

## Factors Related To Assertive Behavior Of Nurses At South Aceh District Hospital

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### ABSTRACT

Assertive behavior is very important in fostering interpersonal relationships and is a behavior that focuses on win-win solution. The results of interviews conducted by South Aceh Regional Public Hospital occasionally occur internal conflicts among nurses in the team due to ineffective communication, showing passive attitude in building relationships, time discipline, division of labor, contract nurses who feel discouraged and underestimated by colleagues until the perceived unjust treatment. The purpose of research to determine the factors associated with assertive behavior of nurses at South Aceh General Hospital in 2024. The design of this study using descriptive correlative with cross sectional study approach. Sampling was done by using total population technique amounted to 73 respondents. This research has been conducted at South Aceh General Hospital by distributing questionnaires from 02-04 August 2024. Data analysis using chi-square test. The result of the research showed that high knowledge was 40 respondents (54,8%), positive attitude 41 respondents (56,2%), positive self concept 37 respondents (50,7%), positive social support 45 respondents (61, 6%), assertive behavior of nurses at South Aceh General Hospital was mostly positive as many as 39 respondents (53.4%). The result of statistical test shows that there is correlation of knowledge ( $p = 0,016$ ), attitude ( $p = 0,002$ ), self concept ( $p = 0,026$ ) and social support ( $p = 0,008$ ) with assertive behavior of nurse at South Aceh Public Hospital 2024. Expected to the South Aceh Regional Public Hospital in order to conduct conflict management training to improve the performance of health personnel so that they can carry out their responsibilities properly and to prevent negative assertion.

### INTRODUCTION

Assertive is calm, rational, self-confident, and considerate of oneself and others and has a high attitude and responsibility (Hamzah and Ismail, 2008). The formation of assertive behavior in a person is generally influenced by many complex factors, such as parenting patterns and parental expectations, cultural factors, socio-economic, status, self-esteem, and ways of thinking that are developed or obtained from knowledge and life experiences in interacting with the environment (Sunardi, 2010).

According to Hidayat and Lyrawati (2008), cognitive theory believes that inappropriate knowledge and beliefs about how to respond to conflict passively or aggressively make people not support assertive behavior. Conflicts that arise are faced and solutions are sought that benefit all parties. Conflict is unavoidable in relationships with fellow human beings (Hidayat and Lyrawati, 2008).

Assertive behavior is very important in building interpersonal relationships and is a behavior that focuses on win-win solutions. Assertive behavior is related to the expression of positive thoughts & feelings and is also related to the expression of negative feelings. This concerns verbal and non-verbal communication (Rizkani, 2010).

The initial survey conducted by the author at the South Aceh Regional Hospital obtained information that there were 73 implementing nurses, the majority of whom had a bachelor's degree and the majority of whom had employment status as contract nurses. Direct interviews conducted by the author with 3 nurses on duty obtained information that sometimes there was internal conflict between nurses in the team due to ineffective communication, showing a passive attitude in building relationships, time discipline, and division of labor, there were contract nurses who felt hopeless and were undervalued by colleagues to the point of feeling unfair treatment. These conditions can affect the team's working which can ultimately disrupt the team's performance in providing nursing care.

Many nurses are reluctant to be assertive and choose to be non-assertive, such as suppressing their feelings, pretending, holding back differences of opinion, or vice versa by being aggressive. This reluctance is generally based



on fear and worry of disappointing others, fear of not being accepted by their social group, fear of being considered impolite, fear of hurting or hurting other people's feelings, fear of breaking the bonds of brotherhood or friendship. Allowing yourself to be non-assertive, can actually the existing relationship because one party will then feel used by the other party, not resolving the emotional problems faced.

Based on the data above, it was obtained that there had been no research on assertive behavior at the South Aceh Regional Hospital, so the author was interested in conducting research that identified assertive behavior factors with the title: "Factors Related to Assertive Behavior of Nurses at the South Aceh District Hospital".

