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ASSERTIVENESS AS STRATEGY FOR ENHANCING NURSES' WORK ATTITUDE IN OGUN STATE, NIGERIA

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Abstract
Many patients are discouraged from seeking healthcare in public health institutions because of the general lukewarm attitude of nurses towards their job. Affluent patients would prefer to patronize private hospitals while the less privileged patronize quacks or suffer for lack of access. This study therefore examined the effectiveness of assertiveness training programme in enhancing work attitude of nurses. The study also investigated whether self-efficacy would moderate the effects of treatment on the criterion variable. Experimental design was employed in the study. The population consisted of all the nurses in five (5) State Hospitals in Ogun State Nigeria. Stratified random sampling technique was used to select one hundred and eight (108). Two validated instruments – Nurses Work Attitude Inventory and Self-Efficacy Scale were employed to elicit responses from the participants. Results revealed, level of self-efficacy had effect on work attitude of participants ($F_{(1,95)} = 4.568$; $p < 0.05$). .The findings demonstrated that the treatment package could be used as veritable tools in equipping nurses with necessary skills that can enhance good work attitude. The implications of this research suggest that medical education curriculum planners, government health management board and personnel/industrial psychologists are expected to incorporate the contents of assertiveness skill into their training programmes. Understanding how assertiveness skill training programme influence attitudes, feelings and behaviours can help practitioners to provide the best quality of services for their clients.
Keywords: Work Attitude, Assertiveness, Self-Efficacy, Nurses.

INTRODUCTION

In Nigeria, the effort by nurses to improve the quality of health care delivery by ensuring that patients have excellent health service is a national priority. This mandate is clearly stated in the National Health Policy (1988, 2001) which was adopted by the Nigerian Government in order to achieve good health for all Nigerians. The policy articulated the goal of enabling all Nigerians to achieve socially and economically productive lives. According to the Policy, health is an 'essential component of social justice and national security'.

Unfortunately, many patients in Nigeria are experiencing poor health care services which threaten the citizens' wellbeing and health which are important for the

country to get the best out of her population (Orabuchi, 2005). Nurses in both public and private institutions are involved in perceived improper work attitude. (Thomson, 2007; Adetoyeje, Bashir, Oyeyemi & Ibrahim, 2008).

A large number of nurses who performed unsatisfactorily and exhibiting negative attitudes in hospitals had been a kind of enigma to numerous patients, health administrators and employers; both at federal and state government levels (Orabuchi 2005). Not only that, it had prevented many patients from appreciating some nurses who are kind, polite, devoted and dedicated to their duties, but had also discouraged them from seeking medical attention in hospitals.

The negative attitude of many nurses had contributed to quite a number of health, social, economic and societal problems including patients getting discouraged from coming freely to seek healthcare in the public health institutions. Many patients would prefer to suffer in silence than going to public hospitals and be insulted by nurses. They also prefer consulting private clinics where there are inadequate facilities for proper diagnosis and treatment (Fashina, 1990; Talerico, O'Brien & Swafford, 2003; Chung, Chan,Yeung, Wan & Ho, 2003; McKinlay & Cowan, 2003; Adepoju, Watkins & Richardson, 2007). According to a United Nations AIDS taskforce report (UNAIDS 2006), negative attitudes and reluctance to provide care result in a poorer quality care. Also, nurses' negative attitude has led to permanent disability or even death of patients in some cases. Even some patients who go to public health institutions keep their problems to themselves, and hide their true feelings for fear of insult or hostile treatment from the nurses (McKinlay & Cowan, 2003; Thomson, 2007; Adetoyeje, Bashir, Oyeyemi & Ibrahim, 2008).

Recently, The Nursing and Midwifery Council of Nigerian, Federal and State governments, Health Administrators, Hospital Management Boards and notable individuals have expressed concern about the factors which led to decline in the work attitude among Nigerian nurses. (Decree No. 89 of 1979, Decree No. 54 of 1988, Decree No. 18 of 1989, Decree No. 83 of 1992, 2005 & 2007; Adetoyeje, 2006; Ukah-Ogbonna, 2010). These factors have not only been identified but health administrators have been actively engaged in seeking clearer understanding of the issues involved and in some cases proffered viable remedies. (Adetoyeje, 2006; Ukah-Ogbonna, 2010)

It has been discovered in previous studies that nurses work attitude is complex and difficult to determine and that nurses characteristics, hospital, family, society and government also affect nurses work attitude (Adetoyeje, 2006; Pickles, King & Belan, 2009). Lee and Akhta (2007) opined that external factors and interaction with other people in emotionally charged situations exert influence on nurses work attitude. However, such factors do not cause a nurse to demonstrate positive attitude to patients rather, it is the nurse's own activities that majorly bring about his or her 'good' work attitude. The duo maintained that nurses' involvement in their work is of utmost importance and there are several variables that also contribute to nurses' work attitude such as job performance, job satisfaction, emotional competence, work habit, interpersonal skills, assertiveness and burnout.

