

Impact of Implementing Training Program About Assertiveness on Improving Self-Esteem among Nurses

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Abstract:

Background: Assertiveness is a critical skill that enables nurses to communicate effectively with patients, families, and colleagues. Nurses with higher levels of assertiveness tend to have greater self-worth and self-esteem. Both assertiveness and self-esteem are essential behavioral competencies for delivering high-quality nursing care and fostering effective teamwork. **Aim:** To evaluate the impact of implementing an assertiveness training program on improving self-esteem among nurses. **Methods:** A quasi-experimental design was used. The study was conducted in all inpatient departments at King Khalid General Hospital using a convenience sample of 118 staff nurses. Data were collected using three instruments: the Assertiveness Knowledge Questionnaire, the Assertive Behavior in Nurses Questionnaire, and the Rosenberg Self-Esteem Scale. **Results:** The proportion of nurses with high assertiveness knowledge increased from 27.1% at pretest to 83.1% immediately posttest. Similarly, 68.6% of participants demonstrated low assertive behavior at pretest, whereas 79.7% achieved high assertive behavior immediately posttest. Furthermore, 58.5% of nurses exhibited low self-esteem at pretest, while 75.4% demonstrated high self-esteem after the intervention. Highly statistically significant positive correlations were found among total assertiveness knowledge, assertive behavior, and self-esteem immediately after the program and at the 3-month follow-up. **Conclusion:** The assertiveness training program produced substantial and sustained improvements in nurses' assertiveness knowledge, assertive behavior, and self-esteem. **Recommendations:** Integrating assertiveness training into continuing nursing education and professional development programs is recommended to strengthen assertive communication and self-esteem, with ongoing support to encourage the application of assertive communication in daily clinical practice.

Keywords: Assertiveness, Assertive behavior, Self-Esteem, Nurses.

Introduction

Healthcare services require effective communication among patients, families, and multidisciplinary healthcare teams to maintain patient safety and ensure high-quality care. Within nursing practice, assertiveness is recognized as a fundamental communication skill that enables nurses to express their opinions, needs, and concerns confidently and respectfully while acknowledging the rights of others. Assertive communication strengthens teamwork, promotes professional autonomy, facilitates conflict resolution, and enhances patient safety. As healthcare environments become increasingly complex, nurses need strong assertiveness skills to advocate effectively for patients, collaborate with colleagues, and make sound clinical decisions (Eskiyurt & Uysal, 2025).

Assertiveness is closely associated with self-esteem, as both are essential behavioral competencies that influence nurses' professional performance and psychological well-being. Nurses with higher levels of assertiveness generally demonstrate greater confidence, stronger professional identity, and better interpersonal relationships. Research has shown that assertive communication enhances self-esteem, improves workplace interactions, and enables nurses to perform both independent and collaborative roles more effectively (Abdullah & Sajit, 2024). Assertiveness also promotes job satisfaction and professional growth by empowering nurses to express ideas, establish appropriate boundaries, and advocate for themselves and their patients in a respectful and effective manner (Ndubuisi et al., 2024).

Professional assertiveness is supported by self-awareness, effective communication, and emotional intelligence. Self-awareness enables nurses to recognize their own emotions and professional needs, while effective communication facilitates clear expression and active listening. Emotional intelligence strengthens empathy, emotional regulation, and interpersonal relationships, thereby improving collaboration within multidisciplinary teams and enhancing patient-centered care. Together, these competencies contribute to a positive workplace culture and can be strengthened through structured training programs, mentorship, and constructive feedback that build confidence and communication skills (Jandhyala & Kumar, 2024; Geo et al., 2024).

Conversely, inadequate assertiveness may expose nurses to increased occupational stress, frustration, emotional exhaustion, and reduced self-esteem. Nurses who are unable to communicate their needs or establish professional boundaries often experience excessive workload and diminished psychological well-being (Bukhari et al., 2024). Self-esteem represents an individual's

evaluation of personal worth, competence, and professional value. In nursing, it plays a significant role in shaping professional identity, job satisfaction, communication, and the quality of patient care. Nurses with high self-esteem are more likely to communicate effectively, advocate for patients, collaborate successfully with colleagues, and demonstrate resilience when facing workplace challenges. In contrast, low self-esteem is associated with self-doubt, reduced confidence, impaired assertiveness, and poorer professional performance (Benjamin et al., 2024; Khan et al., 2024). Supportive work environments, recognition, continuing professional development, and positive feedback have all been identified as important factors that strengthen nurses' self-esteem and reinforce their professional identity (Castelino & Mendonca, 2024; Jose et al., 2024; Kim, 2024).

