

## Assertiveness of Nursing Professionals Working in a University Hospital of Nepal

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### ABSTRACT

#### Introduction

To provide patients with appropriate treatment and foster therapeutic interactions, nurses must possess assertiveness. The study objective was to find out the assertiveness of nurses.

#### Methods

In this cross-sectional study, 272 nurses were recruited using a proportionate stratified random sampling at Tribhuvan University Teaching Hospital (TUTH), Nepal. Assertiveness was measured with a self-administered questionnaire, 30-item Simple Rathus Assertiveness Schedule. Data analysis was done in SPSS version 16. Independent Sample t-test, Pearson Chi-square test, Fisher's Exact test, and odds ratio were used to examine the association.

#### Results

Among nurses, 192 (70.6%) were assertive with a mean assertiveness score of  $18.1 \pm 14.7$ . There was a significant association of nurses' assertiveness with their marital status ( $p = 0.02$ ), nursing degree ( $p = 0.03$ ), professional designation ( $p = 0.04$ ), employment type ( $p = 0.03$ ), and additional training ( $p = 0.004$ ). Nurses with bachelor-level nursing degrees were 1.8 times more assertive (95% CI = 1.05-3.07) than those nurses with certificate-level nursing degrees. Nursing officers were 2.1 times more assertive (95% CI = 1.02 – 4.2) than staff nurses. Further, permanently employed nurses were 2.63 times more assertive (95% CI = 1.35-5.12), and nurses who received additional training were 2.2 times more assertive (95% CI = 1.29-3.83).

#### Conclusion

More than two-thirds of nurses working in the university hospital were assertive. Nurses with bachelor-level nursing degrees, with professional designation as "nursing officers", with permanent employment, and those who received additional training were more assertive. These things should be taken into consideration by the hospital administration to increase assertiveness among nurses.

#### Keywords

*Assertiveness, nurses, university hospital*

## INTRODUCTION

**A**ssertiveness is one of the most important social skills which refers to the ability to express oneself directly, openly, and honestly, not violating the personal rights of others.<sup>1,2</sup> Being assertive promotes positive, direct, courteous, and goal-oriented behaviors while reinforcing the values of social interactions.<sup>3,4</sup>

Assertiveness is an important behavior for today's professional nurses to uphold the rights and dignity of the nursing profession<sup>5</sup>, to gain more power, to resist exploitation, and to move towards true professionalization.<sup>6</sup> Assertiveness is necessary for effective nurse-patient communication, improving interpersonal relationships<sup>7</sup> and aiding the confidence of the profession as it develops.<sup>8</sup>

Using the concept of assertiveness, many conflicts in a nursing situation can be effectively prevented<sup>9</sup> and stressful situations can be improved.<sup>10</sup> Assertive skills facilitate the implementation of changing the image of nursing to the level of professionalism that most nurses desire. Assertive communication is useful in the political arena for nurses who wish to strive to influence legislation and ultimately improve the system of health care provisions in the country. However, the lack of assertiveness results in diminished effectiveness of communication, ultimately resulting in compromised patient care.<sup>11</sup>

In Nepal, nurses comprise the largest segment of healthcare professionals. However, the assessment of assertive behavior among nurses in Nepal is largely unknown. Therefore, the present study is carried out to find out the assertiveness of nursing professionals working at a University hospital in Kathmandu, Nepal.

## METHODS

A cross-sectional study design was used. The study was conducted at the Tribhuvan University Teaching Hospital (TUTH), Kathmandu. There was a total of 477 nursing professionals excluding a nursing director, an assistant nursing director, and ten senior auxiliary nurse midwives. Strata were formed based on the designation of nurses; "staff nurses", "nursing officers" and "nursing supervisors". "Nursing supervisors" were excluded from the study. A proportionate stratified random sampling technique was used. The sample size was 272 nurses which included 213 "staff nurses" and "59" "sisters". A self-administered questionnaire was used. The instrument consisted of two parts: Socio-demographic Information and Assertiveness Schedule. Assertiveness was measured with the 30-item Simple Rathus Assertiveness Schedule (SRAS).<sup>12</sup> It is a revised measure of the Rathus Assertiveness Schedule (RAS)<sup>13</sup> designed to

