Cross-cultural adaptation of the Begley and Glackens's Assertiveness Scale for use among Sinhala speaking nursing students in Sri Lanka

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ABSTRACT

Background and Objective: Assertiveness is a crucial skill in the nursing profession to reinforce interprofessional relationships, prevent workplace violence, reduce work stress, improve professional efficacy, develop leadership skills, autonomy and job satisfaction. Assertiveness when inculcated among nursing students will immensely contribute to their professional development and a sustainable career. Since no standard tools are available to measure assertiveness among Sinhala speaking people, this study aimed to cross-culturally adapt the Sinhala version of Begley and Glackens's Assertiveness Scale among nursing students in Sri Lanka.

Methods: Permission to translate, cross-culturally adapt and use the 28-item Begley and Glackens's assertiveness scale were obtained from its developers. The content and consensual validity of translated version was assessed with a two rounded Delphi process using five experts and a consensus evaluation. Following Delphi process, (i) if 70% or more of the experts rated the item as re-rating in categories 0–3, that item was omitted/reworded. If reworded, the Delphi process was repeated for that item, and (ii) if 70% or more of the re-ratings were in categories 4–6 and 7–9, that item was retained. Subsequently, Content Validity Index (CVI) was evaluated using I-CVI, S-CVI/UA and S-CVI/Ave. Finally, the scale's reliability was evaluated using Cronbach alpha in a randomized sample of 140 nursing undergraduates in the University of Colombo.

Results: All the items in category 4-6 and 7-9 were retained. Sinhala version of the assertiveness scale showed maximum CVI of all individual items (I-CVI=1.0) and maximum overall CVI (S-CVI/UA = 1.0; S-CVI/Ave = 1.0). The reliability analysis indicated Cronbach's alpha as 0.753.

Conclusions: The Sinhalese version of the Begley and Glacken's assertiveness scale is a valid and a reliable instrument to measure assertiveness among nursing students. It can be used in future research to assess assertiveness among Sinhala speaking medical and other allied health sciences students.

Keywords: Assertiveness, Sinhala speaking nursing students, Sinhala version of Begley and Glacken's assertiveness scale

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Introduction

Assertiveness is identified as the capacity possessed by individuals to value one's and others' beliefs and ideas equally. Further, it can be elaborated as being at a state that enables individuals to accomplish one's needs, preserve one's rights, and express one's feelings, beliefs, and thoughts while concurrently accepting and giving due respect for the rights of others (Roya et al., 2014). Another perception of assertiveness is expressing rejection by saying 'no', yet conveying the desires and feelings associated with negativity and positivity (Lazarus, 1973), without offending others (Poroch & McIntosh, 1995).

Advantages of assertiveness as a life skill

It is essential to note that assertiveness plays a vital role as an interpersonal skill that facilitates mitigating the power imbalance among individuals (Alberti & Emmons, 2008). It has been identified that individuals who possess high levels of assertiveness generally have a high degree of self-worth. Further, they have a high capacity to achieve success in their lives. In addition, it also enhances their critical thinking skills, self-confidence, and awareness, and it enables them to maintain positive social relationships with others (Hadavi & Nejad, 2018). Moreover, it facilitates in expressing the needs and thoughts without being anxious or causing any harm to others (Taghavi Larijani et al., 2014).

Assertiveness is classified as one of the iconic skills in nursing as it carries numerous benefits (Roya et al., 2014). Assertiveness becomes an essential factor in minimizing violence, and it reinforces the relationships among the working colleagues within the health care settings (Karakaş & Okanli, 2015). It can also reduce stress related to occupation, minimize negligence, and enhance nurses' leadership skills (Karakaş & Okanli, 2015). This can lead to enhanced job satisfaction, improved autonomy and efficacy in professionalism. Further, it is directly correlated with the caring skills of the nurses (Montini et al., 2008).