Growing evidence indicates that assertiveness training effectively improves communication skills, confidence, teamwork, and self-esteem while reducing interpersonal stress among healthcare professionals. Assertive nurses communicate more effectively with patients and healthcare teams, contribute to safer clinical practice, and provide higher-quality nursing care (Perwira et al., 2024). Furthermore, maintaining healthy self-esteem supports nurses' psychological well-being, motivation, and job performance, ultimately improving patient outcomes. Continuous organizational support and professional development have therefore been recommended to strengthen both assertiveness and self-esteem among nurses (Kwon, 2024; Wiesiołek et al., 2024).

At King Khalid General Hospital, increasing nursing workload, prolonged working hours, and growing patient demands have contributed to elevated stress levels, reduced coping ability, and limited social support among nurses. Persistent occupational stress may gradually diminish nurses' assertiveness and self-esteem, potentially affecting both staff well-being and the quality of patient care. Despite the recognized importance of assertiveness training, evidence regarding its effectiveness in improving nurses' self-esteem within this setting remains limited. Therefore, this study aimed to evaluate the impact of implementing an assertiveness training program on improving self-esteem among nurses at King Khalid General Hospital.

Aim of the Study

The aim of this study was to evaluate the impact of implementing an assertiveness training program on improving self-esteem among staff nurses at King Khalid General Hospital through:

- Assessing nurses' assertiveness knowledge and behavior.
- Assessing nurses' self-esteem.
- Implementing an assertiveness training program.
- Evaluating the program's impact on nurses' assertiveness knowledge, assertive behavior, and self-esteem.

Research Hypotheses

H1. Staff nurses' assertiveness knowledge and behavior will improve after implementing the assertiveness training program.

H2. Staff nurses' self-esteem will improve after implementing the assertiveness training program.

Methods

Research Design

A quasi-experimental research design was used to evaluate the effectiveness of an assertiveness training program on improving self-esteem among staff nurses. This design is appropriate for assessing the impact of educational and behavioral interventions when random assignment is not feasible (Miller et al., 2020).

Setting

The study was conducted in the inpatient departments of King Khalid General Hospital, Hafar Al-Batin, Saudi Arabia. The hospital, established in 1980 and affiliated with the Ministry of Health, is a 300-bed general hospital serving Hafar Al-Batin and neighboring villages. It consists of a main building housing medical, surgical, one-day surgery, infection control, and public health departments, in addition to separate buildings that include outpatient clinics, the nephrology department, and the emergency department.

Participants

A convenience sample of 118 staff nurses working in the inpatient departments was recruited during the data collection period. Eligible participants had at least one year of clinical experience, were available during data collection, and agreed to participate voluntarily. Sample size was estimated using G*Power software (Version 3.1.9.7) based on a medium effect size (0.30), a significance level of 0.05, and a statistical power of 80%. To minimize the effect of potential attrition and improve the reliability of the findings, all eligible nurses were included, resulting in a final sample of 118 participants.

Tools of Data Collection

Data were collected using three instruments. **Tool I, the Assertiveness Knowledge Questionnaire**, was developed by the researcher after reviewing the relevant literature (Bril et al., 2022; Lee et al., 2023; Khanam et al., 2023). It consisted of two parts: the first assessed participants' demographic characteristics, including age, gender, marital status, educational qualification, and years of experience, while the second assessed nurses' knowledge of assertiveness using 15 multiple-choice and true/false questions. Correct responses were scored as one and incorrect responses as zero. Total scores were categorized as low (<60%), moderate (60%–75%), or high (>75%).

Tool II, the Assertive Behavior in Nurses' Questionnaire, developed by Begley and Glacken (2004), assessed nurses' assertive behavior using 28 items distributed across three domains: dealing with criticism, confronting others, and spontaneous expression of feelings. Responses were measured on a four-point Likert scale ranging from 1 (never) to 4 (always). Total scores were classified as low (<50%), moderate (50%–75%), or high (>75%).

Tool III, the Rosenberg Self-Esteem Scale (Rosenberg, 1965), was used to measure participants' global self-esteem. The instrument consists of 10 items rated on a four-point Likert scale ranging from strongly disagree (1) to strongly agree (4). Total scores were categorized as low (<50%), moderate (50%–75%), or high (>75%).