Contemporary studies have shown that work attitude cannot be disassociated from nurses' job performance. (Tzeng, 2004; Sutermaster, 2000; Iheanacho, 2005). Job performance of nurses involves administration of drugs prescribed by doctors and everyday care to patients. This serves as the motivational force bolstering persistence, attitude and other active coping strategies. However, Eastburg, Gorsuch, Williamson and Ridley (1994) reported that nurses' job performance is likely to decline because they frequently work in a life-or-death setting, which make their jobs physically and emotionally tasking. This makes them to suffer from burnout and get them withdrawn emotionally and physically from patient interactions, jeopardizing the positive intentions of care giving to patients. (McVicar, 2003).

The importance of work attitude cannot be overemphasized. It encourages perseverance and provides the confidence for nurses to learn from personal experience and from colleagues, help them to remain objective, empathize with patients without becoming emotionally involved, listen to patients with respect and challenge them with wisdom where necessary.

Sudha (2005) opines that being assertive is less about being confident and more about valuing oneself and one's profession. He mentions that as a nurse, being assertive can lead to more respect and recognition, and can get one more of what one wants. Assertiveness is an antidote to fear, shyness, passivity, and even anger. As nurses work in different situations, they have to be assertive in order to meet the challenges and to win the cooperation from others.

Assertiveness enhances nurses' ability to express feelings, opinions, beliefs, and needs directly, openly and honestly, while not violating the personal rights of the patients. It is important for nurses to understand the difference between assertiveness (expressing oneself confidently) rather than forcing one's ideas on others (being passive) or intimidating them (being aggressive). Assertiveness does not, in any way, mean being aggressive. Aggressive behaviour is self-enhancing at the expense of others and it does not take other individuals' rights into consideration (Sudha, 2005).

Nurses in the process of care, interact with patients, the medical fraternity and other health care workers constantly. However, "Nurse-Patient Interaction" is the pulse of the nursing practice. This interaction is not just conversation it is a complex process that involves nurses trying to study or understand patients' emotions in an effort to manage them such that they get over their health problems as soon as possible (American Society of Registered Nurses (ASRN ORG., 2007).

Attitude can be positive or negative and can affect the behaviour of an individual. It serves a primary function of bringing together the diverse experiences to which an individual is exposed and forming them into a cohesive, organised whole. It is through the attitude and belief systems of an individual that environmental perception acquires meaning. The danger is that attitudes may become so rigidly adhered to that instead of assisting an individual in understanding his environment and the events taking place within it, they become the perception. The process of changing attitudes requires that the individual objectively examines the critical elements of the attitude and identifies those components that are valid and those that are prejudgments (King & Lee, 1994; Thomson, 2007; Prikles, King & Belan, 2009 & Parker, 2010).

Vargas & Luis (2008) define attitude as predispositions. In order to respond to a given set of stimuli with a given set of answers, an attitude can thus be defined as an acquired and lasting predisposition to always act the same way towards a given class of objects, or a persistent mental/neural state of readiness to respond to a given class of objects, not as they are, but as they are conceived.

Effa-Heap (1997) states that the social psychologists describe attitude as a complex tendency of persons to behave in positive or negative ways, to respond in a favourable or unfavourable manner to social objects in his or her environment. They all agree that attitudes

are learnt, but differ on how. Attitudes are enduring systems but there are times when it is necessary to effect change. On the other hand, Effa-Heap (1994) goes further to say that the functionalists believe that attitudes serve a particular motivational function, that is, serve ego needs and are therefore protective of self. They also form support for one's values and therefore are intrinsically rewarding. The view makes it difficult to change attitude since it would need to change what is motivating the individual, which is further compounded by the fact that what is underlying the motivation is usually unknown even to the individual.

Noak (1995) opines that a good nurse-patient relationship enables the nurse to become an advocate of the patient, and allows the nurse to get to know the patient well thus developing empathy. He also maintains that a good relationship assists the patient to become engaged with and committed to therapy, and provides interpersonal continuity and stability. He therefore appears to see the nurse-patient relationship as having a restorative or re-parenting function, as well as a means by which patients ambivalent about treatment may be engaged with the process using the leverage that a relationship supplies.

