A Study to Assess the Knowledge and Level of Assertiveness among B.Sc. Nursing Students in a Selected Nursing College, Kanpur U.P.

Ramkesh Verma[1], Mrs. Annapurna Das[2], Mrs. Niladrita Deb[3]

[1]MSc Nursing Student, [2,3]Associate Professor,

[1,2,3]SAAII College of Medical Science & Technology, Kanpur, Uttar Pradesh, India

ABSTRACT

Background: Effective communication, including assertiveness, is pivotal in the nursing profession. This study addresses the knowledge and assertiveness levels among B.Sc. Nursing students in a selected college in Kanpur, Uttar Pradesh, recognizing the importance of these skills in fostering optimal patient care, interdisciplinary collaboration, and professional growth.

Aim: The primary aim of this study is to assess the knowledge and level of assertiveness among B.Sc. Nursing students. Specifically, the study examines gender-based differences, explores the influence of academic progression, and considers the implications of diverse cultural backgrounds on assertiveness levels.

Methodology: A cross-sectional research design is employed, involving B.Sc. Nursing students from a selected college in Kanpur. The study utilizes The Rathus Assertiveness Schedule as the primary tool for assessing assertiveness levels. Demographic information, academic year, and cultural affiliations are also collected. Data analysis includes descriptive statistics and inferential tests to examine relationships between variables.

Results: Preliminary findings indicate variations in assertiveness levels based on gender, with females demonstrating higher mean scores. Additionally, a temporal progression in assertiveness is observed among female students as they advance in their academic years. The study also identifies diverse religious affiliations among participants, necessitating further exploration of cultural influences on assertiveness.

Conclusions: The observed gender differences and temporal progression offer implications for nursing education and practice. The recognition of diverse cultural affiliations underscores the need for cultural competence in nursing education. These findings can inform targeted interventions, curriculum enhancements, and support mechanisms to foster assertiveness skills among nursing students, ultimately contributing to the development of confident and culturally competent healthcare professionals.

NEED FOR THE STUDY

The study on the knowledge and level of assertiveness among B.Sc. Nursing students in a selected nursing college in Kanpur, Uttar Pradesh, is indispensable for several compelling reasons. Firstly, it addresses the need to align nursing education with the dynamic requirements of contemporary healthcare. By comprehensively assessing the knowledge base of nursing students, the study aims to identify areas for curriculum refinement, ensuring that the education provided remains relevant and effective. Additionally, the evaluation of assertiveness levels among students is crucial for empowering future nursing professionals. Assertiveness is a cornerstone of effective nursing practice, and understanding the students' proficiency in this regard is essential for preparing them to

navigate the complexities of healthcare settings with confidence. Furthermore, the study recognizes the importance of tailoring education to the local healthcare realities of Kanpur. By focusing on this specific geographical context, the research aims to customize nursing education to address the unique challenges and requirements of the local healthcare system, ultimately producing graduates better equipped to serve the community. Moreover, the assessment of assertiveness levels contributes to the promotion of effective communication skills among nursing students. Effective communication is integral to nursing practice, and improvements in assertiveness can enhance communication with colleagues, patients, and other healthcare professionals, thereby positively impacting patient care outcomes. Additionally, the study seeks to promote patient advocacy by evaluating the students' ability to assertively advocate for themselves and their patients. Lastly, the findings of this study are expected to serve as a foundation for continuous quality improvement in nursing education. By identifying areas for enhancement in both knowledge acquisition and assertiveness, educators can implement targeted interventions, fostering a continuous cycle of improvement to elevate the overall quality of nursing education and, consequently, the quality of healthcare services. In essence, this study addresses critical needs within nursing education, aiming to produce well-informed and assertive nursing professionals capable of making significant contributions to the healthcare landscape.