Validity and Reliability

The study instruments were reviewed by a panel of five experts in nursing and nursing administration to assess face and content validity. Their comments and recommendations were considered, and the necessary modifications were made before data collection. The Assertiveness Knowledge Questionnaire was translated into Arabic and adapted by the researcher. Internal consistency reliability was evaluated using Cronbach's alpha coefficients, yielding values of 0.86 for the Assertiveness Knowledge Questionnaire, 0.88 for the Assertive Behavior in Nurses' Questionnaire, and 0.93 for the Rosenberg Self-Esteem Scale, indicating satisfactory reliability.

Pilot Study

A pilot study was conducted on 10% of the study sample (11 staff nurses) to evaluate the clarity, feasibility, applicability, and estimated time required to complete the study instruments. Participants in the pilot study were excluded

from the main study sample. As the pilot findings confirmed that the instruments were clear and feasible, no major modifications were required before the main study.

Ethical Considerations

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Nursing, Mansoura University (Approval No. 430, January 4, 2024). Official permission to conduct the study was obtained from the administration of King Khalid General Hospital. Participation was voluntary, and written informed consent was obtained from all participants after the study purpose and procedures were explained. Participants were informed of their right to withdraw from the study at any stage without penalty. The confidentiality and anonymity of all collected data were maintained throughout the study, and the data were used exclusively for research purposes.

Data Collection Procedure

Data collection was conducted after obtaining ethical approval and administrative permission from King Khalid General Hospital. Before implementation, the researcher met with the nursing administration and head nurses to explain the study objectives, procedures, and implementation schedule. An extensive review of the relevant literature was undertaken during the preparatory phase (October 2023 to March 2024) to develop the assertiveness training program, including its objectives, educational content, teaching strategies, and evaluation methods. The program was reviewed by experts to ensure its scientific accuracy and relevance to the study objectives.

Eligible staff nurses were approached individually during their work shifts and informed about the study objectives, procedures, expected benefits, and their rights as participants. After written informed consent was obtained, baseline data were collected using the study instruments to assess assertiveness knowledge, assertive behavior, and self-esteem. Participants completed the questionnaires individually in a quiet environment, requiring approximately 20–30 minutes. Data were collected three days per week during morning and afternoon shifts to maximize participation.

The intervention was implemented over four consecutive weeks. Participants were divided into small groups according to departmental schedules to avoid disruption of patient care. The training program consisted of four weekly sessions, each lasting approximately one hour. The sessions addressed the concepts and characteristics of assertiveness, communication techniques,

barriers to assertive behavior, strategies for developing assertiveness skills, and the relationship between assertiveness and self-esteem. Interactive lectures, group discussions, brainstorming, role-playing, case scenarios, demonstrations, educational videos, and question-and-answer sessions were used to facilitate learning. Participants also received an educational booklet and handouts prepared by the researcher. Program effectiveness was evaluated immediately after completion using the same study instruments administered during the pre-test. All collected data were coded anonymously and handled with strict confidentiality.

Results

Personal Characteristics

Table 1 presents the personal characteristics of the studied staff nurses at King Khalid General Hospital. The data reveal that the majority of participants (60.2%) were aged 40 years and above (Mean±SD: 33.78±5.87). The sample was predominantly female (65.3%), with most being married (59.3%). Regarding educational qualifications, the vast majority (72.0%) held a Bachelor of Science in nursing. In terms of experience, nearly three-quarters (73.7%) had more than 10 years of experience (Mean± SD: 10.71±2.86), suggesting a highly experienced nursing workforce at the facility.

Table 1: Personal characteristics of the studied staff nurses at King Khalid General Hospital (n=118).

Personal characteristics	The studied nurses (n=118)	
	n	%
■Age years		
20< 30	28	23.7
30< 40	19	16.1
40 years and more	71	60.2
Mean± SD	33.78±	5.87
■Gender		
Male	41	34.7
Female	77	65.3
■Marital status		
Single	41	34.7
Married	70	59.3
Widow	3	2.5
Divorced	4	3.4

■Educational qualification		
Diploma in nursing	30	25.4
BSC in nursing	85	72.0
MSc in nursing	3	2.5
■Experience years		
1-5 Years	24	20.3
6-10 Years	7	5.9
More than 10 Years	87	73.7
Mean± SD	10.71±2.86	

Presenting the Results

Table 2: Total assertiveness knowledge levels and mean scores among the studied staff nurses pre- and post-the training program (n=118).