### LITERATURE REVIEW

Assertive individuals initiate communication in a way that conveys their concern and respect for others. The purpose of this communication is to express one's own opinions and to resolve interpersonal problems without damaging a relationship. Assertive behavior requires us to respect others as we respect ourselves (Hidayat and Lyrawati, 2008).

In terms of communication psychology, it can be stated that the better the interpersonal relationship, the more open people are to express themselves, and the more accurate their perception of others and their perception of themselves, so that the communication that takes place between the communicants is more effective. Interpersonal relationships and three factors in interpersonal communication that foster good interpersonal relationships are trust, supportiveness, and open-mindedness (Dalami, 2009).

The goal/effect that is desired to be realized in communicating is an effort to increase the level of stakeholder satisfaction, meaning that it will focus on the function of convincing stakeholders. In this case, an attitude/behavior is needed in communication called assertive communication (Sumaryo, 2013). According to Hamzah and Ismail (2008), assertive behavior also includes aspects of an individual's ability to deal with conflicts and problems to ensure that the organization being run is in a good situation.

In organizations where humans interact, there is a possibility of conflict. Healthcare institutions have many groups that interact. These interactions often cause conflicts. Individual feelings related to conflict cause a point of anger. This results in bad behavior such as thinking, arguing, and even fighting (Swanburg, 2006).

Research conducted by Rizkani (2010), on the relationship between knowledge and assertive behavior of nurses in fostering interpersonal relationships in the Mawar and Nusa Indah Inpatient Room of RSUD. Dr. Djoelham Binjai. The results of the research analysis showed a correlation coefficient of  $r = 0.062$ . This means that there is no significant relationship between knowledge and assertive behavior of nurses in fostering interpersonal relationships.

The initial survey conducted by the author Assertive as an individual character such as calm, rational, self-confident, and considerate of oneself and others in addition to having a high attitude and responsibility (Hamzah & Ismail, 2008). The formation of assertive behavior in a person is generally influenced by many complex factors, such as parenting patterns and parental expectations, cultural factors, socio-economic, status, self-esteem, and ways of thinking that are developed or obtained from knowledge and life experiences in interacting with the environment (Sunardi, 2010).

According to Hidayat and Lyrawati (2008), cognitive theory believes that inappropriate knowledge and beliefs about how to respond to conflict passively or aggressively make people not support assertive behavior. Conflicts that arise are faced and solutions are sought that benefit all parties. Conflict is unavoidable in relationships with fellow human beings (Hidayat and Lyrawati, 2008).

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**METHOD**

**Research Design**

This research design is correlational using a cross-sectional study approach to determine the factors related to the assertive behavior of nurses at the South Aceh District Hospital.

**Population and Sample**

The population in this study were all implementing nurses at the South Aceh District Hospital totaling 73 people. The sample of this study was all implementing nurses at the South Aceh Regional General Hospital. The sampling technique in this study was carried out by total sampling, namely by determining all members of the population as research samples.

**Framework**

The conceptual framework of this research is based on the theory according to Hidayat and Lyrawati (2008), cognitive theory believes that inappropriate knowledge and beliefs about how to respond to conflict passively or aggressively make people not support assertive behavior. Attitude reflects a person's feelings towards a stimulus. A negative self-concept will give birth to a negative image that results in unassertive behavior. Individuals who receive high social support have a high level of assertiveness.