Objectives of the Study

The objectives of the study were to investigate the relative effectiveness of Assertiveness

Training Programme in enhancing nurses' work attitude. To investigate if Self-Efficacy will moderate the causal effects of the intervention programme skill training on the criterion measure.

Statement of the Problem

Health administrators and patients often complain about the negative attitude and poor level of assertiveness of nurses in public hospitals. These have led to many patients opting for quacks, faith clinics and traditional healers thus jeopardizing the National Health Policy of the nation. Not only that, it may have damaging effect on patients' relatives and loved ones who are psychologically injured when their loved one is sick or dies. The issue of nurses' work attitude should be revisited from time to time till the problem ceases to exist. Therefore, this study was interested in determining the effects of assertiveness training programme on work attitude of nurses in public State health hospitals in Ogun State, Nigeria.

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Statement of Hypotheses

The following hypotheses were generated for the study and tested for significance at 0.05 level

H_{01}. There is no significant difference in the effect of self-efficacy on the effectiveness of the Assertiveness in enhancing nurses' work attitude.

H_{02}. There is no significant self-efficacy difference in nurses' work attitude.

Methodology

The study adopted experimental design using a factorial design. This is because of the fact that this experimental design accomplished in one experiment what otherwise might require two or more separate studies. Apart from this fact, the design provides an opportunity to study the interactive effects of the moderating variables. This variable exist at one level' treatment (Assertiveness) and self-efficacy at 2 levels (High and Low) The population of the study consisted of the entire nurses working in State Hospitals in Ogun State, Nigeria. There are five (5) State Hospitals in Ogun State. These are Ijebu-Ode State Hospital, Ijebu-Ode; Ishara State Hospital, Ishara, Remo; Ijaiye State Hospital Sokenu Ijaiye, Abeokuta; Ilaro State Hospital, Ilaro and Ota State Hospital, Ota.

Data Analysis

Hypothesis One

H_{01}: There is no significant difference in the effect of Self-Efficacy on the effectiveness of the Assertiveness in enhancing Nurses' Work Attitude.

Table 1: Estimates of the Interaction Effect of Treatment and Self-Efficacy in Enhancing Nurses' Work Attitude

Treatment group	Self efficacy	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Assertiveness	Low	102.502[a]	2.665	97.212	107.792
	High	100.340[a]	1.451	97.460	103.220

a. Covariates appearing in the model are evaluated at the following values: PRETEST ATTITUDE = 90.8333.

The results in Table 4.2 revealed that there was a significant two-way interaction effects of Treatment and Self-Efficacy ($F_{(2,95)} = 5.706$; $p < 0.05$) on Nurses' Work

Attitude. Therefore, the null hypothesis which stated that there is no significant difference in the effect of Self-Efficacy on the effectiveness of the Assertiveness in enhancing Nurses' Work Attitude was rejected by this finding.

The implication of the results is that Self-Efficacy would interact significantly with treatment to affect the Work Attitude of participants. This was revealed in the results in Table 1 which showed that participants with Low Self-Efficacy in the Assertiveness group had a mean score of 102.502 and a Standard Error of 2.665

Also, participants with High Self-Efficacy in the in the Assertiveness group had a mean score of 100.340 and a Standard Error of 1.451.

Hypothesis Two

H_{02}: There is no significant Self-efficacy difference in the Nurses' Work Attitude

Table 2: Estimates of Self-Efficacy on Nurses' Work Attitude

Self efficacy	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Low	98.214[a]	1.389	95.457	100.970
High	101.802[a]	.878	100.060	103.545

a. Covariates appearing in the model are evaluated at the following values: PRETEST ATTITUDE = 90.8333.

The results in Table 4.4 indicated that participants with Low Self-Efficacy had a mean Work Attitude score of 98.214 and a Standard Error of 1.389 while participants with High Self-efficacy had a mean score of 101.802 and a Standard Error of .878. To determine if these mean scores are significantly different, an Analysis of Covariance was conducted. Results are as presented in Table 2.2.

