
No	92 (59.7)

Before the administration of the forms, the informed consent of the participants was obtained. In the informed consent form, the voluntary nature of the participation was emphasized, the general purpose of the study was explained.

Results

Most of the nursing and midwifery students were female (83.1%), 20 and ↓years of age (40.9%) and mean age was 20.8.

Table 2. Family characteristics of students

Characteristics	n (%)
Mother's educational status	
Illiterate	33 (21.4)
Primary school graduates	88 (57.1)
Junior high school graduates	12 (7.8)
High school graduates and ↑	21 (13.7)
Father's educational status	
Illiterate	9 (5.8)
Primary school graduates	64 (41.6)
Junior high school graduates	20 (13.0)
High school graduates and ↑	61 (39.6)
Number of siblings	
1 sibling	36 (23.6)
2 siblings	50 (32.5)
3 siblings and ↑	68 (43.9)
Where the family lived	
City	77 (50.0)
County	61 (39.6)
Village	16 (10.4)

It is determined that 29.9% of the students belonged to 1st grade students and 48.7% lived at home with friends (Table 1).

It was found out that only 13.7% of the mothers and 39.6% of the fathers had high school education and above (Table 2).

This study showed that more than half of the nursing students (69.5%) had assertiveness (Table 3). Larijani et.al. found that 59.5% of students have, Goldsmith and Mc Fall found that 60% of students have, to some degree, inability in assertiveness which is similar to the findings of

this study (Larijani et.al, 2010; Goldsmith & Mc Fall 1975).

Table 3. Distribution of RAI and PPS of the students

Levels of scale	N (%)	Median (Min-Max)
RAI		22.5 (77-89)
Passive	47 (30.5)	
Assertiveness	107(69.5)	
PPS		43.0 (-39-34)

It is determined that mean scores assertiveness of students 21.1 ± 17.7 and peer pressure 46.2 ± 10.6 . Results showed that students of nursing had high peer pressure. It was seen that mean scores for assertiveness of the male students (29.0 ± 14.1) were higher than that of the female students (19.4 ± 17.9) ($p < 0.05$). Also, mean scores for peer pressure of the male students (56.6 ± 12.4) were higher than that of the female students (44.0 ± 8.8) ($p < 0.01$) (Table 4).

Peer pressure of those who did not read books, magazines etc., did not participate in trips with friends, who did not go to the cinema, theatre etc.

The students who went to the internet cafes was found to be higher compared to other groups ($p < 0.05$) (Table 3).

It was found out that mean scores for peer pressure of the 4th grade students were smaller than that of the 1st, 2nd and 3rd grade students ($p > 0.05$) (Table 4).

There was not any significant difference between levels of assertiveness and peer pressure of the students and survival of the parents.

We found no significant difference between the educational status of the parents and assertiveness and exposure to peer pressure of the students. It was found out that the assertiveness scores of those who described themselves as assertive and aggressive were bigger compared to other groups.

The number of the brothers and sisters, birth order, the place in which family and the students inhabited did not have any effect on assertiveness levels ($p > 0.05$).

The relation between assertiveness and peer pressure showed that there was a positive correlation ($p > 0.05$) (Table 5).

Table 4. Distribution of RAI and PPS Mean Scores' According to Students' Some Variable

Variables	RAI			PPS		
		$\bar{X} \pm SD$			$\bar{X} \pm SD$	
	n	21.1 ± 17.7	p	n	46.2 ± 10.6	p
Sex						
Female	128	19.4 ± 17.9	<0.05	128	44.0 ± 8.8	<0.01
Male	26	29.0 ± 14.1		26	56.6 ± 12.4	
Class						
I	46	21.5 ± 18.6	>0.05	46	47.1 ± 11.3	>0.05
II	31	23.9 ± 17.9		31	49.5 ± 11.9	
III	37	19.4 ± 17.6		37	47.0 ± 7.6	
IV	40	19.7 ± 16.8		40	41.7 ± 9.8	
Self-Identification						
Assertiveness	64	29.5 ± 13.3	>0.05	64	45.6 ± 10.6	>0.05
Aggressive	12	32.1 ± 18.2		12	47.4 ± 10.9	
Passive	56	7.1 ± 13.1		56	44.6 ± 8.8	
Manipulative	22	26.0 ± 16.9		22	50.9 ± 13.4	
Reading book, newspaper etc. at free time						
Reading	80	20.8 ± 18.3	>0.05	80	43.2 ± 8.1	<0.01
Not reading	74	21.3 ± 17.1		74	49.4 ± 12.0	
Going to cinema, theatre etc. at free time						
Yes	58	24.3 ± 16.6	>0.05	58	45.9 ± 8.4	<0.05
No	96	19.1 ± 18.1		96	46.3 ± 11.8	
Going to internet cafe at free time						
Yes	6	32.3 ± 20.2	>0.05	6	57.7 ± 11.9	<0.05
No	148	20.7 ± 17.2		148	45.7 ± 10.2	

