

Patient Assertiveness and its Effects on Patient Care

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Introduction

When patients visit their doctors, they need to be able to effectively communicate their symptoms, ideas, thoughts, and feelings in order to get what they need out of the encounter. Assertive communication has demonstrated efficacy in improving communication (Jandhyala et al. 2024). The goal of this paper is to determine how patient assertiveness, a subcategory of patient activation, impacts the interaction between doctors and patients and subsequent treatment outcomes. Determining the effects of patient assertiveness is important because there are many aspects of medical encounters that patients cannot control. These can include comorbidities that may be present, type of disease and/or ailment, location of doctor's office, appointment availability, insurance type, and more. Patient demographic factors, such as race, gender, and socioeconomic situation, can also influence their treatment from their doctor (Alder et al. 1998). Doctors like nearly everyone else in society have their own implicit biases and prejudices. This is why it is important that if assertive communication can improve patient care, patients know about it and practice it when possible.

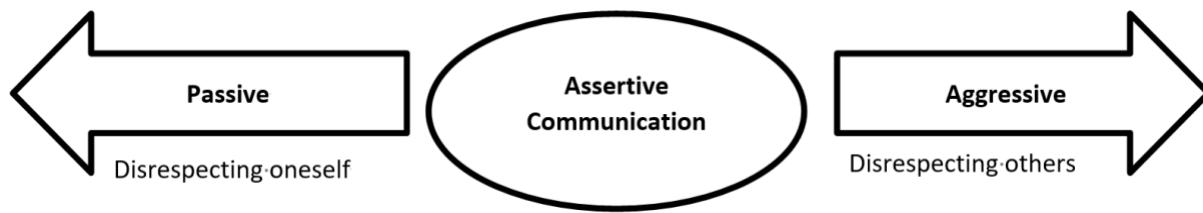
Doctors are in a high-status position in western society, so there can sometimes be power imbalances between doctors and patients. However, the power imbalance is becoming less prominent in modern society because of patients' increased access to medical knowledge (Cariot et al. 2025). Doctors are increasingly encouraged to use communication strategies to help mitigate this power imbalance and ensure patients play an active role in decision making and treatment by stating their preferences (Cariot et al. 2025). Evidence suggests that patients who play an active role in their treatment have better treatment outcomes (Vrancken Peeters et al.

2024). Patient activation is associated with an improved ability for patients to manage chronic diseases as well as improved “patient experiences, health behaviors, health related quality of life, health system costs, and medication adherence” (Vrancken Peeters et al. 2024, 2). This paper will review literature on assertive communication in the medical setting.

Definition of Assertive Communication and Patient Assertiveness

Patient activation is defined as “knowledge, skills, and confidence a person has to manage their health” (Vrancken Peeters et al. 2024, 2). Patients need to be able to take responsibility for their healthcare and advocate for their needs in order to receive effective healthcare. Part of patient activation is advocacy. One way that patients can advocate for care with their doctors is through assertive communication.

There are four primary means of communication: passive, passive-aggressive, assertive, and aggressive (Jandhyala et al. 2024). Assertive communication is a type of communication often described as the middle in the passive to aggressive communication scale.



(Jandhyala et al. 2024)

Passive communication is when, in an attempt to please others, people do not communicate their views and needs. On the opposite side of the spectrum is aggressive communication where people over-assert their desires and disregard others' feelings. Passive-aggressive communication is when people have feelings of aggression but do not express those feelings overtly and instead use indirectly aggressive comments or body language to express

aggression. Assertive communication means that a person is able to communicate their wants, ideas, and disagreements without imposing on the rights of others. It is the ability to stand up for one's rights. In the context of medicine, patient rights include quality medical care and providers who listen and respect patient preferences and feelings. When communicating, being assertive means “expressing rights, beliefs, interests, and desires, such as providing feedback, offering suggestions, making a request, asking questions, disagreeing, or interrupting” (Cariot et al. 2025, para. 2).

