



Original Research

The nurses' Assertiveness and Self-Esteem correlations and consequences; a cross sectional study

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Abstract:

Background: Non-assertive behavior and low self-esteem are significant issues in the nursing profession. Nurses with high levels of assertiveness and self-esteem are efficient to provide effective patient care.

Purpose: This study aimed to examine the relationship between assertive behavior and self-esteem among nurses.

Methods: A cross-sectional study using a quantitative approach was conducted using self-administered questionnaire manually distributed to a randomly selected sample of nurses working in various hospitals in Mosul City, Iraq., and asked them to fill two questionnaires; the first one to assess the self-esteem called The Rosenberg Self-Esteem Scale and the second one to assess the assertiveness called The Rathus assertiveness schedule (RAS) for a time period reach 6 weeks, then data were collected and extracted into excel sheet to be analyzed using SPSS program.

Results: From total 408 nurses with an average age for nurses is 29 ± 6 years and about 50.7% of nurses are males, the highest percentage (31.4%) of these nurses recruited from Al-Salam Teaching Hospital. It has been reported that 90.4% of nurses are associated with moderate level of assertiveness skills to show moderate assertiveness skills while 68.6% of nurses are associated with normal self-esteem, the results showed that there is high significant relationship (strong positive) between assertiveness skills and self-esteem among nurses indicated by high significant at $p = 0.001$ and there is significant association between assertiveness skills with regard to male nurses ($p = 0.008$) while there is no significant association is reported among assertiveness skills with other sociodemographic characteristics, also, there is significant association between self- with regard to nurses living with their families ($p = 0.017$) while there is no significant association is reported among self-esteem with other sociodemographic characteristics.

Conclusion: There is a positive significant correlation between nurses' self-esteem and the level of assertiveness in esteem some of Mosul hospitals in Iraq.

Keywords: Assertiveness; Self-Esteem; nurses; Mosul; Iraq.

Introduction:

Background provides the state of the art of the study and consists of an adequate Assertiveness is a social characteristic that promotes fairness in human relationships by allowing individuals to express their entitlements (1), viewpoints, and feelings in a manner that recognizes and values the entitlements and emotions of others, without dismissing or diminishing them (2). Assertive behavior, as defined in prior research, includes the ability to refuse (3), seek help, express positive and negative emotions, initiate, maintain, and terminate interactions in general (4).

Assertive behavior demonstrates a strong sense of self-worth and respect for others. It promotes open communication, self-control (5) and a positive acknowledgement of one's own importance (6). Assertiveness is the most effective method for addressing interpersonal conflicts (7), thereby promoting and maintaining connections with others (8).

According to literature, trained nurses demonstrate reduced levels of assertiveness, adopt passive professional behavior (9,10), and exhibit agreeable behavior at their employment compared to their behavior in their personal lives (11). Nurses who display non-assertive behavior have heightened levels of stress (12), reduced self-esteem, annoyance, and mental fatigue (13,14). Nurses assume the burden of responsibilities assigned to them by others due to their inability to refuse (19).

Assertive behavior promotes a feeling of personal empowerment and self-confidence (6). Participating in aggressive behavior positively impacts our overall emotional state and boosts our self-esteem (14). Increased levels of assertiveness and self-esteem in nursing students have a direct or indirect impact on their academic performance and their ability to provide high-quality care to individuals (15). There is a lack of research investigating the relationship between assertiveness and self-esteem among nursing students in Iraq (16). Therefore, the researcher recognized the importance of evaluating the levels

of assertiveness and self-esteem among nursing students in Iraq (5,11).

Self-esteem and assertiveness are positively correlated. Self-esteem is the comprehensive perception a one has of their own value or importance. In essence, the degree to which it may be appraised (12). This component exerts a significant influence on motivation and achievement in the nursing profession (13).