improve the original measure's readability. The schedule measures social boldness by asking readers to rate themselves on various personal inclinations. Each item was scored on a six-point Likert scale, ranging from 6 (very much like me) to 1 (very unlike me), and in total, the score ranged from 30 to 180. After reverse coding the necessary items, a total score was obtained by summing responses, with a higher score indicating higher assertiveness. To simplify comparisons between totals from the original Rathus with its +3 to -3 scorings system and the revised Rathus with its 1 to 6 scale, 90 (3 multiplied by 30 items) was subtracted from each revised Rathus total 12. Assertiveness scores equal to or less than 10 were considered non-assertive and that of more than 10 was considered assertive. The Rathus Assertiveness Scheme (RAS) is the most thoroughly tested instrument of its kind.<sup>13,14</sup> Although the RAS contains situational statements of a general nature, several authors provided data to support the reliable and valid use of the RAS for nursing populations.<sup>15-18</sup> It has strong construct and concurrent validities.<sup>19</sup> Regarding SRAS, much of the validity of the original RAS applies because the SRAS is a parallel form of RAS. The SRAS correlates 0.94 with the original RAS.<sup>12</sup> Regarding reliability for SRAS, an internal consistency reliability coefficient of 0.90 is reported,<sup>12</sup> and a corrected split-half coefficient of 0.92 is reported.<sup>20</sup> The data was collected by distributing the self-administered questionnaire to each nurse and the researcher herself collected the data. Data was analyzed in SPSS version 16. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to explain the characteristics of different variables measured in the study. Independent sample t-test, Pearson's Chi-square test, and Fisher's Exact test were used to identify an association between assertiveness with demographic and professional characteristics. The odds ratio (OR) and 95% confidence interval (CI) were used to summarise significant findings. The level of significance was reported at 0.05.

The SRAS can be accessed through the open source, however, permission was taken from Dr. McCormick, developer of the instrument, for academic study purposes. Ethical approval was taken from the institutional review committee of the Institute of Medicine, Tribhuvan University, Kathmandu, Nepal (Protocol no: 93(6-11-E)/2013/2014). Official permission was obtained from Tribhuvan University Teaching Hospital. Written consents from nurses were obtained to participate voluntarily in the study. Anonymity was maintained. Nurses were given the authority to withdraw from the study at any time if they felt uncomfortable. Obtained information was used for the study only and precautions were taken to safeguard the rights and welfare of the nurses throughout the study.

**RESULTS**

*Demographic and professional characteristics of the nurses*

Table 1 shows the demographic and professional characteristics of the nurses. Among the 272, nurses, the mean age was 29.0 ± 8.3 years. Regarding ethnicity, 51.1% belonged to an indigenous group, and 90.8% belonged to the Hindu religion and 50.7% were married. Related to educational qualification, 63.6% of them had a bachelor level in nursing degree and 27.9% of them

*Association between assertiveness with demographic and professional characteristics among nurses*

Table 3 depicts the association between assertiveness with demographic and professional characteristics among nurses. There was a significant association of nurses' assertiveness with their marital status (p = 0.02), nursing degree (p=0.03), professional designation (p=0.04), employment type (p= 0.03), and additional training (p=0.004). Further, nurses with bachelor-level nursing degrees

**Table 1. Demographic and professional characteristics of the nurses**

Demographic and professional characteristics		Total (n=272) No (%)	Staff Nurses (n=213) No (%)	Nursing officers (n=59) No (%)	p-value
Age (in years)	Mean ± SD	29.0 ± 8.3	25.4 ± 3.8	42.3 ± 6.5	<0.001 <sup>t</sup>
Ethnicity	Brahmin & Chhetri	133 (48.9)	106 (49.8)	27 (45.8)	0.59 <sup>x<sup>2</sup></sup>
	Indigenous	139 (51.1)	107 (50.3)	32 (54.2)	
Religion	Hindus	247 (90.8)	197 (92.5)	50 (84.7)	0.07 <sup>x<sup>2</sup></sup>
	Others	25 (9.2)	16 (7.5)	9 (15.3)	
Marital status	Married	138 (50.7)	84 (39.4)	54 (91.5)	<0.001 <sup>x<sup>2</sup></sup>
	Unmarried	134 (49.3)	129 (60.6)	5 (8.5)	
Nursing degree	Certificate	99 (36.4)	87 (40.8)	12 (20.3)	0.004 <sup>x<sup>2</sup></sup>
	Bachelor	173 (63.6)	126 (59.2)	47 (79.7)	
Additional qualification	Absent	196 (72.1)	156 (73.2)	40 (67.8)	0.41 <sup>x<sup>2</sup></sup>
	Present	76 (27.9)	57 (26.8)	19 (32.2)	
Employment type	Temporary	194 (71.3)	194 (91.1)	-	-
	Permanent	78 (28.7)	19 (8.9)	59 (100)	
Work experience (yrs)	Mean ± SD	8.1 ± 8.2	4.4 ± 3.8	21.5 ± 5.3	<0.001 <sup>t</sup>
Additional training <sup>a</sup>	No	143 (52.6)	132 (62.0)	11 (18.6)	<0.001 <sup>x<sup>2</sup></sup>
	Yes	129 (47.4)	81 (38.0)	48 (81.4)	

