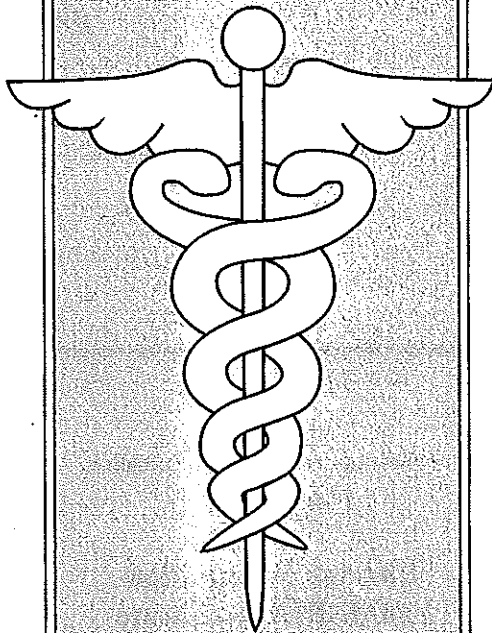


Long Term Care
Network,
A Division of
PRIMEDIA Healthcare

Assertiveness Training for CNAs

EDA 311-0191



LTCN[™]
Long Term Care Network

presenter

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INTRODUCTION

Assertiveness is based on the belief that your wants and needs are important, but not more so than the wants and needs of others. This program defines *assertiveness* and discusses the difference between assertiveness and aggression. The program offers strategies for assertive behavior and uses role-play examples to show how to be assertive in the workplace.

TARGET AUDIENCE

The target audience for this activity is certified nursing assistants.

LEARNING OBJECTIVES

After completing this activity, the participant should be able to:

1. define *assertiveness*.
2. explain the difference between assertiveness and aggression.
3. discuss challenges to assertiveness.
4. list some basic strategies for assertive behavior.
5. describe two components of assertiveness in the workplace.

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This syllabus is designed to be used in conjunction with video program EDA 311-0191 by the Long Term Care Network, a division of PRIMEDIA Healthcare. PRIMEDIA Healthcare is a division of PRIMEDIA Workplace Learning.

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ASSERTIVENESS TRAINING FOR CNAs

ASSERTIVENESS DEFINED

Assertiveness, a learned behavior, is based on the belief that your wants and needs are important, but not more so than the wants and needs of others. Assertiveness is an alternative to aggressive behavior, which comes from the belief that your wants and needs outweigh those of others, and to submissive behavior, which comes from the belief that your wants and needs are less important than those of other people (Hall, 2000).

Aggressive behavior is often characterized by shouting, pointing, making threats, swearing, and insulting other individuals. Aggressive language includes the overuse of I-statements, putdowns, and stating opinions as fact, i.e., "anyone can see . . ."

According to Hall, assertive behavior includes a relaxed stance, steady eye contact, a calm voice, appropriate use of I-statements, and suggestions and questions rather than opinions and threats (2000).

The aggressive person often just reacts, speaking without thinking. The assertive person thinks and considers alternatives before speaking.

BASIC STRATEGIES FOR ASSERTIVE BEHAVIOR

Pauline McNeill lists eleven "Basic Strategies for Behaving More Assertively" (1990):

- ❖ Identify your personal rights, wants, and needs.
- ❖ Identify how you feel about a particular situation, i.e., "I feel angry."
- ❖ In describing your feelings, use "I" messages rather than "you" messages. For example,

you would say, "I feel hurt" rather than "you are inconsiderate."

- ❖ Connect your feeling statement with some specific behavior in the other person, i.e., "I feel hurt because you were inconsiderate."
- ❖ Be direct. Deliver your message to the person for whom it was intended. Express your request in one or two easily understood sentences.
- ❖ Try not to make assumptions about what the other person is thinking or feeling, what his or her motives are, or about how that individual will react. Check things out with him or her first.
- ❖ Avoid sarcasm, character assassination, or absolutes, for example, using words such as "you always" or "you constantly."
- ❖ Avoid labeling.
- ❖ Avoid statements beginning with "why" or "you." This may put the other person on the defensive.
- ❖ Ask for feedback: "Am I being clear?" Asking for feedback helps correct any misperceptions you may have, as well as helping others realize you are open to communication.
- ❖ Evaluate your expectations. Are they reasonable? Be willing to compromise.

Assertiveness calls for thinking before you react or speak; understanding how you feel about a certain behavior or idea; respecting your feelings and those of your coworkers, residents, and their families; and expressing those feelings in a firm but fair manner.