This study will enhance the ideality about the crucial need for perfect self-esteem among nurses as main item for their assertiveness and then job performance, the main factors enhancing nurses' self-esteem are numerous, and this study will focus on one of most important factors in relation to assertiveness. Therefore, this study aims to examine the relationship between assertive behavior and self-esteem among nurses.

Methods

Research design

A quantitative cross-sectional study was undertaken.

Setting and samples

State when and where the study was conducted without mentioning the specific name of the current study was conducted in six hospitals located in Mosul city in Iraq Region. These hospitals in Mosul were chosen due to the importance and great impact of these hospitals in general healthcare services in Iraq and the huge number of nurses with high experiences and used a probability stratified sampling strategy to select nursing participants from the community of nurses in Mosul hospitals, which consists of around 110062 nurses.

Inclusion criteria:

- All nurses in Mosul hospitals.
- Nurses with more than 6 months to work at these hospitals have knowledge about the profession and assertiveness with its impacts.

Exclusion criteria are:

- Nurses who are absent during this study.

- Nurses are not willing to participate in this study.

The strata used to select nurses from 6 hospitals. The first strata were 3 hospitals on the left side of Mosul, hospitals were selected using a **systematic random sampling** method; Al-Salam Teaching Hospital (644 nurses) Al-Hadba'a Hospital (132 nurses), and Ibn Al-Atheer Hospital (322 nurses) and the second strata were the other 3 hospitals on the right side of Mosul. Due to the limited number of hospitals on the right side of Mosul, all three existing hospitals were selected for the study. Mosul General Hospital (387 nurses), Republic Teaching Hospital (357 nurses), and Al-Batool Teaching Hospital (205 nurses). Based on the Richard Geiger equation. The margin of error is set at 5% and the confidence level is established at 95%. The total sample size was 448 nurses.

Measurement and data collection;

Two questionnaires were acquired and subsequently modified and adapted to be reliable and suitable for study aim and targeted population. Initially, the questionnaire consisted of 3 parts:

Part one: the demographic data was divided into two categories. First, there is personal information like age, gender, marital status, residence, living with, and monthly income. The second section is made up of occupational features such as the hospital where he works, Qualification in nursing, years of service, working field, and the department., followed by the collection of other items from two distinct questionnaires.

Part two: Rathus assertiveness schedule (RAS) is a 30-item questionnaire created by Rathus (1973) (17) to assess an individual's level of assertiveness. The construct popularly characterized as "assertiveness" during that precise period was subsequently recognized as the construct referred to as "social skills" (18). The scores on the assertiveness schedule might vary between 30 and 180. The measurement is a 30-item, decadic Likert scale on a six-point scale that spans from very much like me to very much unlike me.

Part three: The Rosenberg Self-Esteem Scale, developed by Rosenberg in 1965, is a psychological evaluation tool specifically designed to measure an individual's degree of self-esteem (19).

Scoring system:

The value allocated to very much like me is 6, rather like me is 5, slightly like me is 4, slightly unlike me is 3, rather unlike me is 2 and very much unlike me is 1. The scoring process is reversed for items with an asterisk., where very much like me is given a score of 1, rather like me is given a score of 2, slightly like me is given a score of 3, slightly unlike me is given a score of 4, rather unlike me is given a score of 5 and very much unlike me is given a score 6. figuring out the 30 items' total scores. More assertiveness corresponds with higher scores.

The value assigned to Strongly Agree (SA) is 3, Agree (A) is 2, Disagree (D) is 1, and Strongly Disagree (SD) is 0. Items labelled with an asterisk undergo reverse scoring, where Strongly Agree is given a score of 0, Agree is given a score of 1, Disagree is given a score of 2, and Strongly Disagree is given a score of 3. Computing the cumulative scores for the ten items. As the score rises, the level of self-esteem also increases.

A panel of fourteen experts with more than ten years of combined expertise in their respective domains evaluated the questionnaire's validity. A sample of thirty nurses was chosen to carry out a pilot study to complete the questionnaire in order to assess the validity and reliability of the research. The preliminary findings demonstrated that the study was carried out effectively, providing justifications and pertinent data.