Total knowledge (Each item was scored 0-1)	Level of total knowledge of the studied nurses pre and post training program (n=118)						x ² test P value
	Pre program		Post program		After months		
	n	%	n	%	n	%	
■Total knowledge level							
Low level (0-8)	39	33.1	4	3.4	18	15.3	111.968 <0.001**
Moderate level (9-11)	47	39.8	16	13.6	6	5.1	
High level (12-15)	32	27.1	98	83.1	94	79.7	
■Total knowledge scores (0-15)							
Range	0-15		4-15		2-15		
Mean±SD	10.03±3.93		13.54±2.59		13.24±3.44		
x ² value	151.052						
P value	<0.001**						

***Statistically significant (P<0.05)**

Table 2 illustrates the total assertiveness knowledge levels and mean scores among the studied staff nurses. Pre-program, the majority of nurses (39.8%) had

moderate knowledge levels, with 33.1% having low knowledge and only 27.1% demonstrating high knowledge. Following the training intervention, there was a dramatic shift, with 83.1% achieving high knowledge levels post-program, while only 3.4% remained at low levels. After three months, knowledge levels remained elevated, with 79.7% maintaining high knowledge. The mean knowledge score increased significantly from 10.03 ± 3.93 pre-program to 13.54 ± 2.59 post-program ($\chi^2=151.052$, $P<0.001^{**}$) and remained high at 13.24 ± 3.44 after three months. This demonstrates the training program's effectiveness in substantially improving and sustaining knowledge of assertiveness among staff nurses.

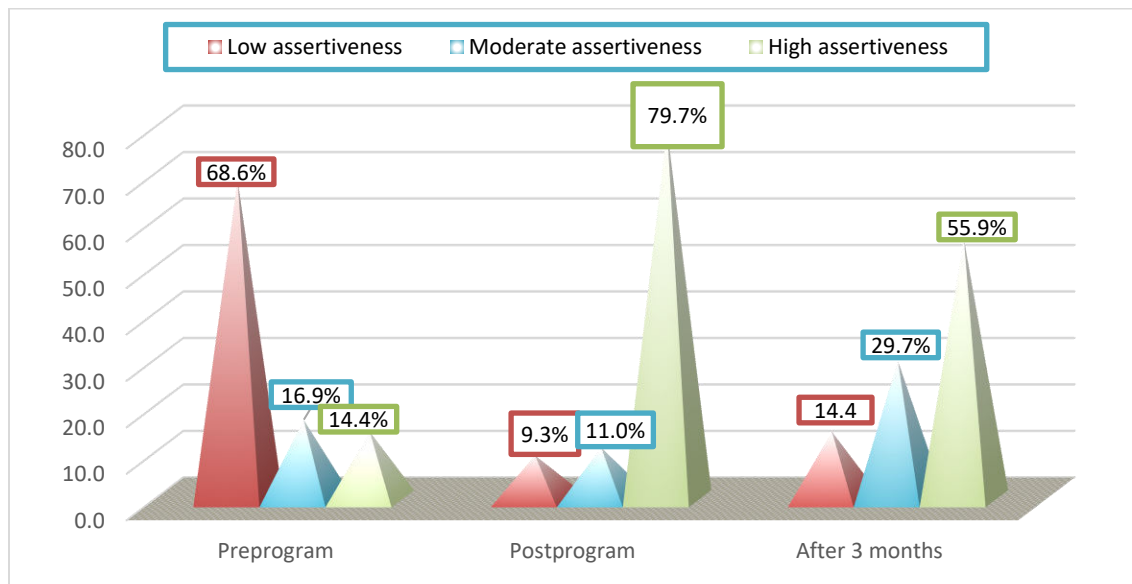


Figure 1: Total assertive behavior level of the studied staff nurses pre- and post-training program (n=118).

Figure 1 consolidates the total assertive behavior level of the studied staff nurses pre- and post-training program. Pre-program, the majority (68.6%) demonstrated low assertiveness, with only 14.4% at high levels. Following the training, there was a dramatic shift with 79.7% achieving high assertiveness and only 9.3% remaining at low levels ($\chi^2=91.350$, $P<0.001^{**}$). After three months, 55.9% maintained high assertiveness levels.