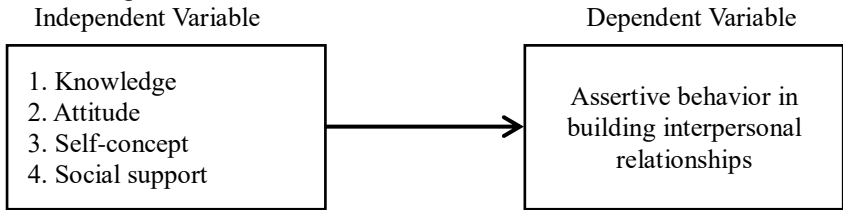


Figure 1. Research Concept Framework Scheme

**Research Hypothesis**

1. There is a relationship between the knowledge and assertive behavior of nurses at the South Aceh District Hospital.
2. There is a relationship between attitudes and assertive behavior of nurses at the South Aceh District Hospital
3. There is a relationship between the self-concept and the assertive behavior of nurses at the South Aceh District Hospital.
4. There is a relationship between social support and the assertive behavior of nurses at the South Aceh District Hospital.

## Operational Definition

Table 1. Operational Definition

No	Variables	Operational Definition	How to Measure	Measuring instrument	Measurement Results	Measuring Scale
Dependent						
1	Assertive behavior	The ability to express what is thought without offending others.	Distributing questionnaires	The questionnaire is in the form of a Likert scale with 8 statement items.	Positive if $x \geq 24.8$ Negative if $x < 24.8$	Ordinal
Independent						
1	Knowledge	Everything respondents know about assertiveness.	Distributing questionnaires	Questionnaire in the form of a Guttman scale with 11 statement items	High if $x \geq 7.84$ Low if $x < 7.84$	Ordinal
2	Attitude	Respondents' reactions to assertiveness	Distributing questionnaires	Questionnaire in the form of a Likert scale with 8 statement items	Positive if $x \geq 24.79$ Negative if $x < 24.79$	Ordinal
3	Self-concept	Respondents' beliefs about themselves and their relationships with others	Distributing questionnaires	Questionnaire in the form of a Likert scale with 7 statement items	Positive if $x \geq 22.7$ Negative if $x < 22.7$	Ordinal
4	Social support	Respondents' responses to family or close people's support include informational, instrumental, emotional and	Distributing questionnaires	Questionnaire in the form of a Likert scale with 8 statement items	Positive if $x \geq 26.75$ Negative if $x < 26.76$	Ordinal

## Data Collection Tools

The data collection tool in this study was a questionnaire for all variables with the following details:

- Part A is a questionnaire that includes demographic data, namely age, education, and length of service.
- Part B is a questionnaire about assertive behavior with 8 items in the form of Likert scale statements consisting of positive statements (no. 1, 2, 3, 4, 5, 6, and 8) and negative (no. 7) with the following assessments: Always (SL) value 5 for positive and 1 for negative, Often (SR) value 4 for positive and 2 for negative, Sometimes (KK) value 3 for positive and 3 for negative, Rarely (JR) value 2 for positive and 4 for negative, Never (TP) value 1 for positive and 5 for negative.
- Section C on Knowledge consists of 11 statements. The questionnaire is in the form of a Guttman scale, with a score of 2 for answering yes and 1 for answering no.
- Section D on Attitude consists of 8 statements. The Likert scale consists of positive statements with the following alternative answers: Strongly agree (SS) with a score of 5, Agree (S) with a score of 4, Undecided (RR) with a score of 3, Disagree (TS) with a score of 2, Strongly disagree (STS) with a score of 1.
- Section E on self-concept consists of 7 statements. The Likert scale consists of positive statements (no. 4 and 7) and negative (no. 1, 2, 3, 5 and 6) with the following alternative answers: Strongly agree (SS) value 5 for positive and 1 for negative, Agree (S) value 4 for positive and 2 for negative, Undecided (RR) value 3 for positive and 3 for negative, Disagree (TS) value 2 for positive and 4 for negative, Strongly disagree (STS) value 1 for positive and 5 for negative.
- Section F is a questionnaire about family support consisting of 8 items in the form of Likert scale statements consisting of positive statements with the following assessments: Always (SL) value 5, Often (SR) value 4, Sometimes (KK) value 3, Rarely (JR) value 2 for positive, Never (TP) value 1.



