



### RESEARCH ARTICLE

#### IMPACT OF ASSERTIVENESS PROGRAM AMONG STUDENTS OF THE FACULTY OF MEDICINE OF TANGIER (MOROCCO)

Adil El Ammouri<sup>1,2\*</sup>, Fatima Zahra Chamsi<sup>1,2</sup>, Imane Agdai<sup>1,2</sup>, Ouissal Radouane<sup>1,2</sup>, Hana Abrebak<sup>1,2</sup>, Yassine Rassame<sup>1,2</sup>, Farah Nsabi<sup>1,2</sup>, Maroiane Haouiddeg<sup>1,2</sup>, Soufiane Atrassi<sup>1,2</sup>, Hassana Belafki<sup>1,3</sup>, Fadila Bousgheiri<sup>1,3</sup>, Mariame Chraïbi<sup>1,5</sup>, Adil Najdi<sup>1,3</sup> and Hicham Sbai<sup>1,4</sup>

1. Faculty of Medicine and Pharmacy of Tangier (FMP), Abdelmalek Essaadi University (UAE), Morocco.
2. Research team for Mental Health, University Psychiatric Hospital, Tangier, Morocco.
3. Laboratory of Epidemiology and Public Health, Tangier, Morocco.
4. The Clinical Simulation Center of Tangier, Morocco.
5. Department of Pathology, University Hospital Centre, Tangier, Morocco.

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#### Abstract

**Background:** Self-esteem is of great importance for positive and confident social behavior. Assertiveness is the component of self-esteem that allow that confident and forceful behavior while maintaining respect for others. Our study sought to evaluate the impact of an assertiveness training program on medical school student's skills in communication and assertiveness.

**Method:** 123 first-year students (sex ratio (boys/girls):0,52) submitted to practical workshop training sessions during one month, evaluated at the beginning (T0) and the end (T1) of the training program by adapted auto-questionnaires measuring the feeling of self-efficacy when facing social situations, the assertiveness, self-esteem and also esteem in own communication capacity.

**Results:** A significant improvement was seen in the mean scores of communications [58.51 to 64.62; i.e. + 6.11 (CI95% [4.66; 7.56]). but also, in assertiveness [73.45 to 86.4; +12.95 (CI95% [10.46; 15.43]), for both sexes.

**Conclusion.** Assertiveness programs have a positive impact in student's self-esteem, assertiveness and communication skills. They must more seriously be considered as an important in schooling.

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#### Introduction:-

According to the American Psychology Association (APA), self-esteem is the degree to which the qualities and characteristics contained in one's self-concept are perceived to be positive. It reflects a person's physical self-image, view of his or her accomplishments and capabilities, and values and perceived success in living up to them, as well as the ways in which others view and respond to that person [1] Because it tremendously affects life, Self-esteem is one of the most studied concepts in psychology and sociology; with a new era in the approach of the concept since the 2000 years, in order to better examine the role of self-esteem in man's life. The topics covered are the need for self-esteem, the nature of that need, the conditions of its fulfillment, the consequences of its frustration, and the

**Corresponding Author: Adil El Ammouri**

Address: University Psychiatric Hospital. BP 398 Gzenaya, Route de Rabat Km 17 Tangier, Morocco

Mail: [elammouri.adil@gmail.com](mailto:elammouri.adil@gmail.com)

impact of a man's self-esteem (or lack of it) on his values, responses, and goals [2]. So, as one can see, self-esteem greatly impacts day live activities.

Historically, after the pioneer works of James, Cooley and Mead at the end of last century, it was just only until the 1970 years that research on that field regained great interest, with the respective reports of Harter, Coopersmith and Rosenberg, but also many others.

When dealing with self-esteem, we need to advocate assertiveness, which consists on an adaptive style of communication in which individuals express their feelings and needs directly, while maintaining respect for others [3]. The assertiveness capability results for a methodological learning and is the substratum of assertive behaviors [3]. So, the goal of assertiveness learning is to help individuals to better know, understand and use specific basics of psychology. University studies usually correspond to the late teens and are unique not only because of changes in social environment and the risks for mental health due to drugs exposure, but also because of great vulnerability for the self-esteem.