<sup>t</sup>: Independent sample t-test; <sup>x<sup>2</sup></sup>: Pearson's Chi-square test; <sup>a</sup>: Management training and skill training

had additional non-nursing degrees. Regarding professional characteristics, only 28.7% of nurses were permanently employed, the mean work experience was 8.1 ± 8.2 years and 47.4% of them had received additional training.

*Assertiveness status of the nurses according to professional designation*

Table 2 represents the assertiveness status of the nurses according to professional designation. The nurses who received an assertiveness score of ≤10 were considered non-assertive and the nurses who received an assertiveness score of >10 were considered assertive. Among nurses, 70.6 % of them were found to be assertive with a mean assertiveness score of 18.1±14.7. Staff nurses were found to be assertive by 67.6 %. Nursing officers were found to be assertive by 81.4 %.

were 1.8 times more assertive (95% CI = 1.05-3.07) than those nurses with certificate-level nursing degrees. Concerning professional designation, Nursing Officers were 2.1 times more assertive than Staff Nurses. Likewise, permanently employed

**Table 2. Assertiveness status of the nurses according to professional designation**

Assertiveness Status	Staff Nurses (n= 213)	Nursing Officers (n=59)	Total (n=272)
Non-assertive <sup>a</sup>	32.4%	18.6%	29.4%
Assertive <sup>b</sup>	67.6%	81.4%	70.6%

<sup>a</sup>: Assertiveness score of ≤10; <sup>b</sup>: Assertiveness score of >10, Mean assertiveness score: 18.1±14.7

**Table 3.** Association between assertiveness with demographic and professional characteristics among nurses

Demographic and professional characteristics		Assertive (n = 192)	Non-assertive (n = 80)	p-value	OR (95% CI)
Age in years	Mean ± SD	29.4 ± 8.4	28.2 ± 8.1	0.26 <sup>t</sup>	
Ethnicity	Brahmin/Chhetri	97 (72.9)	36 (27.1)	0.41 <sup>x2</sup>	
	Indigenous	95 (68.3)	44 (31.7)		
Religion	Hindus	178 (72.1)	69 (27.9)	0.09 <sup>x2</sup>	
	Others	14 (56.0)	11 (44.0)		
Marital status	Married	106 (76.8)	32 (23.2)	0.02 <sup>x2</sup>	0.54 (0.31-0.91)
	Unmarried	86 (64.2)	48 (35.8)		
Additional qualification	Absent	141 (71.9)	55 (28.1)	0.43 <sup>x2</sup>	
	Present	51 (67.1)	25 (32.9)		
Nursing degree	Certificate	62 (62.6)	37 (37.4)	0.03 <sup>x2</sup>	1.8 (1.05-3.07)
	Bachelor	130 (75.1)	43 (24.9)		
Professional designation	Staff Nurse	144 (67.6)	69 (32.4)	0.04 <sup>x2</sup>	2.1 (1.02 – 4.2)
	Nursing Officers	48 (81.4)	11 (18.6)		
Employment type	Temporary	127 (65.5)	67 (34.5)	0.03 <sup>x2</sup>	2.63 (1.35–5.12)
	Permanent	65 (83.3)	13 (16.7)		
Work experience in years	Mean ± SD	8.5 ± 8.2	7.2 ± 8.0	0.22 <sup>t</sup>	
Additional training <sup>a</sup>	No	90 (62.9)	53 (37.1)	0.004 <sup>x2</sup>	2.2 (1.29-3.83)
	Yes	102 (79.1)	27 (20.9)		