The degree of reliability reported a high level of internal consistency using Cronbach's alpha with 0.833 for self-esteem and 0.751 for assertiveness. After getting the IRB approval from the university. Nurses' consent was obtained written formed and signed by the participant. The survey questionnaires were distributed manually to nurses in the selected hospitals. After that, the data will be extracted and analyzed using suitable statistical tests.

Data analysis;

Data analysis is a crucial component of nursing research, as researchers utilize different techniques to examine and evaluate the information they have collected. The selection of an analytic approach relies on the characteristics of the gathered data, with quantitative research specifically employing descriptive and inferential statistics to examine numerical data⁴. The data were analyzed and interpreted using SPSS version 26.0.

Ethical considerations:

Approval was obtained. After the University of Baghdad's College of Nursing protocol was signed, the Ministry of Planning's Central Statistical Organization authorization was acquired, along with the ethical committee's approval. Following that, hospitals received a letter from the Training and Development Center/Nineveh Health Department offering assistance with sample collecting. The anonymity

of all nurses is maintained, and all their data is kept secret, giving an option to not write their names in the questionnaires.

Results:

From total 408 nurses participated in this study, The analysis of previous tables shows that average age for nurses is 29±6 years in which 62.5% of them are seen with age group of 20-less than 30 year. The gender of nurses refers that 50.7% of nurses are males while 49.3% of them are females. The marital status reveals that 58.1% of nurses are married and 41.4% of them are still unmarried. The residency indicates that 74.8% of nurses are resident in urban and 25.2% are resident in rural. Regarding living status, 50.2% of nurses reported that they are living with their families and 34.3% of them are living with their spouses and children. The monthly income status reveals that 43.1% of nurses perceive barely satisfied monthly income and 31.9% perceive satisfied monthly income.

Table 1 Distribution of Nurses According to their Socio-demographic Characteristics

Characteristics		frequency	%
Age (year) M±SD= 29 ± 6	20 – less than 30	255	62.5
	30 – less than 40	113	27.7
	40 and more	40	9.8
Gender	Male	207	50.7
	Female	201	49.3
Marital status	Unmarried	169	41.4
	Married	237	58.1
	Widowed/er	1	.2
	Separated	1	.2
Residency	Urban	305	74.8
	Rural	103	25.2

Living with	Alone	6	1.5
	My father	57	14
	My spouse and children	140	34.3
	My family	205	50.2
Monthly income	Unsatisfied	102	25
	Barely satisfied	176	43.1
	Satisfied	130	31.9
	Total	408	100

Regarding other demographic and work-related data, Nurses recruited in this study distributed in various hospitals; the highest percentage recruited from Al-Salam Teaching Hospital refers to 31.4%. Regarding qualification in nursing, 44.1% of nurses graduated with a diploma degree in nursing and 42.2% graduated with bachelor's degree in nursing. The years of services in hospital refers to less than 5 years among 63.7% while 20.3% have more than 10 years of service. Regarding the working field, 80.1% of nurses are working

directly with patients and providing care. Relative to department, the highest percentage is seen in emergency units by 20.8% of nurses and the remaining are distributed in various hospital departments.

The overall assessment of assertiveness among these nurses showed that that the majority of nurses show moderate assertiveness skills as reported by 90.4% of them ($M \pm SD = 116.87 \pm 11.339$) (Table 2).

Assertiveness assessment

Table 2 Overall Assessment of Assertiveness Skills among Nurses

Assertiveness Skills	f	%	M	SD	Ass.
Low	2	.5	116.87	11.339	Moderate
Moderate	369	90.4			
High	37	9.1			
Total	408	100			

M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment

Low= 30 – 80, Moderate= 81 – 130, High= 131 – 180

It has been reported that the items of assertiveness skills; the findings indicate that nurses hold moderate to high assertiveness skills as indicated by mean scores among items.