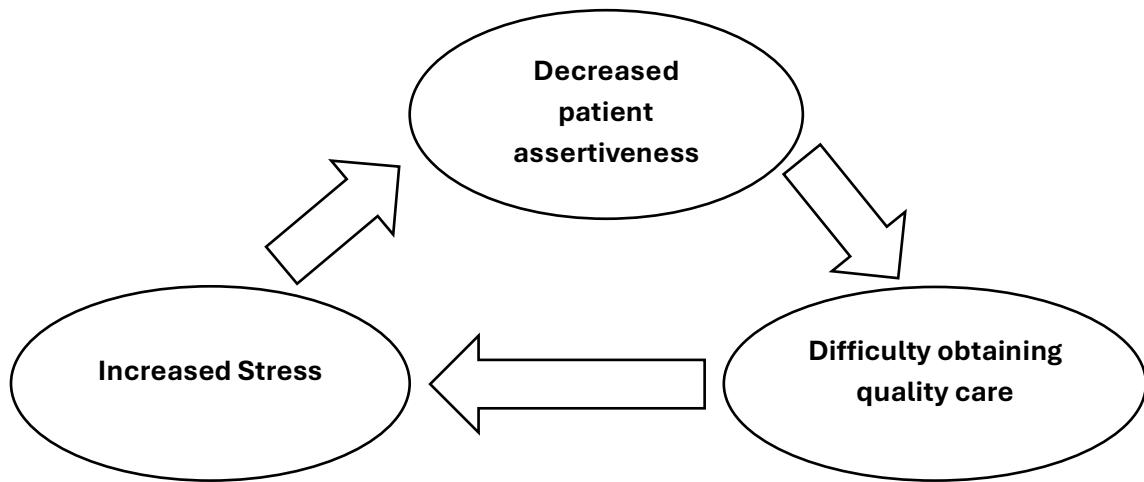
Assertive communication skills include use of I statements, repeated assertion, and scripting. An example of an I statement is, “I would appreciate you giving me a firm timeline” (Jandhyala et al. 2024). This skill is important because it asserts one's desires while not being demanding. Repeated assertion is a way of staying firm on one's opinions and beliefs even when someone is trying to convince one otherwise (Jandhyala et al. 2024). It involves continuously and calmly stating wants or needs. For example, if a patient believed that a certain test was necessary, they could say, “I would feel a lot better with this test” and they would then continue to calmly assert what type of care they would like to receive. Assertive communication does not have to be spontaneous in the moment. Some people find it helpful to practice scripting, which is when people take time to decide what they will say before the encounter (Jandhyala et al. 2024). An effective script clearly states the goal of the interaction and one's emotions and desires (Jandhyala et al. 2024). There are many more strategies relating to assertive communication, but overall, assertive communication is one's ability to calmly express themselves in order to get what they need out of an encounter.

Key Findings

Assertive patient behavior can result in better healthcare for the patients, including more understanding of medical information, better physical and mental health, quicker recovery, and more treatment adherence (Cariot et al. 2025). Cariot et al. (2025) utilized video recordings of 189 patients to analyze the impact of patient assertiveness on visit results in 11 primary care offices in the Netherlands. The median number of assertive behaviors that patients displayed was two behaviors per visit and these behaviors were usually patients bringing up new topics (Cariot et al. 2025). Patients who received referrals and treatment were more likely to have behaved assertively relative to patients who received advice or reassurance from their doctor (Cariot et al. 2025).

Other potential benefits of patient assertiveness are that assertiveness may minimize waiting times between appointments as well as uncertainty with regard to diagnosis. Reducing wait time may be important because the longer patients have to wait between receiving pertinent medical information, the more likely they may be to experience heightened stress levels. Vrancken Peeters et al. (2024) completed a longitudinal study of 166 breast cancer patients that studied how different factors impact patient activation. Patient activation was measured using a scale called Patient Activation Measure (PAM-13 with scores from 0 through 100, 100 being the highest level of patient activation) at zero weeks, six weeks, three months, six months, and one year from the patient's initial diagnosis of breast cancer (Vrancken Peeters et al. 2024). The PAM-13 score was derived from a questionnaire that the patients filled out at the scheduled times (Vrancken Peeters et al. 2024). The study found that as psychological distress increased, patient activation decreased over time (Vrancken Peeters et al. 2024). In other words, patients are less likely to engage in assertive communication and patient activation as they are feeling increasingly distressed. This may create a vicious cycle where patients who are not assertive do

not receive what they need as quickly or efficiently, leading to emotional distress that further decreases assertive behavior.



Making direct requests of the practitioner is a key aspect of assertive communication.

Kravitz et al. (2005), in a randomized control study, found that mental health patients who directly asked for medication (either generally or specifically with the type of medication) were more likely to get the medication or referral than patients who only stated their symptoms (Stivers et al. 2023).

Because doctors have their own biases, it can be especially impactful when members of minoritized groups use assertive communication when communicating with doctors. There are many factors that can contribute to how doctors treat and see their patients, including age, gender, race, ethnicity, and social class. For example, some studies have indicated that doctors are not as aggressive or active in treating or talking with older patients, and female patients often do not get as thorough diagnoses or aggressive treatments as male patients (Alder et al. 1998). One study found that assertive communication did not have much impact on doctor treatment decisions for members of dominant groups; however, assertive communication used by members

of marginalized groups was associated with increased likelihood of treatment and referrals (Alder et al. 1998).