Table 5. The Correlation Between Assertiveness and Peer Pressure Points

Peer Pressure	Assertiveness	
	r	p
	0.40	.625

Discussion

In our country there are any studies that evaluated assertiveness and peer pressure levels together. However, there are various studies that examined assertiveness and peer pressure separately. Compared to the studies conducted abroad, we found that the number of the studies about peer pressure was small. On the other hand, the effect of assertiveness training was investigated in most of the studies on assertiveness conducted in our country and abroad. Assertiveness is considered healthy behaviour for all people that, when present, mitigates against personal powerlessness and results in personal empowerment. Nursing has determined that assertive behaviour among its practitioners is an invaluable component for successful professional practice. Assertiveness is a key attribute for nurses. In the current study, it was found out that most of the nursing students were described as assertive and as the age increased so did their assertiveness scores. Similarly, in the study of Küçük et al. (2008) made with the nursing students, it was seen that 66.3% of the students was assertive. It was found that assertiveness levels of the nursing students in the foreign studies were bigger than the average (Lin et al 2004; Erdösi et al 2009; Begley & Glacken, 2004). However, in the study of Mc Cabe and Timmins (2003) most of the employed nurses were found to behave passively despite the fact that they described themselves as assertive. In the study conducted by Bal (2006), too, assertiveness scores of the nurses employed at the hospitals were smaller than that of the nursing students. In our study we found out that mean assertiveness scores of the male students were higher than the female students ($p < 0.05$). At the same time peer pressure scores of the male students in our study were higher than female students. Therefore, many student nurses are in late adolescence and they may be affected by peer pressure, it might be thought that male students underwent more peer pressure compared to the female students. In another study carried out at Hacettepe University, there was no difference between female

university students and male university students in assertive behaviors and tendencies (Adalı 2006). In the studies of Kapıkıran & Fiyakalı (2006), too, it was found out that peer pressure scores of the male students were higher than female students. In Delikara's study, too, it was found out that obedience levels of the boys for deviant peers were higher than girls (Çiğdemoğlu 2006). Yıldırım (2007) found in his study that boy students felt peer pressure more than girl students. Considering the cultural effects in obtaining assertiveness, the difference among the gender appears to be decreasing due to the changing social structure. Many features and traits attributed only to men or women in the past have today become the ones that the society has recognized and required both sexes to possess. Although people assume that peer pressure is an influential component of adolescent development, few empirical studies have investigated the nature and extent of its influence. Generally, however, peer pressure appeared stronger for females than males, and the genders disagreed about the areas in which pressure was strongest. Becoming a member of a peer group is one of the primary developmental tasks of adolescence (Coleman and Hendry, 1990; Erikson 1968). Peer groups influence adolescent socialization and identity by allowing young people to explore individual interests and uncertainties while retaining a sense of belonging and continuity within a group of friends (Erikson 1968; Hartup 1983; Steinberg & Silverberg, 1987). That is, peer pressure concerns the influence of individuals in the group with which one identifies and of which one wants to be a member; being popular involves being recognized or liked by a group of individuals. Although related, it is unclear whether peer pressure, peer conformity, and popularity are equally related to wellbeing and potential psychosocial difficulties, including substance use, risk-taking behavior, as well as dating attitudes, sexual behavior, and school performance (Santor et al, 2000).

The assertiveness levels of the students whose mothers' educational status were higher were

found higher ($p < 0.05$). It was found in the studies conducted that levels of peer pressure, depression and obedience behaviors were higher in those whose mothers' educational status were low. Moreover, their assertiveness levels were much lower (Erdösi et al, 2009; Küçük et al, 2008; Bal, 2006; Tuzcuoğlu & Korkmaz, 2001). Dorak and Tunçel (1999) assessed socio-demographically assertiveness levels of the handball players studying at a university. Also, assertiveness levels of the players whose parents' educational levels were higher were found higher, too. In our study, it was determined that economical status had no effect on assertiveness and peer pressure. The reason may be to having low and middle economical status as expressed by the students' own words.

Assertiveness is not possessed innately and can be learnt afterwards. It was found out in the studies conducted that assertiveness training improved more assertive traits compared to the control group (Lin et al, 2004 & Türkleş & Ekinci, 2008) and it was found out at the end of the assertiveness trainings organized that level of self esteem and assertive behavior tendency of the students increased.

Various studies demonstrated that social activities increased self esteem and individuals with a higher self esteem had good peer relation (Yıldırım, 2007 & Kutlu, 2009). Besides, some studies showed that peer pressure had an encouraging effect on the adolescent in order to participate in musical, sportive activities and social charity activities. It was found out in our study, too, that those who spent leisure time on reading books and magazines felt less peer pressure and those who went to cinema and theatre were more assertive.

Conclusion

According to the present study, there was not any significant correlation between mean assertiveness scores and mean peer pressure scores of the students. Also, male students were more assertive than female students and they experienced more peer pressure than female students.

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Limitations

This study was only conducted at a local population, in an underdeveloped city. The primary limitation of this study was that our sample of 154 students was small; a larger study on this subject would be useful. PPS was developed in order to assess peer pressure in adolescents. And many student nurses are in late adolescence and they may be affected by peer pressure. Therefore PPS was used in this study. Also in order to determine the dimensions of the concept of assertiveness and peer pressure further studies are required.

Acknowledgements

No financial support has been given from outside sources for this study. We thank the nursing students who participated in this study.

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