Body language is also an important part of assertive behavior. What we do not say is often more

influential than what we say. Five elements of body language are:

- ❖ eye contact.
- ❖ nodding.
- ❖ a relaxed stance.
- ❖ personal space.
- ❖ relaxed facial expression.

Eye contact is key. If you avert your eyes when someone is speaking to you, you may elicit indifference or mistrust in that person. Nodding your head while another person is speaking affirms you are indeed listening and acknowledging his or her needs.

Keeping your stance relaxed also makes you more approachable. Standing rigidly with arms folded across your chest indicates you are not open to an individual's ideas.

Giving the other person space is important to good communication and the exchange of ideas. If someone approaches you and abruptly puts his or her hand on your shoulder, that person has invaded your space. You probably become immediately uncomfortable; you may even feel threatened. Stand a comfortable distance speaking to a person.

When expressing annoyance or criticism, comment on the person's behavior rather than verbally attacking him or her. Use "I" statements instead of "you" statements. Whenever possible, give the other person suggestions for alternative behaviors.

Keep your facial expression relaxed and calm. Frowning, pursing your lips, and tensing your eyebrows signal distaste or disapproval. Watch your tone and voice inflection, making sure it is neither a subaudible whisper nor overly loud.

CHALLENGES TO ASSERTIVENESS

Assertiveness is a learned behavior, and for many, being assertive does not come easily. One reason may be gender. Traditionally, women have been seen as more passive and submissive, while men have been seen as more aggressive. Assertiveness is based on mutual respect, and assertive behavior

goes hand in hand with increased self-confidence and better self-esteem (Hall, 2000). These characteristics lead to better and more confident care providers and, thus, better outcomes for residents and their families.

Another challenge to assertiveness is age. The young are often viewed as ignorant and inexperienced, so their ideas are sometimes overlooked or dismissed. The old are sometimes seen as "dinosaurs," lost in the past. Their ideas are dismissed as old-fashioned. No matter what your age, your contribution is important and just as deserving as anyone's.

Shyness may keep a person from being assertive. Being shy does not mean you are less deserving of attention and fair treatment. Learn to speak up for yourself so that others know what you need and how you feel. If you do not, others will not know these things.

The final challenge to assertiveness is anger. You must learn to deal with your own anger and how to handle anger directed toward you. Sometimes anger is a healthy emotion, but it must be expressed to the appropriate person in the appropriate place. Consider the reasoning behind the individual's anger. Acknowledging the anger may help diffuse the anger and lead to a solution satisfying to both parties.

ASSERTIVENESS IN THE WORKPLACE

The four components of assertiveness in the workplace are:

- ❖ objectivity.
- ❖ proactivity.
- ❖ inclusion.
- ❖ validation.

Being objective means being able to look at all sides of a situation quickly, quietly, and without judging the participants. Being fair is also part of being objective.

Being proactive means being willing to step in and handle a potentially negative situation calmly and fairly. Being proactive might mean ensuring your facility's policies are followed by all of its employees. For example, you may be working with a colleague who thinks using the hydraulic lift when transferring a resident from a chair to a bed is too time-consuming. Your facility is "lift-free," stating the lift must be used in this circumstance. Your reaction could be an aggressive one: "Do you want to hurt my back as well as your own?" Or you could be proactive and take your coworker to another area so the resident does not hear your conversation, then explain to him or her that you want to protect this person's back from injury because not following the facility's policy could lead to injury and a lifetime of pain. This approach is a positive one and shows you care about your coworker.

Including your coworkers in decisions is also important to assertiveness. Making decisions that affect everyone without consulting them is often hurtful and may lead to a lack of trust and cooperation. Inclusion encourages team growth. Less of "me" and more of "us" is a team-building mechanism.

The last step in assertiveness is validation. Validating someone's fears, worries, and anger before trying to redirect his or her behavior shows you respect that person's rights. Genuinely listening to your coworker's emotions builds a stronger sense of togetherness and may lead to a more constructive way of releasing feelings. Validating someone's wishes or behavior is not always easy. However, validating another's wishes and desires while still encouraging what is right helps build self-esteem and fosters professional growth.

Many ways exist to devise effective, tactful, fair, assertive responses. Most assertiveness trainers recommend that an effective and assertive response contains several parts (Mental Health Net, 2000):

- ❖ Describe to the other person involved the troublesome situation as you see it. Be specific about times and actions; do not make general statements such as "you're always hostile . . . upset . . . busy." Be objective.

Focus on the other person's behavior, not on his or her apparent motives.

