The role of assertiveness on telephone crisis supporter well-being and service provision
Tara Hunt (University of Wollongong), Coralie Wilson (UOW), Peter Caputi (UOW), Alan Woodward (Executive Director, Lifeline)

Rationale
Help-negation (relinquish 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 PsychINFO (1991-2013) was conducted in March 2013 directed by the PESLIMA statement (Moher, Liberati, Tetzlaff & Altman, 2009). The search terms were developed as a result of needing to review all definitions of assertive communication. The final strategy used to review was (assert* AND communication*). 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 generalisable to a general population or context (e.g., sexual assertiveness).

Systematic review 2: Assertiveness in a practitioner-client context

A systematic review of the literature in electronic databases CINHAL (2003-2013), PsychINFO (2003-2013), Medline (2003-2013) and PsychARTICLES (2003-2013) was conducted in May 2013 directed by the PESLIMA statement (Moher et al., 2009). The search terms were developed with the aim of 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.

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 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 & Jakobson, 1976) (Rich & Schneider, 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 (Tourniaire & McCohe, 2005). Assertiveness in the clinical context has been linked to internal locus of control (Williams & Inman, 1985), well-being (Sarkows et al., 2013), communication skills (Kara, 2009) and burn-out prevention (Suzuki, Kaneya, Katsuki & Satoh, 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 relationships shown in Fig 1.

Key References