### Data collection technique

The data collected is primary data obtained by distributing questionnaires to respondents. The data collection procedure consists of the following stages:

1. Before conducting research  
Preparation for data collection is carried out through administrative procedures by obtaining permission from the Head of the Study Program and permission from the Director of the South Aceh District Hospital.
2. Data Collection Stage  
Data was collected using a data collection instrument in the form of a questionnaire, through the following stages:
  - a. The researcher introduced himself and explained to the respondents about the purpose and objectives of the research.
  - b. After the respondents understood and were willing to become respondents, they were asked to sign a statement of consent to become respondents.
  - c. The researcher distributed questionnaires to the respondents.
  - d. Before filling out the questionnaire, the researcher first explained how to fill out the questionnaire until the respondents understood, and then the respondents were asked to fill out the questionnaire.
  - e. Data was collected through the answers given by the respondents by giving a checklist (✓) on the answer choices that had been determined.
  - f. After the respondents had finished filling out the questionnaire, the researcher rechecked the questionnaire that had been filled out by the respondents. If incomplete data was found, the researcher asked the respondents to fill it out again.
  - g. After completing the questionnaire, the researcher terminated it.
  - h. Obtained a certificate of completion of the research from the Director of the Regional Public Hospital in South Aceh Regency

### Data processing

According to Hidayat (2009), the steps of data processing are as follows:

1. Editing  
At this stage, the researcher carefully examines all questionnaires to see whether all questions have been answered by respondents completely, such as checking demographic data and the appropriateness of the answers. Of all the questionnaires collected, no incomplete filling was found.
2. Coding  
At this stage, the researcher codes sequentially in the same category on each sheet given to the respondents to facilitate data processing. The code used in this study is the respondent code starting with 01 for the first respondent to 73 for the last respondent. Each answer from the respondent is given a code according to the form of the Likert scale questionnaire and the Guttman scale based on the values determined in positive and negative statements.
3. Transferring  
In the transferring stage, the researcher enters the data that has been collected from the questionnaire results into a master table or computer database. The coded data is arranged sequentially from the first respondent to the last respondent to be entered into a table according to the sub-variables studied.
4. Tabulating  
At this stage, the researcher groups the data based on the categories that have been created on the variables and sub-variables that are measured and then enters into a frequency distribution table to calculate the total value in each column of the table and research data results.

### Data analysis

Univariate data analysis uses descriptive statistical techniques in the form of percentages for each sub-variable by first using the category level (Notoatmodjo, 2010). In this study, in determining the categorization of the measurement scale, the researcher used the average value (mean) according to Hidayat (2009), namely:

$$\bar{x} = \frac{\sum x}{n}$$

Information:

- $\bar{x}$  = Mean value
- $\sum x$  = Total respondent scores
- n = Number of respondents

The data obtained from filling out the questionnaire was analyzed descriptively, and then the percentage was calculated using the frequency distribution formula as follows:

$$P = \frac{f}{n} \times 100 \%$$

Information:

- P = Percentage number
- f = frequency sought percentage
- n = Total number of respondents

**Bivariate Analysis**

Univariate and bivariate data analysis using a computer program, namely using a computerized system. The relationship between variables is seen using the chi-square test. The assessment is carried out as follows:

1. If p-value ≤ 0.05 then it can be concluded that Ho is rejected.
2. If p value > 0.05 then it can be concluded that Ho is accepted.

The rules that apply to the chi-square test in the SPSS program are as follows (Sabri and Hastono, 2014):

1. If the 2x2 table finds an e value (expectation) of less than 5, then the test used is Fisher exact.
2. If the 2x2 table has no e value <5, then the test used should be Continuity Correction.
3. If the table is more than 2x2, for example, 3x2 and so on, then the Pearson chi-square test is used.