Among university studies, medical studies are one of the longest ones and require good physical and mental health, great motivation, dedication, patience and hard work and family support. Medical students are exposed to high level multiple stresses and if those ones are negatively perceived or are excessive, they can affect their self-esteems, assertiveness, academic performances and/or their health.

In this report, we evaluate the impact and efficacy of an assertiveness and communication program practiced by first-year students of the faculty of medicine and pharmacy of TangierMorocco).

## Methodology:-

### Participants:

123 medical students have responded to questionnaires before and after the workshops. Every participant has signed an informed consent allowing the use of the data for scientific purposes.

### Assessment:

The participants in the study completed an auto-questionnaire before (T0) and after the training program (T1). Those questionnaires used measured the feeling of self-efficacy when facing social situations, the assertiveness, and also esteem in own communication capacity.

The assertiveness and communication scale of Cungi and Rey, which has 14 items, measures in a scale of 1 (no way) to 8 (perfectly), the evolution of the skills of assertiveness, feelings of comfort in relational situations but also functional manifestations related to social anxiety as things progress in the training for social skills (for example: I easily make requests). The final score ranges from 14 to 112 and the higher it is, the better is assertiveness (Cungi et al 1998).

The program has been led as practical workshops sessions at the clinical simulation center of the Faculty of Medicine and Pharmacy of Tangier with role play games for common situations in which the participants could react differently according to their self-esteem and/or assertiveness.

**Table1:-** Program of the first workshop.

| Axes                | Duration | Contents / objectives                                   | Resources   |
|---------------------|----------|---|---|
| <b>Introduction</b> | 10 min   | - Présent the workshop                                  | - Powerpoint presentation<br>- Oral presentation  |
| <b>Axis 1</b>       | 20 min   | - Defining assertiveness                                | - Powerpointprésentation<br>- Open discussions  |
| <b>Axis 2</b>       | 30 min   | - Distinguishing behavioral styles in opposition to A.S | - Powerpoint presentation<br>- Graphic illustration<br>- Roleplay<br>- Open discussions |
| <b>Axis 3</b>       | 30 min   | - Know the why of role-playing?                         | - Powerpoint presentation<br>- Roleplay   |

|                   |        |   |                                  |
|-------------------|--------|---|----------------------------------|
| <b>Axis 4</b>     | 30 min | - Understand how to adopt assertive behavior? | - Roleplay<br>- Open discussions |
| <b>Conclusion</b> | 10 min | - Assigning tasks to participants             | - Oral presentation              |

**Table2:-** Program of the second workshop.

| <b>Axes</b>         | <b>Duration</b> | <b>Contents / objectives</b>  | <b>resources</b>   |
|---------------------|-----------------|---|--|
| <b>Introduction</b> | 15 min          | - General reminder of the previous session<br>- Discussion of the assigned tasks of each participant:<br>- Analysis of observed situations  | - Open discussions   |
| <b>Axis 1</b>       | 40 min          | - Initiation and explanation of the fundamental means of assertiveness through role play:<br>- Active listening<br>- Non-violent communication<br>- Managing emotions   | - Open discussions<br>- Graphic illustrations<br>- Role play |
| <b>Axis 2</b>       | 1h20            | - Definition of the situation-problem of each group of participants.<br>- First try.<br>- Feedback on the first try<br>- Development of variants<br>- Second attempt with variants<br>- Feedback on the second try.<br>- Transposition in vivo. | - Roleplay<br>- Open discussions                             |
| <b>Conclusion</b>   | 10 min          | - Assigned tasks to participants<br>- Make a general evaluation of the progress of the workshop   | - Open discussions   |

**Results:-**

The study included 123 first year medical student. Among these, 81 were girls and 42 were boys, with a mean age of 18,5 years. The sex ratio (boys/girls) was 0,52.

A significant improvement was seen in the mean scores of communication skills but also in assertiveness skills (table 3).

**Table 3:-** Comparison of mean scores before and after the workshops.

|  | before the intervention<br>(average $\pm$ ET) | after the intervention<br>(average $\pm$ ET) | P value  |
|--|---|--|----------|
| <b>cunji&amp;rey communication scale</b> | 58,51 $\pm$ 9.91                              | 64.62 $\pm$ 9.10                             | < 0.0001 |
| <b>cunji and rey assertiveness scale</b> | 73.45 $\pm$ 15.60                             | 86.40 $\pm$ 14.33                            | < 0.0001 |

The mean score of our students in assertiveness scale improved from 73.45 to 86.40, with a mean gain of +12.95 (CI95% [10.46; 15.43]) while the mean communication score also increased, from 58.51 to 64.62, i.e. a gain of + 6.11 (CI95% [4.66; 7.56]). The improvement in the 2 mean scores was observed in both sexes (table 4).