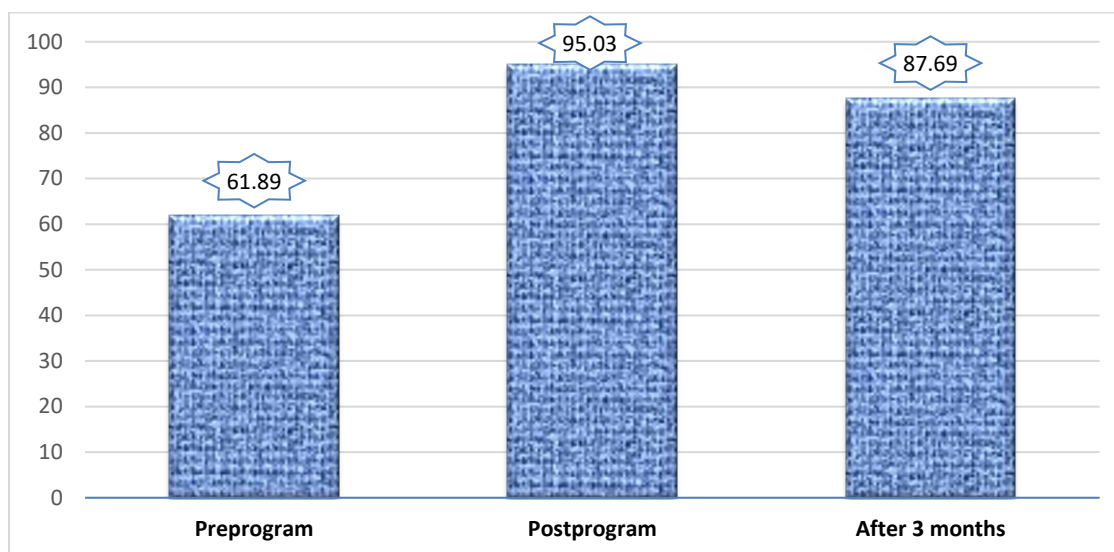


Figure 2: Total assertive behavior mean score of the studied staff nurses pre- and post-training program (n=118).

Figure 2 shows the total assertive behavior mean score of the studied staff nurses pre- and post-training program. The mean score increased from 61.89 pre-program to 95.03 post-program, with the mean increasing from 61.89 ± 13.44 to 95.03 ± 17.59 ($P < 0.001^{**}$) and remaining at 87.69 ± 18.73 after three months. These results demonstrate the training program's profound and lasting impact on nurses' assertive behavior.

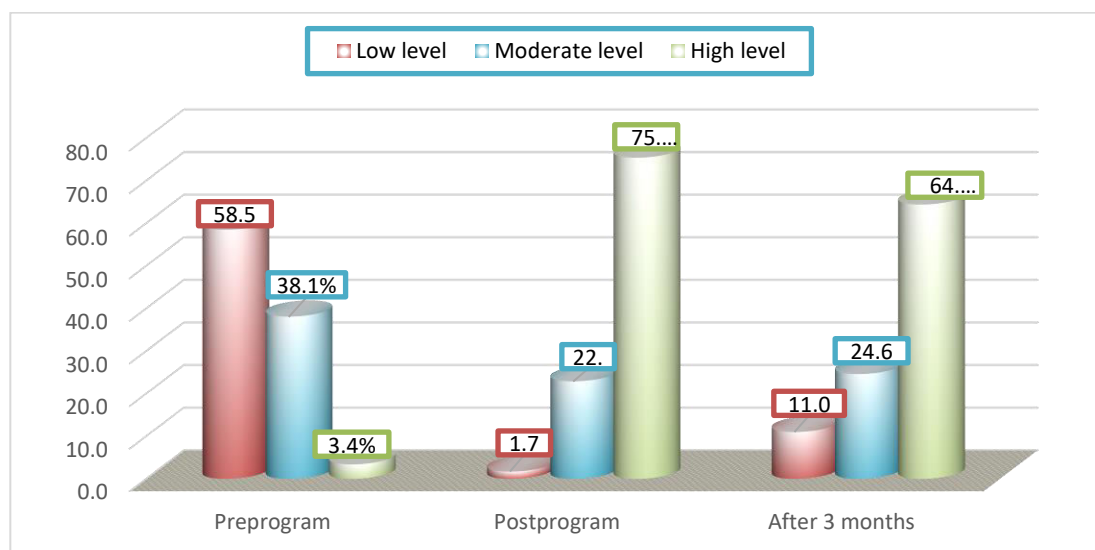


Figure 3: Total self-esteem level of the studied staff nurses pre- and post-training program (n=118).

