Say It Plainly

What the Research Says About Assertive Communication, Boundaries and Recovery

by Cara Sinclair

2026 Edition | Free chapters 1 to 3

Chapter 1: What the Research Measures

Most people know what it feels like to stay quiet when they wanted to speak, or to say yes when they meant no. Researchers have found ways to measure those moments. Knowing how they measure them tells you what the evidence can and cannot show.

OUR WORKING DEFINITION

In this book, assertive communication means saying what you need, see or think in a clear and respectful way, without giving up your own position and without running over other people. That is our working definition for the practice parts of this book. The studies we describe each use their own measures, listed below.

HOW STUDIES MEASURE IT

Questionnaires. One study of novice nurses used the Rathus Assertiveness Schedule, a scale on which people rate statements about themselves (Abdelaziz and colleagues, 2020). A study of high school students used the Gambill-Richey assertiveness scale (Eslami and colleagues, 2016).

Observers. A review of training programmes for healthcare staff reports that behavioural change was evaluated by observer-based rating scales during simulation, while people's own views of their knowledge and attitudes were evaluated using validated scales (Omura, Maguire, Levett-Jones and Stone, 2017).

Counts of behaviour. A review of nurses speaking up about medical errors compared the share of times nurses spoke up before and after training (Chen, Wu, Kang, Chiu and Hu, 2023).

WHY THE DIFFERENCE MATTERS

A questionnaire tells you how a person sees themselves. An observer tells you what they did in a staged situation. A count tells you how often it happened. Each answers a different question, and a result on one does not guarantee the others. When a study says training worked, ask which of the three it measured.

THE RESEARCH IS MIXED IN KIND

The studies in this book are about nurses, healthcare students, teachers and high school students. They are not about every workplace or every relationship. Where

the evidence is about a specific group, we say so. The later chapters on boundaries and recovery use different kinds of studies, including one on people who feel responsible for everyone but themselves, and studies of switching off from work.

WHAT THIS BOOK DOES NOT PROMISE

It does not promise that you will never feel nervous, or that other people will always respond well. It is general education, not therapy and not legal or medical advice. If you feel unsafe with someone, or if low mood or anxiety is affecting your life, a qualified professional is the right person to ask.

HABITS TO TRY

These are practical suggestions, not findings from the studies.

Notice the moments. For one week, jot down each time you stayed quiet or said yes against your wishes.

Rate them. Give each moment a score from 1 to 5 for how much it mattered.

Pick one. Choose the lowest-risk moment that mattered and plan what you might say.

Keep it short. A clear sentence usually beats a long explanation.

A WORKED EXAMPLE (INVENTED FOR PRACTICE)

A shop assistant keeps a note on her phone. By Friday it has six entries: twice she agreed to cover a shift she did not want, once she did not correct a wrong order, three times she stayed silent in a meeting. She scores the shift cover as a 4. She decides to practise saying, "I can't take that shift, but I can help find someone."

PRACTICE EXERCISE

Start your list today. Write date, what happened, what you wanted to say, and a score from 1 to 5.

KEY POINTS

Studies measure assertiveness with questionnaires, observer ratings and counts of behaviour. These answer different questions. The evidence in this book is about specific groups, not everyone.

Chapter 2: Does Assertiveness Training Work?

Organisations often send staff on assertiveness courses. Does the evidence say they work? A systematic review looked at healthcare, where the stakes include patient safety.

WHY THE REVIEW WAS DONE

The authors start with the problem: communication errors harm patient safety, so healthcare professionals need the skills and confidence to speak up assertively when safety is at risk. Earlier reviews had covered what helps or blocks assertive communication, but evidence on whether training works was lacking (Omura, Maguire, Levett-Jones and Stone, 2017, International Journal of Nursing Studies).

WHAT THEY DID

They searched nine research databases plus sources for unpublished work, for studies published in English from 2001 to 2016. They included original quantitative studies of assertiveness communication training for healthcare professionals and students. Two researchers independently extracted data, using Joanna Briggs Institute tools. Eleven papers were critically appraised.

WHAT THEY FOUND

Training was reported to be effective to some degree for all targeted groups except experienced anaesthesiologists. The approaches identified as appropriate for making training work were face-to-face and multimethod programmes, support from leaders, teamwork skills training, and communication techniques adapted from the aviation industry. The authors recommend that future research should look at whether the effects last and at patient safety.