**Table 4:-** Comparison of pre- and post-workshop sessions scores for both sexes using paired sample t-tests.

| Cunji& Rey communication scale |              |                        |          | Cunji and Rey affirmation scale |                        |          |
|--------------------------------|--------------|------------------------|----------|---------------------------------|------------------------|----------|
| Prior to the intervention      |              | After the intervention | P value  | Prior to the intervention       | After the intervention | P value  |
| M                              | 59,43 ± 7.97 | 63.71 ±8.57            | < 0.0001 | 76.41 ±13.83                    | 85.89 ±13.62           | < 0.0001 |
| F                              | 58.75 ±10.29 | 65.32 ± 9.30           | < 0.0001 | 73.54 ±15.83                    | 85.04 ±15.61           | < 0.0001 |

**Discussion:-**

Self-esteem is a central construct in clinical, developmental personality, and social psychology. Its construct has spawned a research literature of such magnitude and richness that it is impossible to summarize. Self-esteem is related to personal beliefs about skills, abilities, and social relationships. Self-esteem is also defined as a global barometer of self-evaluation involving cognitive appraisals about general self-worth and affective experiences of the self that are linked to these global appraisals (5).

Self-esteem can refer to the overall self or to specific aspects of the self, such as how people feel about their social standing, racial or ethnic group, physical features, athletic skills, job or school performance. Theorists have made many distinctions concerning different types of self-esteem, e.g., contingent vs. non contingent; explicit vs. implicit; authentic vs. false; stable vs. unstable; global vs. domain specific. Regarding the dimensionality of self-esteem, some authors conceptualized it as a unitary global trait, whereas others view it as a multidimensional trait with independent subcomponents (performance, social, and physical self-esteem) (6).

Morocco is an emerging country with a population of 35 million. Among these, about 6 million are in the range of 15-24 years(7). Currently, the cultural aspects of the kingdom exhibit a mix of secular traditions and modern practices at variable degrees. According to the definition of self-esteem, its nature and dimensionality, it is obvious that positive self-esteem, as observed in other parts of the world, is on great importance in the Moroccan society. For example, the phenomenon of recruitment of a personal trainer, which has become very attractive during the last decade in the country, can merely reflect the increasing needs in self-esteem training(8).

In this study, we sought to demonstrate the positive effects of training programs in self-esteem in a specific community, i.e. first-year students of a faculty of medicine.

As supposed for the purposes of the study, some improvements in the self-esteem variables have been observed at the end of the study. After a one-month training sessions in assertiveness, a significant improvement in the mean scores of communication and assertiveness has been achieved.

Classical programs in assertiveness generally combine firstly a psycho-educational stage centered on assertiveness and its behavioral and cognitive translation, its links with social anxiety and even other suffering; the principles of actions likely to improve the case, eventually more or less in-depth restructuring cognitive interventions. Secondly, they include role play games for common situations which enhance communication and social skills (9, 10).

Role play games are a technique consisting to put someone in a fictional situation but that is common in day living activities, and which is usually problematic. The action is to manage like in a real situation and to practice conduct and behavior allowing to better deal with its communication difficulties. As part of the development and repetition of the adequate behavior, the individual also learns, usually by an exposition effect, to better deal with the experience and exposure of his emotional reactions. so, in this technique, the individual learns to be more comfortably to his emotions instead of avoiding them from a perspective of awareness.

In the treatment of phobia and social anxiety, the exposure aspect is considered crucial for therapy by many authors, even though its therapeutic ingredients remain largely unknown (11, 12, 13).

Positive self-esteem will allow the individual to well adapt with its environment and to effectively engage oneself in an action while favoring his well-being. So, to have a balanced self-esteem is very important for health professionals, including medical students (14). Studies have identified self-esteem as an important determinant of emotional well-being (15).

It is well known that medical students are submitted to high level of stress, considering their substantial academic workload (16), the familial pressure and expectation, the financial difficulties (17, 18) and finally the excessive working hours (19).