SD: Standard Deviation; <sup>t</sup>: Independent sample t-test; <sup>x2</sup>: Pearson's Chi-square test; <sup>a</sup>: Management training and skill training; OR: Odds ratio, CI: confidence interval

nurses were 2.63 times more assertive (95% CI = 1.35-5.12) than temporarily employed nurses. Moreover, nurses who received additional training were 2.2 times more assertive (95% CI = 1.29-3.83) than those who didn't receive additional training.

Further, assertiveness was analyzed based on demographic and professional characteristics among staff nurses and nursing officers separately (Table 4). Among staff nurses, assertiveness was significantly associated with employment type ( $p = 0.03$ ) and additional training ( $p = 0.03$ ). Further, permanently employed staff nurses were 4.5 times (95% CI, 1.0 – 20.0) more assertive than temporarily employed staff nurses, whereas, staff nurses with additional training were 2.0 times (95% CI, 1.1 – 3.7,  $p = 0.028$ ) more assertive than staff nurses with no additional training. Concerning nursing officers, assertiveness was significantly associated with work experience ( $p = 0.049$ ) only.

## DISCUSSION

This study presents the assertiveness of nurses and factors associated with assertiveness using

the Simple Rathus Assertiveness Schedul.<sup>12</sup> In this study, the mean assertiveness score was  $18.1 \pm 14.7$ , which was close to the score ( $17.3 \pm 24.7$ ) on RAS reported by Kilkus (1993) among 500 registered nurses at Minnesota (USA) State Board of Nursing.<sup>15</sup> Moreover, most of the respondents in this study were assertive (70.6%), which was slightly higher than that reported in 207 Egyptian nursing students (Assertiveness = 60.4%) 18 and 391 nurses and midwives (Assertiveness = 62%) registered with the National Nursing Board of Ireland.<sup>21</sup> The slightly low level of assertiveness among Egyptian nurses and Ireland nurses and midwives could be related to a survey design, which used RAS and a 44-item questionnaire, respectively. In this study, SRAS was used, which was a revised measure of RAS.<sup>13</sup>

Assertive behavior emerges from profession-oriented variables such as educational status, designation, and clinical specialty.<sup>15, 22</sup> In this study, assertiveness was associated with the professional designation. In comparison to staff nurses, nursing officers were 2.1 times more likely to be assertive. Similarly, those with permanent employment type

**Table 4.** Association between assertiveness with demographic and professional characteristics among staff nurses and sisters

Selected variables		Staff nurses			Nursing Officers		
		Assertive	Non-assertive	p-value	Assertive	Non-assertive	p-value
Age in years	Mean ± SD	25.3 ± 3.4	25.5 ± 4.4	0.71 <sup>t</sup>	41.7 ± 6.6	44.9 ± 5.5	0.14 <sup>f</sup>
Marital status	Married	60 (71.4)	24 (28.6)	0.34 <sup>x2</sup>	46 (85.5)	8 (14.8)	0.06 <sup>f</sup>
	Unmarried	84 (65.1)	45 (34.9)		2 (40)	3 (60)	
Nursing degree	Certificate	54 (62.1)	33 (37.9)	0.15 <sup>x2</sup>	8 (66.7)	4 (33.3)	0.21 <sup>f</sup>
	Bachelor	90 (71.4)	36 (28.6)		40 (85.1)	7 (14.9)	
Non nursing degree	Absent	109 (69.9)	47 (30.1)	0.24 <sup>x2</sup>	32 (80)	8 (20)	1.0 <sup>f</sup>
	Present	35 (61.4)	22 (38.6)		16 (84.2)	3 (15.8)	
Employment	Temporary	127 (65.5)	67 (34.5)	0.03 <sup>f</sup>	-	-	NA
	Permanent	17 (89.6)	2 (10.5)		48 (81.4)	11 (18.6)	
OR (95% CI)		4.5 (1.0-20.0)					
Work experience	Mean ± SD (Years)	4.4 ± 3.7	4.4 ± 4.1	0.89 <sup>t</sup>	20.8 ± 5.2	24.3 ± 4.7	0.049 <sup>t</sup>
Additional Training	No	82 (62.1)	50 (37.9)	0.03 <sup>x2</sup>	8 (72.7)	3 (27.3)	0.41 <sup>2</sup>
	Yes	62 (76.5)	19 (23.5)		40 (83.3)	8 (16.7)	
OR (95% CI)		2.0 (1.1-3.7)					