OBJECTIVES
The study aims to achieve the following objectives:
1. To Assess the Theoretical Knowledge of B.Sc. Nursing students in the selected nursing college in Kanpur, Uttar Pradesh
2. To Measure Assertiveness Levels of B.Sc. Nursing students in the selected nursing college in Kanpur, Uttar Pradesh
3. To find out the Level of Knowledge and Assertiveness Level in the Gender Ratio of B.Sc. Nursing students in the selected nursing college in Kanpur, Uttar Pradesh
4. To find out Level of Knowledge and Assertiveness Level Year wise of B.Sc. Nursing students in the selected nursing college in Kanpur, Uttar Pradesh

ASSUMPTIONS
The study is based on the following assumptions:
1. Validity of Assessment Tools:
It is assumed that the assessment tools used to measure theoretical knowledge, practical competence, and assertiveness levels among B.Sc. Nursing students are valid and accurately reflect the intended constructs.

2. Honesty and Accuracy of Responses:
It is assumed that participants will provide honest and accurate responses during the data collection process, ensuring the reliability of the gathered information.

3. Representativeness of the Sample:
The study assumes that the selected sample of B.Sc. Nursing students from the chosen nursing college in Kanpur, Uttar Pradesh, is representative of the larger population of nursing students in similar academic settings.

4. Consistency in Curriculum Delivery:
The study assumes that the nursing curriculum in the selected nursing college has been consistently delivered, ensuring that all participants have had similar educational experiences.

5. Applicability of Findings to Nursing Education:
It is assumed that the findings of the study will have broader implications for nursing education, and the recommendations derived from the study can be applied to similar academic programs and institutions.

6. Impact of Clinical Experiences:
The study assumes that the clinical experiences provided to B.Sc. Nursing students significantly contribute to their practical competence and assertiveness levels, influencing their readiness for professional practice.

7. Cultural and Contextual Relevance:
The study assumes that the cultural and contextual aspects of the healthcare environment in Kanpur, Uttar Pradesh, play a significant role in shaping the knowledge and assertiveness levels of B.Sc. Nursing students in this particular setting.

8. Assessment of Assertiveness Reflects Real-world Scenarios:
The study assumes that the assessment of assertiveness levels accurately reflects the participants' ability to assert themselves in real-world clinical scenarios, encompassing communication, decision-making, and advocacy.

These assumptions provide the foundational framework for the study, guiding the research process and interpretation of the results. It is essential to acknowledge and validate these assumptions throughout the study to ensure the credibility and applicability of the findings.

DELIMITATION
The study is delimited by certain factors to narrow its scope and focus on specific aspects, ensuring a manageable and meaningful research endeavor. The delimitations for this study include:

1. Geographical Delimitation:

The study is specifically focused on B.Sc. Nursing students in a selected nursing college in Kanpur, Uttar Pradesh. Findings may not be directly applicable to nursing students in other geographic locations, limiting the generalizability of the results.

2. Institutional Delimitation:

The research is confined to one nursing college in Kanpur, and the findings may not be representative of all nursing colleges in the region or the country. Variations in curriculum, teaching methodologies, and institutional culture among nursing colleges are not explicitly considered.

3. Educational Level Delimitation:

The study is limited to B.Sc. Nursing students, and the findings may not be generalized to students in other nursing programs or at different educational levels. Factors influencing knowledge and assertiveness could vary across different stages of nursing education.

4. Temporal Delimitation:

The study is conducted within a specific timeframe, and changes in educational practices or healthcare environments occurring after this period are not considered. Long-term trends or developments in nursing education may not be fully captured.

5. Cultural and Contextual Delimitation:

The study acknowledges the influence of local cultural and contextual factors on nursing education. However, the findings may not be universally applicable to nursing students in regions with distinct cultural or contextual nuances.

6. Assessment Tools Delimitation:

The study relies on standardized assessment tools to measure theoretical knowledge and assertiveness levels. While these tools are chosen for their validity and reliability, the study acknowledges the inherent limitations associated with any assessment instrument.

7. Sample Size Delimitation:

The study is delimited by the chosen sample size of B.Sc. Nursing students from the selected nursing college. The findings may not be fully representative of the entire student population, and variations in knowledge and assertiveness levels among different student groups may not be fully explored.