Advantages of assertiveness for the nursing profession

Assertiveness preserves the nursing professionals' dignity and improves their critical thinking skills, making them capable of taking ethical and rightful decisions (Yin, 2011). Above all, assertiveness motivates nurses to develop team spirit, and it has clearly been stated that having higher degrees of assertiveness and cooperation contributes to good team-building spirits (Boone et al., 2008). Assertiveness of nurses reduces the risks and prevents medical errors substantially (McVanel & Morris, 2010). Increased levels of assertiveness will genuinely benefit nurses by ensuring the guarantee of improved patient care (Poroch & McIntosh, 1995; Tilden & Tilden, 1985).

Assertiveness is considered an essential requirement for effective nurse/patient communication, and having such skills improves the confidence of nursing professionals (Yurtsal & Özdemir, 2015). Inculcating assertiveness among nursing students is important in producing future confident nurses who would defend their rights and advocate their patients well (Ayhan & Seki, 2021). However, nursing students begin to encounter problems in the clinical setting after the commencing of their theoretical and clinical education and it brings adverse outcomes into their assertiveness levels (Ünal, 2012). On the other hand, if the nursing students become capable of maintaining good skills in communication and using their knowledge of professionalism and skills with competency, they would be identified as individuals with higher degrees of self-esteem and assertiveness (Ünal, 2012). Therefore, nurse educators play an essential role in developing and implementing assertiveness training/education programmes for undergraduate nursing students and assessing students' assertiveness (Mc Cabe & Timmins, 2003). However, Sri Lanka lacks cross-culturally adapted instruments to assess the student nurses' assertiveness.

Measuring assertiveness

There are plenty of behavioural scales/tools for measuring assertiveness. However, the more popular measures include the Behavioral Assertiveness Test-Revised (BAT-R) developed by Eisler et al. (1975) and the Assertive Interaction Coding System developed by Weeks and Lefebvre (1982). In addition, the Adaptive and Aggressive Assertiveness Scale (Thompson & Berenbaum, 2011), Assertion Inventory (Gambrill & Richey, 1975) and Assertiveness Self-Report Inventory (Herzberger et al.,

1984) are tools used by researchers. "Assertive behaviour in nurses" (Gerry, 1989) is one of the assertiveness scales used particularly for nurses. It has been developed based on three assertiveness measures; the Assertion Inventory (Gambrill & Richey, 1975), a 30 item schedule (Rathus, 1973) and the College Self Expression Scale (Galassi et al., 1974). The Begley and Glackens's assertiveness scale (Begley & Glacken, 2004) has been designed to measure assertiveness among nursing students, and it has been developed adopting the scale "Assertive behaviour in nurses" (Gerry, 1989).

It includes 28 items in a four-point Likert scale, with the options 'always', 'often', 'rarely' and 'never' (Begley & Glacken, 2004). The scale has no subscales. As per the scale guidelines, the items 4, 5, 7, 10, 11, 16,17,18,19, 20 and 24 are scored as always= 4 marks, often = 3, rarely =2, and never = 1 and the items 1, 2, 3, 6, 8, 9, 12, 13 14, 15, 21, 22, 23, 25, 26, 27 and 28 are reverse-scored as always =1 mark, often = 2, rarely = 3, and never = 4. The higher final total score indicates a higher level of the person's assertiveness. The test for internal consistency (Cronbach's alpha) rendered a score of 0.653 in a previous study, demonstrating an acceptable reliability coefficient (LoBiondo-Wood, 2017) and the instrument was thus considered appropriate to use in the current study.

Accordingly, the main aim of the present study was to cross-culturally adapt the Sinhala version of Begley & Glackens's assertiveness scale for use among nursing students in Sri Lanka.

Materials and methods

Translating the Begley & Glackens's assertiveness scale to Sinhalese

Data collection of the validation sample was commenced once the ethical approval was obtained from the Ethics Review Committee (ERC), KAATSU International University, Sri Lanka (KIU/ERC/21/28). Permission to cross-culturally adapt the assertiveness scale into Sinhala was obtained from its developers; Begley & Glacken (2004). Thereafter, translation process and the cross-cultural adaptation based on the international guidelines were conducted under five stages;

I) Initial Translation, II) Synthesis of the Translations, III) Back Translation, IV) Expert Committee Delphi review and V) Test of the pre-final version (Beaton et al., 2000). In stage I, the English (source language) scale was translated into Sinhala (target language) by two local professional translators who are bilingual experts and native Sinhala speakers. Firstly, the independent forward translation of the original items, instructions, and responses was carried out independently by the two translators. In stage II, both translators and the local coordinator discussed the translations and agreed on a reconciled version. Measures were taken to ensure that the questionnaire is conceptually equivalent to the original questionnaire and the language was made conversational and easy to understand by the target population. In stage III, a local professional translator who is a native speaker of the source language and an expert in the target language translated the first Sinhala version of the questionnaire (produced in stage II) back into the source language. The original version of the questionnaire was not available to the translator during this stage.