Table 2.2: Univariate Test of Self-Efficacy on Nurses' Work Attitude

	Sum of Squares	Df	Mean Square	F	Sig.
Contrast	211.667	1	211.667	4.568	.035
Error	4401.630	95	46.333		

The F tests the effect of SELF-EFFICACY. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

The results in Table 2.2. revealed that there was a significant effect of Self-Efficacy ($F_{(1,95)} = 4.568$; $p < 0.05$) on Nurses' Work Attitude. The null hypothesis which

stated that there is no significant Self-Efficacy difference in Nurses' Work Attitude was rejected by this finding. The implication of this result is that participants with Low and High Self-Efficacy will significantly differ in their Work Attitude. However, to determine the direction of the difference, a pairwise comparison was carried out using the Least Squared Difference. The results are presented in Table 2.3.

Table 2.3: Pairwise Comparison of Self-Efficacy on Nurses' Work Attitude

(I) Self-Efficacy	(j) Self-Efficacy	Mean Difference (I-J)	Std. Error	Sig.[a]	95% Confidence Interval for Difference[a]	
					Lower Bound	Upper Bound
Low	High	-3.589*	1.679	.035	-6.922	-.255
High	Low	3.589*	1.679	.035	.255	6.922

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

The results in Table 2.3 revealed that there was a significant difference in the Work Attitude of Nurses with Low Self-efficacy and High Self-efficacy (MD = -3.589; Std error = 1.679; $p < 0.05$) in favour of those with High Self-Efficacy. In effect, Self-Efficacy would significantly affect the Work Attitude of Nurses.

Discussion of Findings

Hypothesis one stated there is no significance difference in the effect of self-efficacy on the effectiveness of the assertiveness in enhancing nurses' work attitude. Self-Efficacy interacted significantly with Assertiveness to affect the Work Attitude of participants. Participants with Low Self-Efficacy had the higher mean Work Attitude score than their counterparts with High Self-Efficacy. The effectiveness of assertiveness skills training package is attributed to the fact that participants were eager to understand the concept of assertiveness skills. In the study of Timmins and McCabe (2004) reported most nurses' did not find it difficult to behave assertively in the workplace because they had received assertiveness training. In a study by Kilkus (1999), the nurses who worked in mental health, nursing education, or nursing administration reported the highest levels of assertiveness; they were typically identified with more autonomous and independent responsibility and behaviour. Crosley (1980) as well as Lee and Crockett (1994)

reported that nurses would be able to work effectively without burnout or stress after acquiring assertiveness.

Hypothesis two stated that there is no significant self-efficacy difference in nurses work attitude. Therefore, by the findings of this study, the null hypothesis was rejected. This means that the study revealed that there was a significant difference in the effect of self-efficacy on nurses work attitude. Studies have shown that personal estimates of self-efficacy are really a form of meta-cognition or self-awareness (Klassen, 2002); and self-efficacy is closely bound up with an individual's capacity to identify the causes of his or her successes and failure (attribution style). This finding is well expected as the self-efficacy level of individuals had been found to have positive influence on their behaviour especially in accomplishing a task (Adeyemo, 2001; Ogunyemi, 2005; Akindele-Oscar, 2006).

This finding confirms the earlier findings which have shown that human behaviour can be influenced by self-efficacy (Maitland, 1996; Bandura, 1997 & Iro-Idoro, 2010). It can be deduced that self-efficacy beliefs play a key role in setting the course of intellectual development and operate as an important contributor of behaviour change, which influence individuals' thinking faculty. These judgments influence how individual think, motivate themselves and act (Bandura, 1995; Adenuga & Ayodele, 2009).

Conclusion and Recommendations

This study has provided meaningful insight and direction into the effectiveness of assertiveness training programmes in enhancing nurses' work attitude in State Hospitals in Ogun State, Nigeria. It has also shown that Assertiveness technique is potent in enhancing nurses' work attitude.

- ✓ The efficacy of the assertiveness predictor variable is a pointer to the fact that nurses could perform better if this skill is imparted to them periodically. Therefore, medical education curriculum planners, government, health management board and personnel/industrial psychologists are expected to incorporate the contents of assertiveness technique into their training programmes and for in-service workplace programmes. This will not only enhance work attitude among nurses but could also foster coping skills and motivation of management and staff. Industrial psychologists and trainers in organisations are

encouraged to use assertiveness training not only as behaviour modification tool but as well as empowerment and self-development strategy.

- ✓ Understanding how assertiveness training programme influence attitudes, feelings and behaviours can help practitioners provide the best quality of services for those who seek help.
- ✓ It is equally recommended that health care delivery system in Nigeria should be comprehensively reviewed towards meeting the demands of the citizens. Training programmes should be directed at improving the social skills of health personnel in Nigeria.