Figure 3 represents the total self-esteem level and mean score of the studied staff nurses pre- and post-training program. Pre-program, the majority (58.5%) exhibited low self-esteem, with only 3.4% demonstrating high self-esteem. Following the training intervention, there was a profound transformation, with 75.4% achieving high self-esteem and only 1.7% remaining at low levels ($\chi^2 = 165.528$, $P < 0.001^{**}$). After three months, 64.4% maintained high levels of self-esteem. The mean score increased substantially from 22.81 ± 3.34 pre-program to 35.61 ± 5.94 post-program, and remained elevated at 34.38 ± 7.30 after three months. The score range also expanded from 16-30 pre-program to 20-40 post-program, indicating not only improved average self-esteem but also enhanced variability at higher levels. These findings demonstrate the training program's significant and sustained positive impact on nurses' self-esteem.

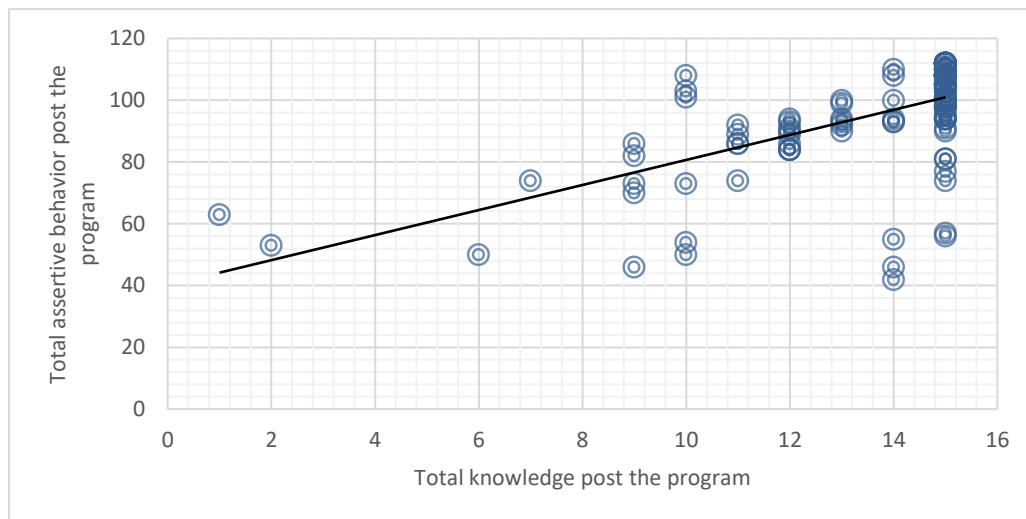


Figure 4: Correlation between total assertiveness knowledge and assertive behavior of the studied staff nurses post the training program (n=118).

Figure 4 presents the correlation between total assertiveness knowledge and assertive behavior of the studied staff nurses. Pre-program, weak but significant positive correlations existed between assertiveness knowledge and assertive behavior ($r=0.282$, $P=0.002^{**}$). Following the training intervention, these correlations strengthened substantially. Post-program correlations increased to $r=0.597$ ($P<0.001^{**}$) between knowledge and behavior. After three months, correlations remained strong at $r=0.561$ ($P<0.001^{**}$).

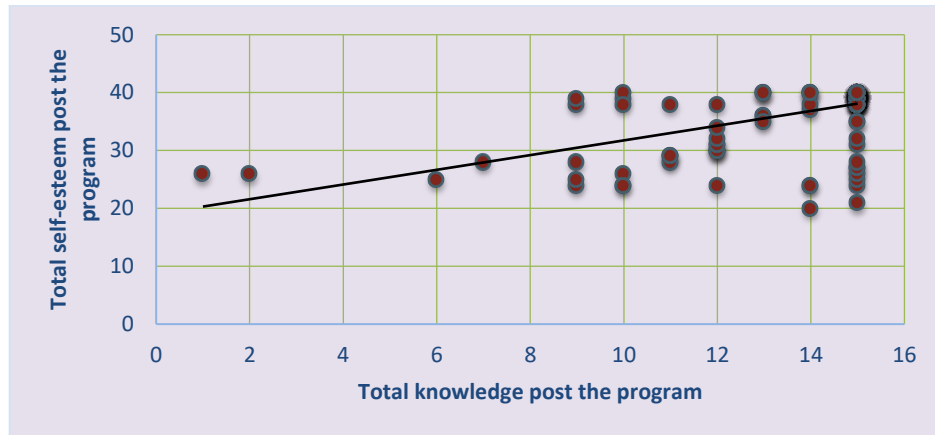


Figure 5: Correlation between total assertiveness knowledge and self-esteem of the studied staff nurses post the training program (n=118).