Numerous studies related to self-esteem have been carried out in the general population. On the other hand, just a few have described the topic for medical students, with the consequence of a lack of consideration for improvement of self-esteem and assertiveness in this area.

A transverse descriptive study from Katmandu (Nepal) of april 2022 reported that, among 180 participants, 18.9% had low self-esteem, 74.4 % normal values while 6.7 % had a high self-esteem (20).

In a work related to medical students reported from Nigeria, the level of confidence of self-esteem and affective factors were auto evaluated before and after a major examination (physiology). Students who succeed at the examination reported greatly improved self-esteem (21).

In Belguim, some authors have studied self-esteem in first-year university students in a situation of abandonment of studies and reported that self-esteem and assertiveness are low in such cases (22).

A pilot study conducted in Liege university also in Belgium in 2015 on a sample of 20 participants using 10 sessions of the classic program of assertiveness reported a significant improvement in the scores obtained in the Cungi and Rey assertiveness scale ( $\eta^2 = 0.65$ ), but a moderate effect in the Cungi communication scale ( $\eta^2 = 0.41$ ) (23).

We can obviously notice that many factors can affect assertiveness estimation in medical students: the status of the student (abandonment), after good results, the general level of communication (as Belgians are well known for good communication skills and capacities).

Considering the level (low or high) of self-esteem, people with low self-esteem suffer from feelings of worthlessness, inferiority, and emotional instability, so leading to dissatisfaction with life (24). Moreover, there is a tendency of respondents with low self-esteem scores to have a general negative attitude toward many things, including other people and personal circumstances (25).

On the opposite side, persons with high self-esteem are more likely to persist in the face of difficult tasks than are low self-esteem persons (Baumeister et al., 2003). High self-esteem people are more resilient to the vicissitudes of life. A high level of self-esteem supplies individuals with the ability to accept happy moments, to handle unpleasant situations, to cope effectively with challenges, to engage in close relationships and to improve their strengths. High self-esteem is also considered to positively moderate the expression of dysfunctional schemata and depressive symptoms at the experience of negative life events. (26)

There is a dark side of self-esteem. Baumeister, Smart, and Boden (1996) suggested that people with high self-esteem are more likely to be conceited, arrogant, or occasionally narcissistic. They expect to receive positive evaluations from others; if they are provided with negative feedback, a threatened ego motivates them to spend personal resources on coping with the negative evaluations (27).

Neff pointed out that pursuit of high self-esteem can be problematic, can sometimes be counterproductive, and may involve puffing the self up while putting others down (28).

Because of their future role in the medical staff, it can be on great importance to objectively assess the attitude of medical students with low self-esteem toward other people and personal circumstances. This becomes very pertinent when considering that low self-esteem can be understood in terms of confusion or uncertainty in self-knowledge, a cautious and self-protective approach to life, a shortage of positive resources in the self, and a chronic internal conflict. They lack a clear, consistent unified understanding of who they are, which leaves them at the mercy of events and changing situations. (29)

Low level of self-esteem has been linked to behavioral problems and poor school performance as well as serious behavioral problems as suicidal tendencies, maladjustment, and leads to psychological problems such as depression, social anxiety, loneliness, alienation, etc. (30)

Lowered self-esteem frequently accompanies psychiatric disorders. It has been suggested that low self-esteem is an etiological factor in many psychiatric conditions as well as in suicidal individuals. With 957 psychiatric patients, Silverstone, and Salsali(31) found that all psychiatric patients suffer some degree of lowered self-esteem. The lowest self-esteem was found in patients with major depressive disorder, eating disorders, and substance abuse. The authors concluded that there is a vicious cycle between self-esteem and onset of psychiatric disorders. (31)

All these risks and characteristics in low- and high-level self-esteem highlight the need for and importance of self-esteem and assertiveness training programs in our context in order to obtain balanced professionals with good communication and assertiveness skills. More generally, this approach should concern all sectors of education.

The main limitation of this study can be the fact that medical students, in the context of a work which is led in their faculty, may have reported greater scores in assertiveness and communication skills

### Conclusion:-

The needs relative to self-esteem and assertiveness are important in adolescents and young adults in our context. Assertiveness and other self-esteem training programs represent a good solution in this area, considering their impact for a balanced social and professional life.

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