Table 3 Assessment of Assertiveness Skills Items (N=408)

List	Assertiveness skills	Mean	SD	Assess
1	I feel less assertive than most other nurses.	4.43	1.460	High
2	I hesitate to ask a colleague for help because I'm afraid of being seen as incompetent.	4.84	1.348	High
3	When the patient is rude, I can defend myself and set clear limits.	4.61	1.375	High
4	I'm careful not to hurt other nurses' feelings, even when I feel I've been hurt.	2.24	1.266	Low
5	If a patient's family member is aggressive or demanding, I can say "no" firmly.	2.51	1.332	Low
6	When I am asked to do something by the supervisor, I ask why.	4.47	1.263	High
7	I am looking for opportunities to express my thoughts and opinions.	4.88	1.157	High
8	I strive to advance my career.	5.37	.988	High
9	Sometimes I feel like other nurses are taking advantage of me.	3.91	1.547	Moderate
10	I enjoy starting conversations with patients and their families.	3.79	1.565	Moderate
11	I find it difficult to talk to patients that I find attractive.	4.27	1.408	Moderate
12	I hesitate to make phone calls to nurses or other departments.	4.00	1.550	Moderate
13	I can defend myself instead of asking a colleague for help.	2.27	1.145	Low
14	I am embarrassed when returning medical supplies or equipment.	4.37	1.432	High
15	If a close and respected colleague is upsetting to me, I will express my discomfort to him.	3.19	1.552	Moderate
16	I avoid asking questions for fear of seeming incompetent.	4.58	1.316	High
17	While arguing with a colleague, I'm afraid to lose control of my feelings.	3.68	1.578	Moderate
18	If the doctor makes a comment I think is incorrect, I will express my point of view.	4.51	1.268	High
19	I avoid arguing about patient care with doctors.	3.19	1.587	Moderate
20	When I do something important or valuable to a patient, tell others that.	3.32	1.625	Moderate
21	I express my feelings and thoughts explicitly with my colleagues.	4.61	1.314	High
22	If I learn that someone is spreading false or bad stories about me, I will talk to them directly.	4.61	1.492	High
23	I often find it difficult to say "no" to work or additional tasks.	3.24	1.593	Moderate
24	I tend to mute my emotions instead of stirring up problems.	2.41	1.314	Low
25	I complain of poor service from departments or other employees.	3.86	1.471	Moderate
26	When I get the courtesy of a patient or his family, I know how to respond.	2.19	1.057	Low
27	If the patient or his family is talking loudly in a public place, I will ask them to reduce their voices or transfer their conversation elsewhere.	4.83	1.192	High
28	I'm able to defend myself if I'm harassed.	4.98	1.038	High
29	I tend to express my opinion even if it's different from others.	4.84	1.046	High
30	There are times when I can't say anything to a colleague or a patient, even when I feel like I should do it.	2.88	1.403	Moderate

Low = 1 – 2.66, Moderate= 2.67 – 4.33, High= 4.34 – 6

Regarding self-esteem, nurses have normal self-esteem as reported among 68.6% of them according to Rosenberg scale (M±SD= 22.92±3.690) (Table 4).

Self-esteem assessment:

Table 4 Overall Assessment of Self-esteem among Nurses

Self-esteem	f	%	M	SD	Ass.
Low	14	3.4	22.92	3.690	Normal
Normal	280	68.6			
High	114	27.9			
Total	408	100			

M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment
 Low= 0 – 15, Normal= 16 – 25, High= 26 – 30 (Rosenberg scale)

Self-esteem measurement:

It has been reported that the mean scores indicate that nurses are associated with normal self-esteem among most of items.