Figure 5 presents the correlation between total assertiveness knowledge and self-esteem of the studied staff nurses. Pre-program, weak but significant positive correlations existed between assertiveness knowledge and self-esteem ($r=0.289$, $P=0.002^{**}$). Following the training intervention, these correlations strengthened substantially. Post-program correlations increased to $r=0.613$ ($P<0.001^{**}$) between knowledge and self-esteem. After three months, correlations remained strong at $r=0.700$ ($P<0.001^{**}$), with the knowledge-self-esteem correlation showing the strongest relationship.

Discussion

The present study evaluated the effect of an assertiveness training program on nurses' knowledge, assertive behavior, and self-esteem at King Khalid General Hospital. Overall, the findings demonstrated that the training program produced significant improvements in nurses' assertiveness knowledge, assertive behavior, and self-esteem immediately after the intervention, with these improvements largely maintained three months later. In addition, significant positive correlations were observed between assertiveness knowledge and both assertive behavior and self-esteem following the intervention, supporting the effectiveness of the program in promoting cognitive, behavioral, and psychological outcomes.

Regarding nurses' knowledge of assertiveness, the present study demonstrated a significant improvement following the implementation of the training program. Before the intervention, most nurses had moderate or low knowledge levels, whereas the majority achieved high knowledge immediately after the program and maintained this improvement at the three-month follow-up. These findings indicate that the training program effectively enhanced nurses' understanding of assertiveness and promoted long-term knowledge retention.

The observed improvement may be attributed to the structured educational content and interactive teaching strategies incorporated into the training program. Learning activities such as group discussions, role-playing, and constructive feedback provided participants with opportunities to understand assertiveness concepts and apply them in realistic clinical situations, thereby enhancing both learning and retention. The sustained improvement at follow-up further suggests that continuous application of assertiveness skills in daily nursing practice reinforced the acquired knowledge over time.

These findings are consistent with those reported by Lee et al. (2023), who demonstrated that structured assertiveness education significantly improved nurses' knowledge immediately after training, with sustained improvement during follow-up. Similar findings were reported by Chen et al. (2023), who found that assertive communication training enhanced nurses' knowledge and awareness of assertive communication. Likewise, Ahmed et al. (2022) reported that assertiveness training significantly improved psychiatric nurses' knowledge and maintained these improvements over time.

Regarding assertive behavior, the present study revealed a significant improvement following the implementation of the training program. Most participants demonstrated low assertive behavior before the intervention; however, the majority achieved high levels immediately after training, and these improvements remained evident three months later. The significant increase in assertive behavior scores indicates that the program effectively translated theoretical knowledge into practical communication behaviors.

This improvement may be explained by the practical nature of the training program, which emphasized active participation through role-playing, group discussions, and simulated clinical situations. These learning strategies provided nurses with repeated opportunities to practice assertive communication, strengthen self-confidence, and develop appropriate interpersonal skills that could be transferred to everyday clinical practice. The sustained improvement observed at follow-up suggests that repeated use of these communication skills in the workplace reinforced behavioral change.

Comparable findings were reported by Celik et al. (2021), who found that educational and developmental interventions significantly improved assertiveness among healthcare professionals. Similarly, Rahmi et al. (2024) reported that structured training programs enhanced nurses' assertive responses when communicating with colleagues and managing workplace

situations. Kumari et al. (2025) also demonstrated that assertiveness training produced sustained improvements in self-expression, communication, and interpersonal assertiveness among nursing participants.

Regarding self-esteem, the present study demonstrated a statistically significant improvement following the implementation of the assertiveness training program. Before the intervention, most nurses reported low self-esteem, whereas the majority achieved high self-esteem immediately after the program, with these improvements remaining evident at the three-month follow-up. These findings indicate that enhancing assertiveness skills was accompanied by meaningful improvements in nurses' confidence and professional self-worth.