Assessing content and consensual validity of the translated tool and reducing reductant items

A panel of experts consisting of two registered clinical psychologists, a nursing educator, a sociologist, and a methodologist evaluated the translated questionnaire for content validity and consensual validity using the Modified Delphi Technique (Hecht, 1979; Jones & Hunter, 1995). The experts critically reviewed each item in the instrument and expressed their opinion on a scale of 0 to 9 on; 1) if each item was an appropriate indicator of its scale to measure the assertiveness 2) whether composites of the items was adequate to measure the concept assessed by the scale. In the evaluation, zero indicated the expert's total disagreement and a score of 9 indicated the expert's total agreement. The experts reviewed each item in the instrument critically and expressed their opinion by indicating, on a scale of 0 to 9. . Zero indicated the expert's total disagreement with that item, and 9 indicated the expert's total agreement with the item. The three aspects evaluated are as follows. 1) appropriateness of each item in the Sinhala version for use by nursing students, 2) wording of the Sinhala version in a manner

that retains the conceptual meaning of its original English version, 3) cultural relevance of each item in the Sinhala version to the Sri Lankan context. Based on the Delphi Process, if 70% or more of the ratings are in categories 0–3, that item was omitted or reworded to make it acceptable. If reworded, the Delphi process was repeated for that item, and if 70% or more of the ratings were in categories 4–6 and 7–9 (summatively), the item was retained. Based on the results obtained at the consensus of the panel of experts, the content validity of individual items (I-CVI) and the overall scale (S-CVI) was measured. There are two methods for calculating S-CVI; one is the Universal Agreement (UA) among experts (S-CVI/UA), and the second, the Average CVI (S-CVI/Ave) (Polit & Beck, 2006). S-CVI/UA was measured by proportions of items on a scale that achieves a relevant rating of 4-6 or 7-9 categories by all the experts, and S-CVI/Ave value was measured by obtaining the average of I-CVIs for all the items on the scale.

Pretesting the validated scale

A pre-test of the scale was conducted among thirty nursing students who have recently graduated from the Faculty of Allied Health Sciences, General Sir John Kotelawala Defence University to determine the difficulty level of the items, ease of understanding of concepts in the items, any discomfort when responding and the appropriate length of the instrument.

Assessing reliability of the cross-culturally adapted scale

A descriptive cross-sectional study was conducted among nursing undergraduates of the Faculty of Nursing, University of Colombo, to assess/estimate the reliability of the validated Sinhala Begley & Glackens's Assertiveness scale. The nursing undergraduates who could read and understand the Sinhala language and consented to participate were included in the study. Some studies claim that for internal consistency reliability analysis applications, the sample size should be >50 (Javali et al., 2011). Nevertheless, it was noted that the sample size is not an essential requirement for calculating reliability coefficient but, the number of items plays an essential role in order to estimate the population parameter (Javali et al., 2011).

However, the sample size should be 5-10 times the number of items in the instrument (Kyriazos, 2018). Therefore, the minimum sample size for the scale to be validated was 140 (28 items×5). A systematic random sample of 140 students was selected from all three batches, and the online version of the validated Sinhala assertiveness scale was shared exclusively with them. The internal consistency reliability of the Sinhala version was measured through Cronbach alpha value using the computer Statistical Package for Social Sciences (SPSS) version 23.0. Descriptive statistics were used to explain the level of assertiveness and the demographic characteristics of the participants.