**RESULTS**

Based on the research that the researcher has conducted through the distribution of questionnaires, the following results were obtained:

**Demographic Data**

The following is a table of the general description of respondents including age, education, and length of service in the following table:

Table 2. Frequency Distribution of Demographic Data of Nurses at the South Aceh Regional General Hospital in 2024

No	Age	f	%
1	Late adolescence (17-25 years)	5	6,8
2	Early adulthood (26-35 years)	56	76,7
3	Late adulthood (36-45 years)	12	16,4
<b>Total</b>		73	100,0
No	Education	f	%
1	SPK	2	2,7
2	D-III	6	8,3
3	S-1	65	89,0
<b>Total</b>		73	100,0



No	Years of service	f	%
1	1-5 years	17	32,9
2	6-10 years	24	23,3
3	>10 years	32	43,8
<b>Total</b>		<b>73</b>	<b>100,0</b>

Source: Primary data (processed in 2024)

Based on table 2, shows that the majority of respondents are early adults, with as many as 56 respondents (76.7%), the majority of education is Bachelor's degree, as many as 65 respondents (89%), and the majority of work experience is 6-10 years, as many as 32 respondents (43.8%).

### Univariate Analysis

#### Knowledge

The results of knowledge data processing obtained a value of  $\bar{x} = 7.84$ . Based on the average value, knowledge can be categorized as high if  $x \geq 7.84$  and low if  $x < 7.84$  (see appendix 12). The categorization results can be seen in the table below:

Table 3. Frequency Distribution of Respondents' Knowledge about Assertiveness at the South Aceh Regional General Hospital in 2024

No	Knowledge	f	%
1	Low	33	45,2
2	High	40	54,8
<b>Total</b>		<b>73</b>	<b>100</b>

Primary data source (processed in 2024)

Based on table 3, shows that knowledge about assertiveness at the South Aceh Regional General Hospital is mostly high, with 40 respondents (54.8%).

#### a. Attitude

The result of attitude data processing obtained the value of  $\bar{x} = 24.79$ . Based on the average value, the attitude can be categorized as positive if  $x \geq 24.79$  and negative if  $x < 24.79$  (see Appendix 12). The categorization results can be seen in the table below:

Table 4. Frequency Distribution of Respondents' Attitudes about Assertiveness at the South Aceh Regional General Hospital in 2024

No	Attitude	f	%
1	Negative	32	43,8
2	Positive	41	56,2
<b>Total</b>		<b>73</b>	<b>100</b>

Primary data source (processed in 2024)

Based on table 4, shows that attitudes towards assertiveness at the South Aceh Regional General Hospital are mostly positive, with as many as 41 respondents (56.2%).

#### b. Self-Concept

The results of processing self-concept data obtained a value of  $\bar{x} = 22.7$ . Based on the average value, self-concept can be categorized as positive if  $x \geq 22.7$  and negative if  $x < 22.7$  (see Appendix 12). The categorization results can be seen in the table below:

Table 5. Frequency Distribution of Respondents' Self-Concept at the South Aceh Regional General Hospital in 2024

No	Self Concept	f	%
1	Negative	36	49,3
2	Positive	37	50,7
<b>Total</b>		<b>73</b>	<b>100</b>

Primary data source (processed in 2024)



Based on table 5, shows that the self-concept of nurses at the South Aceh Regional General Hospital is mostly positive, with as many as 37 respondents (50.7%).

**c. Social Support**

The results of processing social support data obtained a value of  $\bar{x} = 26.7$ . Based on the average value, social support can be categorized as positive if  $x \geq 26.7$  and negative if  $x < 26.7$  (see Appendix 12). The categorization results can be seen in the table below:

Table 6. Frequency Distribution of Social Support in Respondents at the South Aceh Regional General Hospital 2024

No	Social Support	f	%
1	Negative	28	38,4
2	Positive	45	61,6
Total		<b>73</b>	<b>100</b>

Primary data source (processed in 2024)

Based on table 6, shows that social support for nurses at the South Aceh Regional General Hospital is mostly positive, with as many as 45 respondents (61.6%).