The improvement in self-esteem may be attributed to the development of communication competence, self-confidence, and positive interpersonal interactions throughout the training program. Participating in practical learning activities encouraged nurses to express their opinions confidently, communicate effectively, and manage workplace interactions more successfully, thereby strengthening their professional confidence and self-perception. Continued use of these skills in clinical practice may explain the maintenance of improved self-esteem during follow-up.

These findings agree with Serafin et al. (2022), who reported that lower professional confidence was associated with reduced self-esteem among nurses, emphasizing the importance of educational interventions in strengthening self-worth. Likewise, Wang et al. (2023) found that supportive organizational interventions positively influenced nurses' self-esteem and perceived professional value. Kim (2024) further reported that higher self-esteem was associated with better psychological well-being among nursing students, supporting the positive psychological impact observed following the current intervention.

The present study also demonstrated significant positive correlations between assertiveness knowledge and assertive behavior, as well as between assertiveness knowledge and self-esteem. These relationships became considerably stronger after the implementation of the training program and remained significant at the three-month follow-up, suggesting that improvements in nurses' knowledge were accompanied by corresponding behavioral and psychological improvements.

The strengthened correlations indicate that knowledge acquired through the training program was successfully translated into clinical practice. As nurses developed a better understanding of assertive communication principles, they became more confident in applying these skills during professional interactions, which was reflected in improved assertive behavior and enhanced self-esteem. The persistence of these correlations at follow-up further suggests that continuous application of assertiveness skills contributed to maintaining both behavioral change and positive self-perceptions.

These findings are consistent with Elshazly et al. (2025), who reported significant positive relationships between assertiveness knowledge, assertive behavior, and self-esteem following an assertiveness training program. Similarly, Jabeen et al. (2024) emphasized that assertiveness knowledge serves as the cognitive foundation for developing assertive behavior and strengthening self-esteem. Santiago (2022) also reported a positive association between assertive behavior and self-esteem among nurses, while Khanam et al. (2023) demonstrated that improvements in assertiveness skills were accompanied by enhanced psychological well-being and self-esteem following educational interventions.

Overall, the findings of the present study demonstrate that the assertiveness training program was effective in improving nurses' knowledge of assertiveness, assertive behavior, and self-esteem, with these improvements being sustained three months after the intervention. The significant positive correlations observed between assertiveness knowledge, assertive behavior, and self-esteem further suggest that enhancing nurses' knowledge contributes to meaningful behavioral and psychological improvements. These findings support the study hypotheses and highlight the value of incorporating assertiveness training into continuing nursing education to promote professional communication, self-confidence, and high-quality patient care.

Conclusion

The findings of the present study demonstrate that the assertiveness training program was effective in significantly improving nurses' assertiveness knowledge, assertive behavior, and self-esteem. These improvements were evident immediately after the intervention and were largely maintained three months later, indicating the sustained effectiveness of the program. The study also demonstrated significant positive correlations between assertiveness knowledge and both assertive behavior and self-esteem following the intervention, highlighting the important role of assertiveness education in promoting positive behavioral and psychological outcomes among nurses.

Overall, the findings support the integration of structured assertiveness training into continuing nursing education to strengthen professional communication, enhance self-confidence, and improve nursing practice.

Recommendations

Recommendations for Hospital Administration

- Integrate assertiveness training into continuing nursing education and professional development programs.
- Provide periodic refresher training and follow-up sessions to maintain nurses' assertiveness skills and self-esteem over time.
- Foster a supportive work environment that encourages open communication, constructive feedback, and assertive professional practice.

Recommendations for Head Nurses

- Encourage regular communication and feedback meetings that enable nurses to express their opinions and discuss workplace challenges.
- Support and reinforce the application of assertive communication skills during routine clinical practice.

Recommendations for Staff Nurses

- Participate actively in assertiveness and communication skills training programs.
- Apply assertive communication techniques when interacting with patients, families, and multidisciplinary healthcare teams.
- Engage in regular self-reflection to identify strengths and opportunities for improving assertive behavior.

Recommendations for Future Research

- Conduct longitudinal studies to evaluate the long-term sustainability of assertiveness training outcomes.
- Compare different assertiveness training approaches and delivery methods to determine the most effective strategies.
- Investigate the impact of assertiveness training on patient safety, quality of care, job satisfaction, and other nursing performance outcomes.

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Conflict of interest

The authors declare no conflict of interest in the preparation of this study.

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