References

Adenuga, R. A. & Ayodele, K. O. (2009). General Self-efficacy and Emotional Intelligence as Predictors of Postgraduate Students' Choice and Interest in Conducting Experimental Research. *African Journal of Research in Personnel and Counselling Psychology*. 1, (2) 23-31.

Adepoju, J.A., Watkins, M.P. & Richardson, A.M. (2004). A quick survey of an HBCU's first year nursing student' perception of the HIV/AIDS phenomenon. *Journal of National Black Nurses Association* 18(2), 24–29

Adetoyeje, O. (2006). Caring for patients living with AIDS: Knowledge, attitude and global level of comfort. *Journal of Advanced Nursing* .53(2); 196-204.

Adetoyeje, Y. O., Bashir, O. O. & Ibrahim, S. (2008). AIDS care in Nigeria: Are nurses comfortable performing procedures? *International Journal of Nursing Practice.* 14(1);11-18.

Adeyemo, D. A. (2001). Self-efficacy and subject enrolment in secondary schools; An empirical inquiry, Ibadan *Journal of Educational Studies,* 1, 86-95.

Admin, (2009). *Interpersonal Relationships, School, Students: Youth Mental Network - "Youth mentality" of: LI Xian-yun*, University student occupation career planning instruction and successful stories. is prowdly powered by Wordpress. Ecologist theme by Theme Museum. http://www.bjtmw.com/2010/04/students-how-to-establish-good-interpersonal-relationships-figure/ - Retrieved on 21st March, 2011

Gateway Journal of Business Education (GAJBED) Volume 3, No. 1, June, 2016. A Publication of the Association of Business Educators, Ogun State Chapter. Pgs. 199 – 210

Akindele-Oscar, A. B. (2006). *Emotional Intelligence and CORT-5 Training Programme as Strategies for Fostering Innovation Competence Among Undergraduate Students in Ogun State, Nigeria*. Guidance and Counselling Dept., University of Ibadan: Unpublished Ph.D Thesis.

Bandura, A. (1977a). Self-efficacy: Toward a Unifying Theory of Behavioural Change. Psychological Review, 84, 181 -215.

Bandura, A. (1995). Self-Efficacy in Changing Societies. New York Cambridge University Press.

Bandura, A. (1995). Self-efficacy: The Exercise of Control. New York Freeman.

Chung Yuen, M. J., Chan Tak, S. J., Yeung Sai, R., Wan Chi, H. R. & Ho Sau, T. (2003). *Hong Kong Journal of Emergency Medicine, 10:104-112.* www.contemporarynurse.com – Retrieved on 15th February, 2011

Crosley, J.M. (1980). Preventing nurse – burnout - assertiveness training - can be cost effective. Cost Containment 2, 3–5.

Effa-Heap G. (1997). "The Attitude of Nigerian Nurses to HIV/AIDS Patients At University College Hospital, Ibadan", *Sociétés d'Afrique et Sida, 17-18*: 2-4.

Eastburg, M.C., R. Gorsuch, M. Williamson, & C. Ridley. (1994). Social Support, Personality, and burnout in nurses. *Journal of Applied Social Psychology.* 24(14), 1233–50.

Fashina, E. M. (1990). The Relative Effectiveness of Social Skills Training and Transactional Analysis on the Improvement of Nurse-Patient Relationship, An Unpublished Ph.D University of Ibadan, Ibadan.

Federal Government of Nigeria established by Decree 89 of 1979 of the Federal Republic of Nigeria and amended by Decrees No. 54 of 1988, No. 18 of 1989 and No. 83 of 1992. The Nursing and Midwifery Council of Nigeria. The Council is the only regulatory body for all cadres of Nurses and Midwives in Nigeria http://nmcnigeria.org/standards.php - Retrieved on 3rd Feb., 2011

Federal Ministry of Health (1988). The National Policy and Strategy to Achieve Health for All Nigerians. FMOH, Lagos, Nigeria.

Federal Ministry of Health (2001). National Reproductive Health Policy and Strategy. Abuja, Nigeria: Federal Ministry of Health.

Germain, P. R. & Cummings, G. G. (2010). The influence of Nursing Leadership on Nurse Performance: A Systematic Literature Review *Journal on Nursing Management*, 18 (4), 425 – 439.