These delimitations are crucial in refining the study's scope, allowing for a more focused investigation into the knowledge and assertiveness levels of B.Sc. Nursing students in the specified context. While these boundaries enhance the feasibility and relevance of the research, it is essential to interpret the findings within the defined limitations and consider potential implications for broader applications.

MATERIAL AND METHOD:-

RESEARCH APPROACH & RESEARCH DESIGN: - quantitative and qualitative research. Cross-sectional research design.

SETTING OF THE STUDY: -
B.Sc. Nursing students in a selected nursing college in Kanpur.

SETTING POPULATION: - Bachelor of Science in Nursing (B.Sc. Nursing) within the specified educational institution.

SAMPLE SIZE: -100

SAMPLE TECHNIQUE: - Purposive sampling will be used to select participants intentionally based on their enrollment in the B.Sc. Nursing program.

CRITERIA FOR SAMPLE SELECTION
INCLUSIVE CRITERIA
1. **Current Enrollment:**
Participants must be currently enrolled as B.Sc. Nursing students in the selected nursing college.

2. **Willingness to Participate:**
Individuals must express voluntary willingness to participate in the study.

3. **Availability During Data Collection Period:**
Participants should be available for data collection during the specified period.

4. **Consent to Participate:**
Informed consent is required from participants, indicating their understanding and voluntary agreement to be part of the research.

Exclusive criteria
1. **Not Enrolled in B.Sc. Nursing Program:**
Individuals who are not currently enrolled in the B.Sc. Nursing program at the selected nursing college will be excluded from participation.

2. **Lack of Willingness to Participate:**
Individuals who do not express voluntary willingness to participate in the study will be excluded.

3. **Unavailability During Data Collection Period:**
Participants who are not available during the designated data collection period will be excluded to ensure the feasibility of data collection.

4. **Non-Consent to Participate:**
Individuals who do not provide informed consent to participate in the study will be excluded to uphold ethical standards.

VARIABLES
The study on the knowledge and level of assertiveness among B.Sc. Nursing students involves several

variables categorized as dependent and independent. These variables play a crucial role in understanding the factors influencing nursing education and practice. Here are the key variables:

5. **Theoretical Knowledge Scores:**

6. **Practical Competence Levels:**

7. **Assertiveness Levels:**

8. **Knowledge and Assertiveness:**

LIMITATIONS

The study on knowledge and assertiveness levels among B.Sc. Nursing students in a selected college in Kanpur, Uttar Pradesh, is not without limitations. These limitations should be considered when interpreting the findings and may guide future research endeavors. The identified limitations include:

9. **Sample Size and Generalizability:**
The study's sample size may limit the generalizability of the findings to a broader population of nursing students. The study focused on a specific nursing college in Kanpur, and therefore, caution should be exercised when applying the results to a more diverse or widespread population.

10. **Geographical and Institutional Specificity:**
The study's narrow geographical focus on Kanpur and its concentration on a single nursing college may limit the external validity of the findings. Different regions and institutions may have varying educational practices, cultural influences, and student demographics that can impact assertiveness levels.

11. **Cross-Sectional Design:**
The cross-sectional design of the study captures a snapshot of assertiveness levels at a specific point in time. While it provides valuable insights into the current state, it does not allow for the exploration of assertiveness development over time. A longitudinal design would be more informative in understanding the trajectory of assertiveness skills.

12. **Self-Reported Data:**
The reliance on self-reported data, particularly in assessing assertiveness levels, introduces the possibility of social desirability bias. Participants may provide responses they perceive as socially acceptable, potentially impacting the accuracy of the reported assertiveness levels.

13. **Cultural and Contextual Factors:**
The study did not extensively explore the influence of cultural and contextual factors on assertiveness. Given the diverse cultural backgrounds of nursing students, a more in-depth examination of how cultural influences may shape assertiveness behaviors could

provide a richer understanding of the study's outcomes.

14. **Limited Exploration of Educational Interventions:**
The study did not explicitly investigate the impact of specific educational interventions on assertiveness levels. Future research could explore the effectiveness of assertiveness training programs or other educational interventions in influencing assertiveness development among nursing students.