**d. Assertive Behavior**

The results of processing assertive behavior data obtained a value of  $\bar{x} = 24.8$ . Based on the average value, assertive behavior can be categorized as positive if  $x \geq 24.8$  and negative if  $x < 24.8$  (see Appendix 12). The categorization results can be seen in the table below:

Table 7. Frequency Distribution of Assertive Behavior of Nurses at the South Aceh Regional General Hospital in 2024

No	Assertive Behavior	f	%
1	Negative	34	46,6
2	Positive	39	53,4
Total		<b>73</b>	<b>100</b>

Primary data source (processed in 2024)

Based on table 7, shows that the assertive behavior of nurses at the South Aceh Regional General Hospital was mostly positive, with as many as 39 respondents (53.4%).

**Bivariate Analysis**

Bivariate data processing using SPSS version 24.0. The results of the bivariate data analysis are presented in the following table:

**1. Relationship between Knowledge and Assertive Behavior**

Based on the results of bivariate data processing using a computer program, a p-value of 0.016 was obtained. The relationship between knowledge and assertive behavior can be seen in the following table:

Table 8. Relationship between Knowledge and Assertive Behavior at the South Aceh Regional General Hospital in 2024

No	Knowledge	Assertive				Total	%	$\alpha$	p-value
		Negative		Positive					
		f	%	f	%				
1	Low	21	63,6	12	36,4	33	100	0,05	0,016
2	High	13	32,5	27	67,5	40	100		
Total		34	46,6	39	53,4	73	100		

Primary data source (processed in 2024)

Based on Table 8, it shows that out of 33 respondents with low knowledge, 21 respondents (63.6%) were negatively assertive. Meanwhile, out of 40 respondents with high knowledge, 27 respondents (67.5%) were positively assertive. The results of the Chi-Square Test obtained a p-value = 0.016, this value is smaller than  $\alpha$  (0.05), thus there is a relationship between knowledge and assertive behavior of nurses, or  $H_a$  is accepted.



## 2. Relationship between Attitude and Assertive Behavior

Based on the results of bivariate data processing using a computer program, a p-value of 0.002 was obtained. The relationship between attitude and assertive behavior can be seen in the following table:

Table 9. Relationship between Attitude and Assertive Behavior at the South Aceh Regional General Hospital in 2024

No	Attitude	Assertive				Total	%	$\alpha$	p-value
		Negative		Positive					
		f	%	f	%				
1	Negative	22	68,8	10	31,3	32	100	0,05	0,002
2	Positive	12	29,3	29	70,7	41	100		
Total		34	46,6	39	53,4	73	100		

Primary data source (processed in 2024)

Based on Table 9, shows that out of 32 respondents who had negative attitudes, 22 respondents (68.8%) were negatively assertive. Meanwhile, out of 40 respondents who had positive attitudes, 29 respondents (70.7%) were positively assertive. The results of the Chi-Square Test obtained a p-value = 0.002, this value is smaller than  $\alpha$  (0.05), thus there is a relationship between attitudes and assertive behavior of nurses, or  $H_a$  is accepted.

## 3. Relationship between Self-Concept and Assertive Behavior

Based on the results of bivariate data processing using a computer program, a p-value of 0.026 was obtained. The relationship between self-concept and assertive behavior can be seen in the following table:

Table 10. Relationship between Self-Concept and Assertive Behavior at the South Aceh Regional General Hospital in 2024

No	Self Concept	Assertive				Total	%	$\alpha$	p-value
		Negative		Positive					
		f	%	f	%				
1	Negative	22	61,1	14	38,9	36	100	0,05	0,026
2	Positive	12	32,4	25	67,6	37	100		
Total		34	46,6	39	53,4	73	100		

Primary data source (processed in 2024)

Based on Table 10, shows that out of 36 respondents with negative self-concept, 22 respondents (61.1%) were negatively assertive. Meanwhile, out of 37 respondents with positive self-concepts, 25 respondents (67.6%) were positively assertive. The results of the Chi-square test obtained a p-value = 0.026, this value is smaller than  $\alpha$  (0.05), thus there is a relationship between self-concept and assertive behavior of nurses or  $H_a$ .