Gateway Journal of Business Education (GAJBED) Volume 3, No. 1, June, 2016. A Publication of the Association of Business Educators, Ogun State Chapter. Pgs. 199 – 210

Iheanacho, E. N. O. (2005). Employees' Job Performance Behaviour in the Central Senatorial District of Kogi State Nigeria. *International Journal of Social and Policy Issue,* 3(2),

Iro-Idoro, C. B. (2010). Students Perceptions of their Abilities to mater Academic Tasks as Correlates of Academic Success among Secretarial Studies Students of the Federal Polytechnic Ilaro, Contemporary Humanities, 4, (2), 166-172.

Kilkus S.P. (1999). Assertiveness among Professional Nurses. *J. Adv. Nurs.*; 18: 1324–1330.

King, L. & Lee, J. (1994). Perceptions of Collaborative Practice between Navy Nurses and Physicians in the ICU setting. American Journal of Critical Care, 3(5), 331-335.

Lee, J. S. Y. & Akhtar, S. (2007). Job Burnout among Nurses in Hong Kong: Implications for Human Resource Practices and Interventions. *Asia Pacific Journal of Human Resources*, 45(1),

Lee S. & Crockett M.S. (1994). Effect of Assertiveness Training on levels of Stress and Assertiveness Experienced by Nurses in Taiwan Republic of China. Issues in Mental Health Nursing 15, 419–432.

Maithland, C. (1997). Measurement of Computer/internet Self-efficacy: A Preliminary Analysis of Computer Self-efficacy and Internet Self-efficacy measurement instruments. Retrieved on March 14, 2007 from www.Tc.Msu.Edu/TC960/CSE.HTM.

McCabe, C. (2004). Nurse–patient communication: an exploration of patients' experiences. *Journal of Clinical Nursing* 13, 41–49.

McKinlay, A. & Cowan, S. (2003). Student Nurses' Attitudes towards Working with Older Patients. *Journal of Advanced Nursing*, 43: 298–309. doi: 10.1046/j.1365-2648.2003.02713.x

McVicar, A. (2003). Workplace Stress in Nursing: A literature review. *Journal of Advanced Nursing,* 44, 633-642.

McCabe, C. (2004). Nurse–patient communication: an exploration of patients' experiences. *Journal of Clinical Nursing* 13, 41–49.

Noak, J. (1995). *Care of People with Psychopathic Disorder*, Nursing Standard 9 (34), May 17-23, 30-32

Gateway Journal of Business Education (GAJBED) Volume 3, No. 1, June, 2016. A Publication of the Association of Business Educators, Ogun State Chapter. Pgs. 199 – 210

Ogunyemi, A. O. (2006). *Differential Effectiveness of Provocation, Brainstorming and Emotional Mastery in Fostering Creativity and Emotional Intelligence of Adolescent.* Olabisi Onabanjo University Unpublished Ph.D Thesis.

Orabuchi, A. (2005*). Poor Healthcare Service*: Nigeria's Moral Indifference, Dallas, Texas, USA – http://www.kwenu.com/publications/orabuchi/poorhealthcare.htm - Retrieved on 18th July, 2011

Sudha, R. (Aug 2005). How to be an Assertive Nurse, *Nursing Journal of India, Health Care Industry Industry:* Email Alert RSS Feed - Retrieved – 16th June, 2008

Sutermaster, R. A. (2000). People and Productivity, New York; McGraw Hill Book Company Inc.

Talerico, K., O'Brien, J. & Swafford, K. (2003). Person Centred Care. *Journal of Psychological, Nursing*. www.contemporarynurse.com/archives/vol/26/issue/2/article/594/the-negative-attitudes. - Retrieved on 11th March, 2011

Thomson, S. (2007). Nurse-Physician Collaboration: a Comparison of the Attitudes of Nurses and Physicians in the Medical-Surgical Patient Care Setting Published in *Journal of MedSurg Nursing*.

Tzeng, H. M. (2004*).* Nurses' Self-Assessment of their Nursing Competencies, Job Demands and Job Performance in the Taiwan Hospital System. *International Journal of Nursing Studies,* 41(5), 487–496.

Ukah-Ogbonna, J., RN, MSN (2010). *An Address delivered by President Nigerian Nurses Association In America, Inc. NJ. USA* http://www.kwenu.com/nigeria/2010/president_address_nigerian_nurses.htm - Retrieved on 3rd Feb., 2011.

Vargas, D. & Luis, M. A. V. (2008). Development and validation of a Scale of Attitudes towards Alcohol, Alcoholism and Alcoholics. Rev Latino-am Enfermagem, Setembro-outubro; 16(5):895-902. www.eerp.usp.br/rlae - Retrieved on 22nd January, 2013