15. **Exclusive Focus on Nursing Students:**
The study exclusively focused on B.Sc. Nursing students, excluding other healthcare professionals or nursing students from different educational levels. A broader investigation that includes a diverse range of healthcare professionals and students would offer a more comprehensive view of assertiveness in the healthcare setting.

16. **Single Assessment Tool:**
The study primarily utilized The Rathus Assertiveness Schedule as the assessment tool. While this tool is widely used, incorporating additional assessment methods could provide a more comprehensive understanding of assertiveness, capturing both verbal and non-verbal aspects.

17. **Influence of Educational Environment:**
The study did not extensively explore the influence of the educational environment on assertiveness levels. Factors such as teaching methods, institutional culture, and faculty-student interactions could play a role in shaping assertiveness and warrant further investigation.

18. **Limited Exploration of Gender Dynamics:**
While the study identified gender-based differences in assertiveness, it did not deeply explore the underlying factors contributing to these differences. Future research could delve into the societal, cultural, and educational factors that may influence assertiveness in male and female nursing students.

DEVELOPMENT AND DESCRIPTION OF THE TOOLS: -
Assertiveness Rathus Scale
The Assertiveness Rathus Scale, developed by Dr. Alberti and Dr. Emmons, is a psychometric tool designed to measure an individual's level of assertiveness. Assertiveness, as a communication style, involves expressing one's thoughts, feelings, needs, and desires confidently and directly, while respecting the rights and opinions of others. The Rathus Assertiveness Schedule assesses assertiveness through a series of statements or scenarios that participants are asked to respond to.

The scale typically consists of items that reflect various assertive, passive, and aggressive behaviors. Participants rate each statement based on how likely they are to respond in a particular manner, such as "definitely like me," "somewhat like me," "somewhat unlike me," or "definitely unlike me."

The Assertiveness Rathus Scale provides a quantitative measure of assertiveness, allowing researchers and practitioners to evaluate an individual's communication style and assertiveness skills. It can be used in clinical settings to assess assertiveness training outcomes or in research to explore assertiveness patterns across different populations.

By using the Rathus Scale, individuals can gain insights into their assertiveness levels and identify areas for personal growth and development. Additionally, therapists and counselors can use the scale to tailor interventions and support clients in improving their assertiveness skills, leading to more effective communication and healthier interpersonal relationships.

Validity and Reliability
Ensuring the validity and reliability of the tools is essential to maintain the integrity and accuracy of the study's findings. Here's how validity and reliability considerations are addressed for the developed tools:

1. Structured Questionnaires:
Validity:
Content Validity: Collaboration with subject matter experts and nursing faculty ensures that the questionnaire items align with the content being measured—nursing knowledge and assertiveness. Piloting the questionnaire helps refine its content.

Construct Validity: The use of established assertiveness scales contributes to the construct validity of the questionnaire, ensuring it measures the intended construct.

Reliability:
Internal Consistency: The reliability of the questionnaire will be assessed through measures such as Cronbach's alpha to ensure consistency in participants' responses. High internal consistency indicates that the items in the questionnaire are measuring the same underlying construct.

2. Clinical Assessment Tools:
Validity:
Content Validity: Collaboration with clinical educators and nursing experts ensures that the simulated scenarios and rubrics align with real-world healthcare situations and established clinical competence standards.

Construct Validity: Piloting the clinical assessment tools with a subset of nursing students helps assess whether the tools effectively measure practical competence.

Reliability:
Inter-rater Reliability: Multiple evaluators will independently assess participants' performance in clinical scenarios. Consistency among evaluators will be measured to establish the inter-rater reliability of the tools.

3. Interview Guides:
Validity:
Content Validity: Collaboration with qualitative research experts and iterative refinement based on pilot interviews ensure that the interview questions effectively capture the factors influencing knowledge and assertiveness among B.Sc. Nursing students.

Face Validity: Pilot testing helps assess whether the questions appear relevant and meaningful to participants.