Table 5 Assessment of Self-esteem Items among Nurses (N=408)

List	Self-esteem	Mean	SD	Assess
1	On the whole, I am satisfied with myself.	2.40	.630	Normal
2	At times, I think I am no good at all.	2.58	.499	Normal
3	I feel that I have a number of good qualities.	2.67	.548	High
4	I am able to do things as well as most other people.	2.43	.612	Normal
5	I feel I do not have much to be proud of.	2.09	.807	Normal
6	I certainly feel useless at times.	2.48	.574	Normal
7	I feel that I'm a person of worth, at least on an equal plane with others.	2.43	.608	Normal
8	I wish I could have more respect for myself.	.91	.787	Low
9	All in all, I am inclined to feel that I am a failure.	2.35	.707	Normal
10	I take a positive attitude toward myself.	2.57	.623	High

Low = 0 – 1.5, Normal= 1.6 – 2.5, High= 2.6 –

Relationship between Assertiveness Skills and Self-esteem:

It has been reported that there is high significant relationship (strong positive) between assertiveness skills and self-esteem among nurses indicated by high significant at p-value= .001 (Table6 and Figure 1).

Table 6 Relationship between Assertiveness Skills and Self-esteem among Nurses (N=408)

Overall score	Spearman correlation	p-value
Assertiveness skills	.415	0.001
Self-esteem		

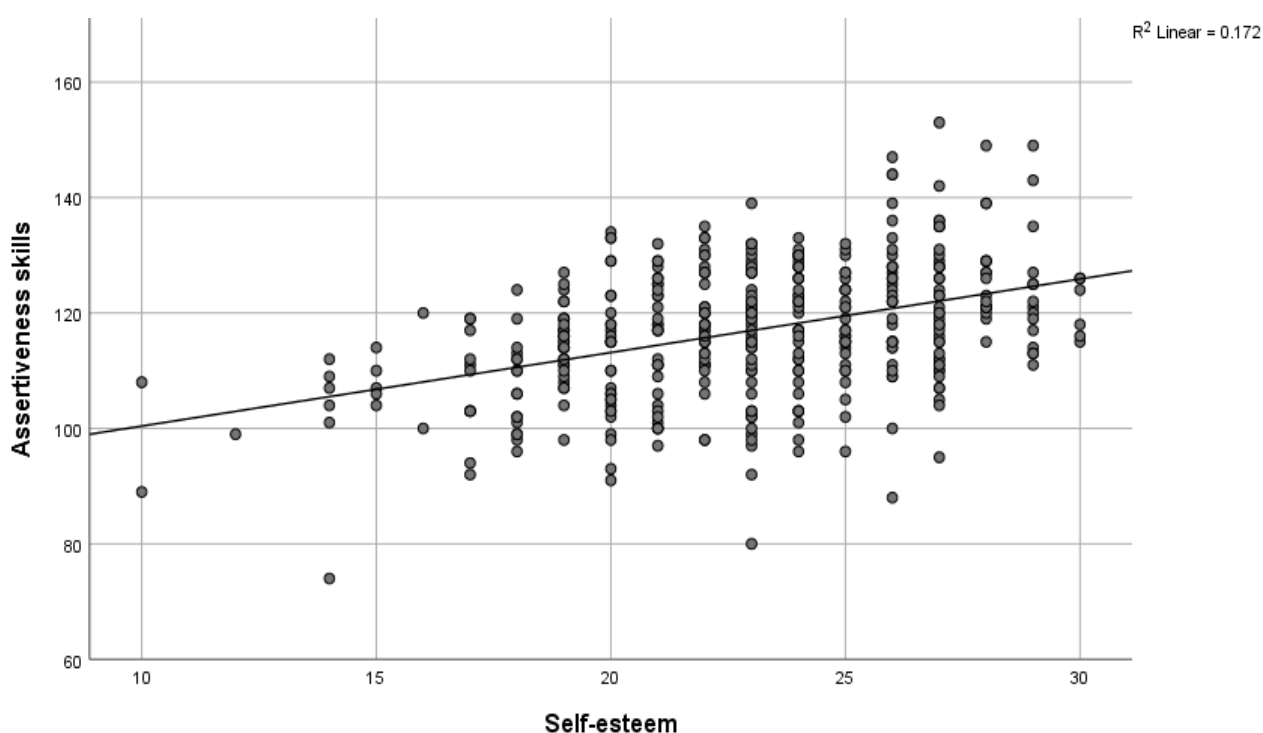


Figure 1 Simple Scatter for Assertiveness Skills by Self-esteem (N=408)

This figure clarifies the positive relationship between self-esteem and assertiveness skills among nurses; high assertiveness skills are correlated with increasing self-esteem level among nurses.