Some studies have found that there can be negative impacts of assertiveness for certain people. One example of this is the disparity in how people of different genders exhibiting the same behavior are seen. Assertive men are seen positively whereas assertive women are seen as aggressive (Jandhyala et al. 2024). As social norms change around gender dynamics, this discrepancy between doctors' perception of assertiveness when used by men versus women could be reduced.

The way patients present their symptoms and communicate with their doctor can impact physician care and course of treatment for better or for worse (Stivers et al. 2023). One study indicated that whether or not a primary care practitioner prescribes medication for depression is impacted by how the patient presents the depression. Sometimes the way patients present symptoms or gently prod their providers towards certain diagnoses results in prescriptions that are not medically necessary (Stivers et al. 2023). Patients can steer doctors towards certain treatment courses like antibiotics. This demonstrates a way in which patient assertiveness could be seen as problematic because doctors can be influenced in their prescribing based on how patients interact with them.

Patient Ambivalence Towards Using Assertive Communication

Patients may feel uncomfortable using assertive communication because of patient beliefs about the appropriate roles of doctors and patients even though they may want to express their medical needs to their providers. Alder et al. (1998) completed a qualitative study using focus groups consisting of older women (aged 63-85) with breast cancer to show the patients' attitudes toward using assertive communication with their doctors. The focus groups took place at medical

sites in the United States and different focus groups were hosted for women of European, African, Chinese and Hispanic descent. However, because the study was small, only 29 women participated, generalizations about ethnicity cannot be made. Subjects, even subjects who come from cultures where assertiveness is not highly valued, tend to view assertiveness as beneficial to their care (Alder et al. 1998). The subjects view it as important to be assertive by researching the disease, asking questions to their provider, and insisting on timely appointments and test results. However, some women had beliefs that the responsibility of healthcare lies with the doctor. This shows how women view assertive behavior and may feel that they are not qualified to engage in assertive behavior. If a woman believes that it is not her role to be heavily involved in her care, then she is more likely to behave in a passive manner during the interaction with the doctor (Alder et al. 1998).

Additionally, many women think it is important to be assertive but want to do it in a nice way and not be seen as demanding (Alder et al. 1998). Patients value maintaining a good relationship with doctors, which affects patient behavior. There are many ways to be assertive, and the Alder et al. (1998) study demonstrates that part of being assertive means looking out for one's best interests, which sometimes means doing everything possible to preserve the doctor-patient relationship that is so essential to effective healthcare. In the Cariot et al. (2025) study that examined patient assertiveness in primary care settings, patients rarely disagreed with the doctor or directly requested something, which may be indicative of patients wanting to maintain positive relationships. Relatedly, in their literature review of patient-doctor communication in the medical setting, Stivers et al. (2023) found that patients rarely advocate overtly but instead when they want to bring up a potential treatment or diagnosis idea do it with “delicate language” (p. 19).

How can Patient Assertiveness be Supported?

If assertive patient communication is generally regarded as positive, how can patients be encouraged to practice assertive communication when speaking with their doctors? One way is through assertiveness training. Although there is little information on assertiveness training and its efficacy with regard to patients, assertiveness training has been shown to help improve people's ability to express themselves comfortably as well as their confidence levels and interpersonal relationships (Jandhyala et al. 2024). While the doctor-patient relationship is of a professional nature, it is theoretically possible that assertiveness training could teach patients the importance of practicing assertive communication with their doctors to ensure that their needs are being met.

Additionally, studies have found that increased access to healthcare and time with doctors increases patient activation (Vrancken Peeters et al. 2024). This shows that when patients feel that they have sufficient time and space to speak with their doctors, they are able to take a more active role in their healthcare. Although doctors' time is limited, it is crucial that patients take advantage of the time that they have with their doctors. Some ways that patients can be encouraged to be assertive are as follows:

- Signs in healthcare facilities reminding patients to ask questions during their appointment.
- Pamphlets that are accessible to patients on the benefits of being assertive in a medical setting citing statistics about how it helps doctors remember them better and other facts that would encourage patients to take an active role in their care.
- Examples of assertive communication could be put in doctors' offices.

- Doctors can ask questions in ways that facilitate patient engagement. For example, doctors can ask open-ended questions to encourage more responses from patients. An example of using an open-ended question is asking “What are your other questions?” in place of “Do you have any more questions?” which is close-ended.

Conclusion

In summary, assertive communication is an important technique that patients can implement in their interactions with medical providers. Assertive communication can improve the quality of health care, which translates to improved quality of life for many patients. While assertive communication is not a miracle cure for the challenges associated with power imbalances, time constraints, and potential biases found in the healthcare system, it is a useful tool that all patients can apply. It is especially effective for those patients who are more often overlooked or dismissed in the medical setting. Medical culture is changing so that patients need to take more responsibility for their care than was previously normative in western culture. This shift means that it is more crucial than ever that patients have the tools to effectively communicate with their providers.

Sources

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