Results
Assessing content and consensual validity of the translated tool and removing redundant items

Based on the Delphi process, all the items for the Sinhala version of the assertiveness scale were retained as 70% or more of the ratings were in categories 4–6 and 7–9 (summatively). Further, some words were changed to retrieve their appropriate cultural meaning. For instance, the words 'compliment' and 'praise' have several meanings in the Sinhala language. Therefore, different Sinhala words were used to describe these as appropriate to different items of the scale. Further, the Delphi process was repeated in the second round for all the items, and the re-ratings were in categories 7–9. Therefore, the finalized Sinhala version of the assertiveness scale indicated maximum content validity of all the individual items (I-CVI=1.0) and maximum overall content validity (S-CVI/UA = 1.0; S-CVI/Ave = 1.0). Further, the consensus revealed that the Sinhala version of the assertiveness scale is a valid tool in assessing assertiveness.

Assessing the reliability of the cross-culturally adapted scale

The validated Sinhala version of the assertiveness scale was then administered for a validation sample of nursing undergraduates enrolled in the Faculty of Nursing, University of Colombo, to assess the reliability. The mean age of the sample was 23.45±1.24. The majority (98.6%, n= 139) of the sample population was Sinhalese. The sample consisted of nursing undergraduates from first

(34.8%, n=49), second (29.8%, n= 42) and third years (35.5%, n=50) (Table 1). The mean assertiveness of the sample was 79.24 ± 7.19 and the Cronbach's alpha value was 0.753 indicating a good internal consistency of the validated scale.

Table 1 Characteristics of the sample (N=140)

Characteristics	Category	Frequency	Percentage %
Gender	Male	32	22.9
	Female	108	77.1
Nationality	Sinhala	138	98.6
	Muslim	01	0.7
	Tamil	01	0.7
Academic year	First	49	35.0
	Second	42	30.0
	Third	49	35.0

Discussion

The healthcare system in Sri Lanka is overburdened with patients and a lack of resources, and thereby most Sri Lankan nurses generally react passively in the work setting (De Silva, 2010). Therefore, a change in nursing education is imperative to prepare nurses with assertiveness and technical competence to work in the rapidly changing healthcare environment (Jayasekara & McCutcheon, 2006). Moreover, it is essential to assess assertiveness among nursing students before embarking on making necessary changes in nursing education in Sri Lanka. Since there had never been a cross-culturally adapted Sinhala assertiveness scale in the Sri Lankan context, the current study led to translate and adapt the scale developed by Begley & Glacken (2004).

There is no universal agreement on how to adapt an instrument for using in another cultural setting. However, there is an agreement that it is inappropriate to simply translate and use a questionnaire in another linguistic context (Beaton et al., 2000; Guillemin et al., 1993; Herdman et al., 1998; Reichenheim & Moraes, 2007; Wang et al., 2006). Five stages (i.e., initial translation, synthesis of the translations, back translation, Delphi review, and test of the pre-final Version) were conducted in cross-culturally adapting Begley and Glackens's assertiveness scale into Sinhala and obtaining acceptable content and consensual validity (Beaton et al., 2000; Fink et al., 1984; Jones & Hunter, 1995) and excellent CVI values.

Reliability is concerned with the ability of an instrument to measure consistently and internal consistency is widely used for reliability testing as it describes the extent to which all the items in a test measure the same concept or construct (Tavakol & Dennick, 2011). In the present study, the reliability of the assertiveness scale was measured using Cronbach alpha, and it was found acceptable (α = 0.753). This might be due to the standardized international guidelines (Beaton et al., 2000) followed at all stages in this study. Similarly, acceptable reliability levels were reported on the same assertiveness scale as in previous studies (Begley & Glacken, 2004; Deltsidou, 2009).

The strengths of this study were application of standard validation process in collaboration with a multidisciplinary team, and the total sample responding without attrition. However, there could be some limitations due to the cross-sectional descriptive design of the study. Further, data collection had to be done online as the universities were closed due to COVID 19 pandemic.

Conclusion and Recommendations

The findings of the study confirms that the cross-culturally adapted Sinhala version of the Begley and Glacken assertiveness scale is a valid and reliable instrument to measure assertiveness among Sinhala speaking nursing students. Future research could be focused on modifying this tool to assess assertiveness of students in medical and other allied health sciences.

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