The demographic and professional data association to assertiveness and Self-esteem:

It has been reported that there is significant association between assertiveness skills with regard to male nurses at p-value= 008 while there is no significant association is reported among assertiveness skills with nurses' age, marital status, residency, living status, and perceived

monthly income and there is no significant association is reported among assertiveness skills with nurses' hospital, years of service, qualification, working field, and department.

It has been reported that there is significant association between self-esteem with regard to nurses living with their families at p-value= 017 while there is no significant association is reported among self-esteem with nurses' age, gender, marital status, residency, and perceived monthly income and there is no significant association is reported among self-esteem with nurses' hospital,

years of service, qualification, working field, and department.

Discussion:

Research has shown a connection between assertive behavior and a thorough comprehension of one's responsibilities, job happiness, and self-esteem among nurses (3,12). The aim of this study is to examine the relationship between assertive manner and self-esteem in nurses. The study had a total of 408 nurses. It was noted that the mean age of the nurses is 29 ± 6 years, which is within the median range of ages for nurses in Iraq, as previously documented by Abbas and Sadeq (20) and Mohammed and Baez (21). The gender makeup of nurses demonstrates a near-equal distribution between males and females, hence diminishing the probability of gender bias (22). The residency requirement necessitates that a majority of nurses reside in metropolitan regions, which corresponds with the previously reported higher level of knowledge by Fields et al. (23).

The results of this study were extensively distributed among several hospitals to guarantee a varied representation. The survey revealed that most participants had less than 5 years of experience in a hospital setting. It is crucial to acknowledge that a high level of experience might lead to differences and prejudices in the results, as stated by Fernández-Feito et al. (24) and Buerhaus et al. (25). Regarding the department of work, the emergency units have the biggest proportion. This department needs a strong level of assertiveness and ongoing progress to elevate the self-confidence of all staff members. These findings are consistent with the observations made by Abo-Elenein Abdallah et al. (26), who noted that staff nurses at Tanta Emergency Hospital perceived head nurses to possess a prominent and effective leadership presence. The staff nurses at Tanta Emergency Hospital demonstrated a great level of assertiveness in their techniques and behavior, considering the essential nature of the emergency department. In such a setting, maintaining consistent assertiveness and adherence to regulations is crucial.

Reports indicate that a significant proportion of nurses have a moderate level of assertiveness abilities. Nevertheless, this discovery contrasts with the research conducted by Sumathi et al. (27), which unveiled that merely 10% of students exhibited a moderate degree of assertiveness, whilst 90% showcased a satisfactory level of assertiveness. The correlation between assertiveness and gender and number of siblings was statistically significant, with a p-value of less than 0.05. This discovery is in direct opposition to the research carried out by Fawzy et al. (28). The assertiveness qualities that received the highest average score were navigating the system and active orientation, whereas work habits received the lowest average score. Most nurses displayed forceful behavior. The human relation variables exhibited the highest average score in identifying assertive behavior, whereas the nurse's belief components demonstrated the lowest value.