SD: standard deviation; <sup>t</sup>: Independent Sample t-test <sup>x2</sup>: Pearson Chi-square test; <sup>f</sup>: Fisher's Exact test; NA: not applicable, OR: Odds ratio, CI: confidence interval

were 2.63 times and those who received additional training were 2.2 times more likely to be assertive. From these findings, it is reasonable to speculate that assertive behavior can be associated with multiple factors. In this study, assertiveness is not associated with age ( $p = 0.26$ ), similarly, Gerry et al also reported no significant association between assertive behavior and age among 99 nursing professionals.<sup>6</sup> However, the assertive behavior of nurses decreased with older age above 60 years in another study.<sup>15</sup> The reason for less assertiveness in old age could be attributed to the most dependent roles of the oldest and most experienced nurses. They may be the least influenced by changes in women's roles in general.

Assertiveness associated with higher education may reflect the traits necessary to meet the challenge of completing a higher degree or the independent and autonomous role assumed in the profession.<sup>15</sup> In this study, nurses with bachelor-level nursing degrees were 1.8 times more assertive than those nurses with certificate-level nursing degrees. However, there was no association of assertiveness score with a nursing degree and additional qualifications, when assertiveness was measured separately for staff nurses and nursing officers (Table 4). The present study findings were supported by the Kilkus study, which depicted no significant difference in assertiveness of nurses when differentiated by nursing entry level though the mean assertiveness score was higher in nurses with a BSN than nurses with a diploma<sup>15</sup>. Alternatively, nursing professionals

in training experienced an improved assertiveness towards the completion of the nursing program, which was indicated by an improved assertiveness among 72 nursing students nearing the completion of the three-year pre-registration program<sup>22</sup> and among 298 students of advanced semesters than the students of the first semester 10. Moreover, in this study, nurses who received additional training were 2.2 times more assertive than those who didn't receive additional training, particularly among staff nurses (Table 4). These findings suggest a continued professional development program might be effective in reinforcing the assertiveness of nurses. Further, assertiveness training could strengthen the skills, confidence, and capacity of nurses to promote assertive communication<sup>23</sup> and achieve a favorable outcome in improving psychological well-being and empowering.<sup>24, 25</sup> Based on the study findings and literature, a further study is warranted to investigate the improved role of nurses with assertiveness training in Nepal.

Further among the group of staff nurses, permanently employed staff nurses were 4.5 times more assertive than temporarily employed staff nurses. Suzuki et al reported job dissatisfaction as one of the reasons for Japanese nurses quitting jobs<sup>26</sup> and there was a positive correlation ( $r = 0.46$ ,  $p < 0.001$ ) between assertiveness and job satisfaction.<sup>27</sup> Moreover, permanent employment gives a sense of security and confidence and increases self-esteem.<sup>11</sup> Further, assertiveness was significantly associated with work experience ( $p =$

0.049) among nursing officers and those nursing officers who had mean year work experience of  $20.8 \pm 5.2$  years were assertive and those nursing officers who had mean year work experience of  $24.3 \pm 4.7$  years were non-assertive. The Kilkus report also suggested the lowest mean assertiveness score among the most experienced nurses.<sup>5</sup> Probably, younger generation nurses might have more independent roles acting assertively.

The finding of the study has limited its generalizability for it was a single hospital-based cross-sectional study. Some level of bias might be expected because assertiveness was assessed through the self-reported questionnaire. Though an equal proportion of samples were taken from hospital staff nurses and nursing officers for representativeness, the sample distribution of staff nurses and nursing officers was mostly incomparable, which further hindered the generalisability.

## CONCLUSION

More than two-thirds of professional nurses working in the university hospital were assertive. Nurses with bachelor-level nursing degrees, professional designation as Nursing Officers, with permanent employment, and those who received additional training were more assertive. These things should be taken into consideration by the hospital administration to increase assertiveness among nurses.

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## CONFLICT OF INTEREST

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