- ❖ Describe your feelings, using an "I" statement which shows you take responsibility for your feelings. Be firm and strong, look at the person, be sure of yourself, and do not get emotional. Focus on positive feelings related to your goal if you can, not on your resentment of the other person.
- ❖ Describe the changes you would like made; be specific about what action should stop and what action should start. Be sure the requested changes are reasonable, consider the other person's needs too, and be willing to make changes yourself in return.

ROLE PLAYS

ROLE PLAY #1

You and another nursing assistant are providing care to a 76-year-old male resident. He is angry that he has had to be admitted to the long term care facility. Because he is angry, he resists care, and after slapping your coworker, orders both of you out of his room. He is totally alert and oriented. Prior to this incident, you and he have had a good relationship. What would you do?

Answer. Remove yourself and your coworker from the resident's room, making sure he is not safety- or dignity-compromised. Alert the charge nurse and allow his anger to "cool down." You may try to reassure him a little later that you could understand why he had been angry and again offer him care.

ROLE PLAY #2

You, a female nursing assistant, and a male nursing assistant are paired to work a unit. He has been making lewd, sexually-oriented remarks to you which make you uncomfortable. What would you do?

Answer. Tell your male counterpart that what he is saying is not appreciated, and ask him clearly to stop. Before privately confronting him, let a nurse manager know you will be having this conversation to maintain your safety and his dignity.

ROLE PLAY #3

You and three other nursing assistants are taking a break. It is time to go back to work, and since you do not have to punch out for breaks, it would be easy to stay another five or ten minutes. Two of your coworkers want to smoke another cigarette. The third coworker is a follower, and you notice she is concerned, but also fearful of saying something. What would you do?

Answer. Clearly state, "We better get back. There are other nursing assistants waiting to take their break and taking extra time would not be fair to them." If they are still reluctant, remind them that you need to do the right thing and that their manager might allow them another smoke break when their work is completed.

ROLE PLAY #4

Two nursing assistants are arguing about who has the toughest assignment. They are standing in front of a resident. They have both been working a lot of overtime to help with staffing. What would you do?

Answer. Gently ask them to speak with you and acknowledge how hard both of them are working and that you appreciate their help. Ask them how you may help them because you are member of a team.

ROLE PLAY #5

A new nursing assistant has been hired, and your fellow employees are ignoring that person. This particular group is clique-oriented. They do not accept "outsiders" easily. What would you do?

Answer. Offer the new nursing assistant help to organize himself or herself in the new job. Make sure that this person has someone with whom to take a break (you, if possible), and let him or her know you are there to help. Also, remind your coworkers of how hard it was to start a new job among strangers.

SUMMARY

Assertiveness is based on the belief that your wants and needs are important, but not more so than the wants and needs of others. Understanding and applying the characteristics of assertive behavior lead to better and more confident care providers and, thus, better outcomes for residents and their families.

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POST TEST

ASSERTIVENESS TRAINING FOR CNAs

1. Assertiveness differs from aggression because it:
 - a. lowers self-esteem.
 - b. builds emotional walls.
 - c. builds self-esteem.
 - d. uses violence to communicate a point.
2. A challenge to becoming assertive is:
 - a. age.
 - b. gender.
 - c. anger.
 - d. all of the above.
3. You are more approachable to others if you:
 - a. cross your arms.
 - b. avert your eyes.
 - c. look them in the eye and nod your head while they are speaking.
 - d. stand very close to them while they are speaking.
4. Being objective means:
 - a. looking at a situation from all angles without judging the participants.
 - b. jumping to the first conclusion.
 - c. becoming angry and silent.
 - d. handling a potentially negative situation calmly and fairly.
5. Proactivity concerns:
 - a. professional athletes.
 - b. being able to determine where a conversation is going and divert trouble.
 - c. maintaining an exercise routine.
 - d. jumping to the first conclusion.
6. Inclusion helps build:
 - a. anger.
 - b. mistrust.
 - c. worthlessness.
 - d. self-esteem and team growth.
7. Validation relates to understanding:
 - a. where a conversation is going and diverting trouble.
 - b. how a person thinks as related to past experiences.
 - c. how other people feel about you.
 - d. why other people do not want to be around you.
8. When describing how you feel, you should use:
 - a. negative statements.
 - b. the word "you."
 - c. the word "I."
 - d. a shy approach.
9. When a resident is clearly angry, you should:
 - a. walk away and ignore him or her.
 - b. make sure the resident is safe and allow that person to "cool down."
 - c. express your own anger.
 - d. never help the resident again.
10. You see two of your coworkers arguing in front of a resident. You should:
 - a. ignore the argument.
 - b. get in on the action.
 - c. be proactive and gently remove the either the individuals or the resident.
 - d. tell your coworkers, "You are acting like babies. Shut up!"

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