WHAT TO TAKE FROM THIS

Three points. First, training helped to some degree for most groups, not all. Second, how the training was delivered mattered: in person and mixed methods did well, and leaders' support was part of what made it work. Third, the lasting effect on behaviour and on safety was not yet shown.

LIMITS

The review is about healthcare staff and students. The abstract gives no effect sizes for this review, so we quote none. The phrase to some degree is the authors' own. It does not show that a course will change how any individual speaks at work, or that results last.

HABITS TO TRY

These are practical suggestions, not findings from the review.

Choose practice over reading. A course that includes role-play in person is closer to what the review identified.

Ask for backing. If you work in a team, ask a leader to say speaking up is welcome.

Use a simple script. A short, structured phrase is easier to remember under pressure than a speech.

Practise before you need it. Run the phrase aloud with a friend.

Check later. After a month, ask whether the new habit stuck.

A WORKED EXAMPLE (INVENTED FOR PRACTICE)

A junior technician is told that speaking up is welcome but never sees it happen. His manager says in a team meeting: "If you see something that looks wrong, say 'I'm concerned about this', and I will always stop to listen." Two weeks later the technician says the phrase when he sees a missing label. The manager stops and thanks him. The example shows how leader support can look. It is not a study.

PRACTICE EXERCISE

Write one short phrase you could use to raise a concern, such as "I'm concerned about this, can we check?" Say it aloud three times today.

KEY POINTS

A review that appraised eleven papers found assertiveness training effective to some degree for all groups except experienced anaesthesiologists. In-person, mixed-method programmes with leader support did best. Lasting effects were not shown.

Chapter 3: Speaking Up When It Matters

Chapter 2 asked whether training works in general. This chapter looks at a narrower question with numbers: does training make nurses more likely to speak up when they see a medical error?

THE STARTING POINT

The authors note that earlier studies had reported inconsistent results for nurses' attitudes, behaviours and confidence in speaking up. So they pooled the studies (Chen, Wu, Kang, Chiu and Hu, 2023, Nurse Education Today).

WHAT THEY DID

They searched five databases for studies published up to December 2022 on nurses and nursing students who received assertive communication training for speaking up about medical errors. Two researchers screened them independently. Eleven studies with 1,299 participants went into the review, and nine studies with 804 participants went into the meta-analysis, which combined the results using a random-effects model.

WHAT THEY FOUND

The groups that received training showed substantially improved speaking-up behaviour compared with control groups: a standardised mean difference of 0.58, with a 95 percent confidence interval of 0.14 to 1.03. Looking at the share of times nurses spoke up about errors, it was 38 percent before training and 78 percent afterwards, based on pooled data. Nurses' attitudes and confidence levels for speaking up varied markedly between the tests before and after.

WHAT TO TAKE FROM THIS

The central number, 0.58, is a moderate-sized difference by the usual reading of this scale. The interval is wide, running from 0.14 to 1.03, so the true effect could be small or large. The before-and-after share, 38 percent to 78 percent, is striking, but it comes from pooled before-and-after data and not from a comparison with a control group. The authors conclude that structured training may improve speaking up, and that educators should use several teaching approaches and allow enough time.

LIMITS

These were nurses and nursing students speaking up about errors. The abstract does not describe the training in detail or say how long the effects lasted. Pooled before-and-after figures do not prove the training caused the change. The wide interval means we should not treat 0.58 as exact.

HABITS TO TRY

These are practical suggestions, not findings from the meta-analysis.

Have a speaking-up phrase ready. Practise it until it is automatic.

Raise it early. A concern said early is easier to hear than one said late.

State what you saw. "I saw X" is easier to agree with than "you did X wrong".

Say what you need. "Can we check before we go on?"

Allow enough time to learn. The authors point to an adequate training duration, so do not expect one session to change a lifetime habit.

A WORKED EXAMPLE (INVENTED FOR PRACTICE)

A nurse sees that a label on a syringe looks different from the chart. She says: "I saw that the label doesn't match the chart. Can we check together before we give it?" The colleague checks and finds the mix-up. The example is invented to show the wording, not to show an outcome.

PRACTICE EXERCISE

Write a three-part sentence: what I saw, what worries me, what I need. Use it on a small matter this week, such as a wrong date on a document.

KEY POINTS

A pooled analysis of nine studies with 804 participants found speaking-up behaviour improved with training by 0.58 standard deviations (interval 0.14 to 1.03). The pooled share of times nurses spoke up rose from 38 to 78 percent before and after. The interval is wide.

Get the full book

This free preview holds the first 3 of 10 chapters. The full book is at ebookdev.com/say-it-plainly.