## 4. Relationship between Social Support and Assertive Behavior

Based on the results of bivariate data processing using a computer program, a p-value of 0.008 was obtained. The relationship between social support and assertive behavior can be seen in the following table:

Table 11. Relationship between Social Support and Assertive Behavior at the South Aceh Regional General Hospital in 2024

No	Social Support	Assertive				Total	%	$\alpha$	p-value
		Negative		Positive					
		f	%	f	%				
1	Negatif	19	67,9	9	32,1	28	100	0,05	0,008
2	Positif	15	33,3	30	66,7	45	100		
Total		34	46,6	39	53,4	73	100		

Primary data source (processed in 2024)

Based on Table 11, shows that out of 28 respondents who received negative social support, 19 respondents (67.9%) were negatively assertive. While out of 45 respondents who received positive social support, 30 respondents (66.7%) were positively assertive. The results of the Chi-Square Test obtained a p-value of 0.008, this value is smaller than  $\alpha$  (0.05), thus there is a relationship between social support and nurses' assertive behavior or  $H_a$  is accepted.

## DISCUSSION

### 1. The Relationship between Knowledge and Assertiveness

Data analysis shows that respondents who have low knowledge are found to be 21 respondents (63.6%) negatively assertive. While respondents who have high knowledge are found to be 27 respondents (67.5%) positively assertive. The results of the Chi-Square Test obtained a p-value = 0.016, thus there is a relationship between knowledge and assertive behavior of nurses.

This is in accordance with the theory of Potter and Perry (2009), which states that knowledge is one of the variables that influence a person's behavior and beliefs, in addition, cognitive abilities shape a person's way of thinking, including the ability to understand factors that influence illness and personal health practices.

Assertive behavior is very important in building interpersonal relationships and is a behavior that focuses on win-win solutions. Assertive behavior is related to the expression of positive thoughts & feelings and is also related to the expression of negative feelings. In building interpersonal relationships, assertive behavior can be seen when someone refuses by saying no or showing a reaction of not understanding or not liking. This concerns verbal and non-verbal communication (Rizkani, 2010).

The results of this study are in contrast to Rizkani's (2010) study on the relationship between knowledge and assertive behavior of nurses in fostering interpersonal relationships in the Mawar & Nusa Indah Inpatient Room of RSUD. Dr. Djoelham Binjai. The results of the research analysis showed a correlation coefficient of  $r = 0.062$  with  $P = 0.350 > \alpha = 0.05$ . This means that there is no significant relationship between knowledge and assertive behavior of nurses in fostering interpersonal relationships. Meanwhile, the research that the researcher obtained showed a significant relationship between knowledge and assertive behavior.

The researcher assumes that good knowledge of assertive behavior can influence individuals to behave assertively when fostering interpersonal relationships with others. With knowledge, a person can know what assertiveness is and how to behave in dealing with interpersonal problems that can arise in relationships with people. So with good knowledge, a person can apply assertive behavior in fostering interpersonal relationships.

The results of this study illustrate that respondents with high knowledge tend to be able to apply positive assertive behavior. Conversely, respondents with low knowledge tend to have negative assertive behavior. This can be caused because good knowledge can influence individual behavior in relating to others. Someone who knows has ways and techniques in building relationships and can know what actions to take. High knowledge can be influenced by education, most of which are S1 (89%).

### 2. Relationship between Attitude and Assertiveness

Data analysis shows that respondents who have a negative attitude are found to be 22 respondents (68.8%) negatively assertive. While respondents who have a positive attitude are found to be 29 respondents (70.7%) positively assertive. The results of the Chi-Square Test obtained a p-value = 0.002, thus there is a relationship between the attitude and assertive behavior of nurses.

