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The role of assertiveness on telephone crisis supporter well-being and service provision

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Abstract
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Help-negation (reluctance to seek help as distress levels increase) occurs among Telephone Crisis Supporters (TCSs) who are exposed to suicidal, depressed and anxious callers, and impacts both personal wellbeing and TCSs intention to use recommended skills with callers (Kitchingman, Wilson, Caputi, Woodward, 2013). Assertiveness is a key clinical skill that facilitates the capacity to effectively and confidently deliver telephone crisis support. Due to the highly specific nature of the telephone counselling context, TCSs face challenges in communicating assertively and establishing of boundaries which are important in effective service provision and the maintenance of counsellor-wellbeing. This paper presents results of two structured literature reviews: Review 1 was conducted to develop an appropriate definition of assertiveness in a telephone counselling context. Review 2 was conducted to examine assertiveness in a practitioner-client context. Results found that assertiveness has never been investigated in the context of mental health provision and never in relation to telephone counselling. The results also suggest that assertiveness is comprised of learned, situationally specific verbal and non-verbal behaviours to facilitate the establishment and maintenance of helping boundaries. Lazarus (1973) identified that the main components of assertive behaviour are; a) the ability to say 'no'; b) the ability to ask for favours and make requests; c) the ability to express positive and negative feelings towards others; d) the ability to initiate, continue and terminate conversations. These behaviours facilitate the expression of emotions, opinions and beliefs in direct, honest and appropriate ways when this expression may involve risk or even punishment in the interpersonal interaction (Lange & Jakubowski, 1976) (Rich & Schroeder, 1976) (Heimberg & Becker, 1981). In the telephone crisis support context, assertiveness is defined as behaviour which maintains duty of care throughout a call and operating with caller outcome in mind. Implications for TC training, preparation, supervision, and current research are discussed.

Keywords
well, supporter, crisis, service, telephone, assertiveness, role, provision, being

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Rationale

Help-negation (reluctance to seek help as distress levels increase) occurs among Telephone Crisis Supporters (TCSs) who are exposed to suicidal, depressed and anxious callers, impacting both personal well-being and TCSs intention to use the recommended skills with callers (Kitchingman, Wilson, Caputi & Woodward, 2013).

Assertiveness is a key clinical skill that facilitates capacity to effectively and confidently deliver telephone crisis support. Due to the highly specific nature of the telephone crisis support context, TCSs face challenges in assertive communication and establishment of boundaries, which are important in effective service provision and the maintenance of crisis supporter well-being.

Systematic review 1: Finding a definition of assertiveness

A systematic review of the literature in electronic databases CINHAL (1991-2013), Psychology and Behavioural Sciences Collection (1991-2013), and PsycINFO (1991-2013) was conducted in March 2013 directed by the PRISMA statement (Moher, Liberati, Tetzlaff & Altman, 2009). The search terms were developed as a result of reading to review all definitions of assertive communication. The final strategy used to review was (assert* AND communicat*). Studies which met one or more of the following criteria were excluded: 1) Not a research or critical review article; 2) Did not measure assertiveness; 3) Measured, but did not define assertiveness; 3) Definition was not generalizable to a general population or context (e.g. sexual assertiveness).

Records identified: n=966
Duplicate removed: n=52
Articles assessed for eligibility: n=614
Articles included in analysis: n=22

1. Not research or critical review articles n=384
2. Did not measure assertiveness n=471
3. Measured, but did not define n=73
4. Un-generalizable definition n=4

Review 1 results

• Thematic analysis indicates that definitions of assertiveness have developed since the 1970s and 1980s. Definitions now focus on the capacity to balance one’s own rights with the rights of others, identifying that assertiveness is a highly skilled communication competency. There has also been an increased focus on defining assertiveness in a contextually specific manner.
• Current definitions of assertiveness are limited because they do not do not attempt to address motivation to behave assertively; the reason individual rights are important is to establish boundaries of acceptable behaviour in society.

Systematic review 2: Assertiveness in a practitioner-client context

A systematic review of the literature in electronic databases CINHAL (2003-2013), PsycINFO (2003-2013), Medline (2003-2013) and PsychARTICLES (2003-2013) was conducted in May 2013 directed by the PRISMA statement (Moher et al., 2009). The search terms were developed with the aim at investigating the current state of the literature with regards to assertiveness in the relationship between health practitioners and clients. The final strategy used to review was (assert* AND interpersonal AND health). Studies which met one or more of the following criteria were excluded: 1) Not a research or critical review article; 2) Did not measure assertiveness; 3) Participants not health professionals; 4) The relationship investigated was not between practitioners and clients.

Records identified: n=5665
Duplicate removed: n=577
Articles assessed for eligibility: n=5088
Articles included in analysis: n=3

1. Not research or critical review articles n=756
2. Did not measure assertiveness n=4802
3. Participants not health professionals n=66
4. Not practitioner-client relationship n=7

Review 2 results

• Paterson et al., (2002) and Gil et al., (2005) found that health practitioners (doctors and ambulance drivers respectively) found it less difficult to be assertive with clients than with colleagues, but were less likely to do so.
• This finding may result from fear that assertive behaviour will damage the client-practitioner relationship, as Bryl et al., (2012) found assertiveness was associated with reduced medication compliance.
• The definitions of assertiveness in these studies orient around ensuring personal rights and being able to direct others; behaviours which do not reflect the communication skills required in a helping relationship such as telephone crisis support.

Conclusions and implications

Definition addressing limitations of the current conceptualisation

Assertiveness is comprised of learned, situationally specific verbal and non-verbal behaviours to facilitate the establishment and maintenance of helping boundaries. Lazarus (1973) identified that the main components of assertive behaviour are: a) the ability to say ‘no’; b) the ability to ask for favour and make requests; c) the ability to express positive and negative feelings towards others; d) the ability to initiate, continue and terminate conversations. These behaviours facilitate the expression of emotions, opinions and beliefs in direct, honest and appropriate ways when this expression may involve risk or even punishment in the interpersonal interaction (Lange & Jakobsdóttir, 2017) (Rich & Schuender, 1976) (Heimberg & Becker, 1981). In the telephone crisis support context, assertiveness is defined as behaviour which maintains duty of care throughout a call and operating with caller outcomes in mind.

Future directions

• In the nursing-community assertiveness, defined as a person giving expression to his/her rights, thoughts and feelings without denying the rights of others, is emphasised as a personal and professional skill (Timmerman & McCue, 2005). Assertiveness in the clinical context has been linked to internal locus of control (Williams & Snart, 1985), well-being (Sarkows et al., 2013), communication skills (Rica, 2009) and burn-out prevention (Swami, Kanya, Katsuki & Sato, 2006). Assertiveness has never been investigated in the context of mental health provision.
• At telephone crisis support is time limited, with no non-verbal communication tools future research conducted by this research team will determine whether assertive communication skills are linked to personal and professional outcomes. There is evidence to support relationship changes shown in Fig 1.

Figure 1: Proposed relationships between TCS assertiveness, personal wellbeing and professional performance

Key References