Moreover, a significant majority of nurses, namely more than two thirds, demonstrate typical levels of self-esteem. This finding aligns with the study conducted by Joy et al. (29), which demonstrated that individuals exhibited increased levels of self-esteem and self-compassion. Self-esteem scores demonstrated a strong and favorable correlation with self-compassion. The educational attainment of nurses has a significant influence on their self-esteem and ability to recover from challenges. Nevertheless, this discovery contradicts the research conducted by Serafin et al. (30), which indicated that nurses typically possess a diminished sense of self-worth. The study found that rookie nurses who expressed a desire to quit their employment exhibited elevated levels of self-esteem in comparison to nurses who did not convey such a wish. Furthermore, this study is consistent with the investigation carried out by Fawzy et al. (28), which sought to evaluate the self-esteem levels of male and female nursing students in the maternity curriculum at Assiut University. The study found that both female and male nursing students had a similar degree of self-esteem, with 42% and 43% respectively. Moreover, there was a statistically significant discrepancy in self-esteem levels based

on the geographical location of the family's domicile and the educational credentials acquired before attending university. The text is encapsulated within square brackets.

An evident and significant correlation was found between assertiveness skills and self-esteem among nurses, with a p-value of .001. The results of this study align with the findings of Abed et al. (31), who discovered a somewhat favorable relationship between assertive behavior and self-esteem, with a statistical significance level of 0.01 ($r = 0.272$). The study done by Uyaroglu and Özcan (16) further supports this finding, demonstrating that nurses who displayed great assertiveness exhibited considerably better average levels of self-esteem ($p < .01$). There was a significant statistical difference observed between the experimental and control groups in terms of self-esteem and assertiveness levels ($p < .01$).

In addition, Shrestha (32) confirmed the results of this study by showing that nursing students displayed a moderate level of assertiveness and self-esteem. There is a strong correlation between assertiveness and both academic level and living situation. A strong association exists between levels of self-esteem, academic achievement, and place of residence. Moreover, there exists a substantial association ($r = 0.412$) between assertiveness and self-esteem evaluations, with a p-value below 0.001.

An evident link has been observed between assertiveness skills and male nurses, with a statistically significant p-value of 0.008. Despite the lack of a significant relationship between assertiveness skills and factors such as age, marital status, residency, living status, and perceived monthly income among nurses, this finding contradicts the results of a study conducted by Oducado and Montañó (33), which showed that staff nurses displayed a moderate level of assertiveness in the workplace. They exhibited reduced aggressiveness towards the nursing management team and shown a decreased willingness to offer constructive feedback and refuse requests. The study revealed substantial variations in assertiveness levels based on

employment position ($p = .001$), age ($p = .046$), years of nursing work experience ($p = .037$), and years at the current firm ($p = .022$).

An observed substantial link has been identified between the self-esteem of nurses and their living arrangements with their families, as indicated by a p-value of 0.17. Despite the study conducted by Marahatta and Koirala (34) claiming a correlation between self-esteem and parameters such as nurses' age, gender, marital status, residency, and perceived monthly wage, our findings do not support this claim. There is no significant association detected between self-esteem and these factors. Significant correlations were seen between self-esteem and age ($p < 0.001$), educational attainment ($p = 0.010$), and self-reported job satisfaction ($p < 0.001$).

Implication and limitations:

The manuscript should describe the implications of the study on nursing practices and policies based on the findings and also the limitations.

Conclusion:

Ultimately, it is important for nurses to regularly assess their assertive behavior as it has a direct influence on their self-esteem within the healthcare system. This study reveals that low self-esteem has a detrimental effect on the level and quality of patient care. Consequently, there is a clear need to enhance assertiveness among nurses in hospitals in order to improve their self-esteem. The study also indicates that a majority of nursing students possess moderate assertiveness and normal self-esteem. In addition, there are strong positive correlations between the assertive scores of nursing students and their self-esteem, it is recommended that nurses should consistently employ assertive behavior and communication to improve self-confidence, other research suggests that providing assertiveness training or similar strategies to nurses who lack assertiveness can enhance their self-perception and self-worth.

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Not available.

Author contribution:

MKA and KS wrote the conclusion and final draft, KS made all statistics for the whole study, and MKA wrote the introduction and aided in writing the first draft, all authors are aiding in finalizing the manuscript and approved to publish the paper.

Conflict of interest:

Authors declared no conflict of interest.

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