According to Moenir (2009), a positive or accepting attitude will make someone carry out activities or actions according to what is indicated, enjoy, be passionate in carrying out, think creatively and innovatively, and have a sense of responsibility. Attitude is a mental and nervous readiness that is structured through experience and has a direct influence on the individual's response to all objects or situations related to that object (Djaali, 2019).

Researchers can assume that attitude is related to the assertive behavior of nurses. Because attitude determines the behavior shown by nurses in dealing with certain situations. This can be seen from the results of this study which show that negative assertive behavior is greater in respondents with negative attitudes when compared to respondents with positive attitudes who tend to be able to behave positively assertively. This means that someone who has a negative attitude tends not to be able to show assertive behavior because of the response to problems or objects that are also negative.

### 3. Relationship between Self-Concept and Assertiveness

Data analysis shows that out of 36 respondents with negative self-concepts, 22 respondents (61.1%) were negatively assertive. While out of 37 respondents with positive self-concept, 25 respondents (67.6%) were positively assertive. The results of the Chi-square test obtained a p-value = 0.026, thus there is a relationship between self-concept and nurses' assertive behavior.

According to Potter & Perry (2009), self-concept is a subjective image of oneself and a complex mixture of feelings, attitudes, and subconscious and conscious perceptions. Self-concept provides us with a frame of reference that influences our management of situations and our relationships with others. Self-concept and perception of health are

closely related to each other. Clients who have beliefs about good health will be able to improve their self-concept.

Researchers can assume that self-concept influences nurses' assertiveness. A positive self-concept indicates that a person has good coping in dealing with problems. This is proven by this study which shows that the percentage of negative assertiveness is greater in respondents who have a negative self-concept when compared to respondents who have a positive self-concept and tend to be able to show positive assertiveness. Because individuals who have a positive self-concept have self-confidence, and self-esteem and dare to express their opinions. Positive self-concept can be influenced by educational factors, most of which are S1 (89%).

#### 4. Relationship between Social Support and Assertiveness

Data analysis shows that respondents who received negative social support were found to be 19 respondents (67.9%) negatively assertive. While those who received positive social support were found to be 30 respondents (66.7%) positively assertive. The results of the Chi-Square Test obtained a p-value = 0.008, thus there is a relationship between social support and nurses' assertive behavior.

Social support is verbal or nonverbal information, advice, real assistance, or behavior given by people who are familiar with the subject in their social environment or in the form of presence and things that can provide emotional benefits or influence the behavior of the recipient (Setiadi, 2012).

The researcher assumes that social support is very important to be given to nurses by family, and coworkers. Without social support, it can affect work enthusiasm it can trigger boredom, and pressure due to workload. This can be seen from the results of this study which shows that respondents with positive social support are more likely to be positively assertive, compared to respondents who lack social support. Good social support from colleagues can increase nurses' work enthusiasm. Nurses who receive this social support believe that they are loved, cared for, respected, and appreciated, and feel part of a social network, such as family and organization. This means that the more positive the social support, the more positive the assertive behavior. Conversely, the more negative the social support, the higher the negative assertiveness. The provision of good social support can be influenced by the length of service of the respondents, most of whom are 6-10 years old (43.8%).

### CONCLUSION

Based on the results of the research that has been done, the researcher draws the following conclusions:

1. There is a relationship between knowledge and assertive behavior of nurses at the South Aceh Regional General Hospital in 2024 ( $p = 0.016$ ).
2. There is a relationship between attitudes and assertive behavior of nurses at the South Aceh Regional General Hospital in 2024 ( $p = 0.002$ ).
3. There is a relationship between self-concept and assertive behavior of nurses at the South Aceh Regional General Hospital in 2024 ( $p = 0.026$ ).
4. There is a relationship between social support and assertive behavior of nurses at the South Aceh Regional General Hospital in 2024 ( $p = 0.008$ ).

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