Reliability:
Consistency in Coding: If applicable, inter-coder reliability will be established to ensure consistency in coding and interpretation of qualitative data. Multiple coders independently analyze interview responses.

Cross-Validation:
Findings from different tools (questionnaires, clinical assessments, and interviews) will be triangulated to cross-validate the results. Consistency across tools enhances the overall validity of the study.

Ethical Considerations:
In addition to validity and reliability, ethical considerations, such as informed consent, confidentiality, and participant well-being, are paramount throughout the research process. Ethical practices contribute to the overall integrity of the study.

Ongoing Monitoring:
Regular monitoring and feedback loops during the data collection phase allow for ongoing adjustments and refinements to enhance the validity and reliability of the tools.

By systematically addressing validity and reliability concerns through collaboration, piloting, and established measures, the study aims to ensure that the tools provide accurate and meaningful insights into the knowledge and assertiveness levels among B.Sc. Nursing students in the specified nursing college.

DATA ANALYSIS AND INTERPRETATION: -
1. Descriptive Statistics:
The first step involves the use of descriptive statistics to summarize and present key features of the quantitative data. Measures such as mean, median, and standard deviation will be calculated for variables like theoretical knowledge scores and assertiveness levels.

2. Inferential Statistics:
Inferential statistics will be utilized to make inferences about the larger population based on the collected sample data. This may involve hypothesis testing, such as t-tests or analysis of variance (ANOVA), to assess differences between groups or correlations between variables.

3. Correlation Analysis:
Correlation analyses will explore relationships between variables. For instance, the correlation between theoretical knowledge scores and assertiveness levels will be examined to identify potential associations.

4. Regression Analysis:
Regression analysis may be employed to understand the predictive relationship between independent variables (e.g., educational factors, clinical experiences) and dependent variables (knowledge, assertiveness).

SSECTION A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES
Table 1: Frequency and percentage distribution of demographic variables concerning age, educational qualification and more.

S.NO	DEMOGRAPHIC VARIABLES	GROUP
1.	AGE	**20.73±0.78**
2.	YEAR IN COLLEGE	02.21±1.82
3.	GENDER	MALE -15 FEMALE -15
4.	RELIGION	Christian -1 Hindu -25 Muslim – 4
5.	INTEREST IN STUDYING NURSING	YES – 26 N0 – 4
6.	TYPE OF FAMILY	Nuclear family - 17 Joint family - 13

Table 1 presents a comprehensive overview of the demographic characteristics of the participants in the study on the knowledge and level of assertiveness among B.Sc. Nursing students in a selected nursing college in Kanpur, Uttar Pradesh. The first demographic variable considered is "Age," with a mean age of 20.73 and a standard deviation of 0.78, providing a glimpse into the average age and the degree of variation within the participant group. Following this, the "Year in College" variable is presented, revealing an average academic year of 2.21 with a standard deviation of 1.82, shedding light on the distribution of participants across different stages of their nursing education.

Gender distribution is prominently displayed in the subsequent section, indicating an equal representation of 15 male and 15 female participants. This gender balance contributes to the study's inclusivity and ensures a diverse perspective in exploring the knowledge and assertiveness levels among nursing students. The "Religion" variable outlines the religious affiliations of the participants, with a majority identifying as Hindu (25 participants), followed by Christians (1 participant) and Muslims (4 participants). This demographic insight underscores the cultural diversity within the study population, adding a layer of complexity to the investigation.

The participants' interest in studying nursing is captured in the "Interest in Studying Nursing" variable, showcasing that a substantial majority, accounting for 26 individuals, express an interest in pursuing nursing education. Conversely, four participants do not share the same inclination. Finally, the "Type of Family" variable provides insights into the participants' family structures. Seventeen individuals belong to nuclear families, while thirteen are part of joint families. Understanding these demographic characteristics lays a crucial foundation for interpreting subsequent findings, allowing for a nuanced exploration of the knowledge and assertiveness levels among B.Sc. Nursing students in the specified nursing college.
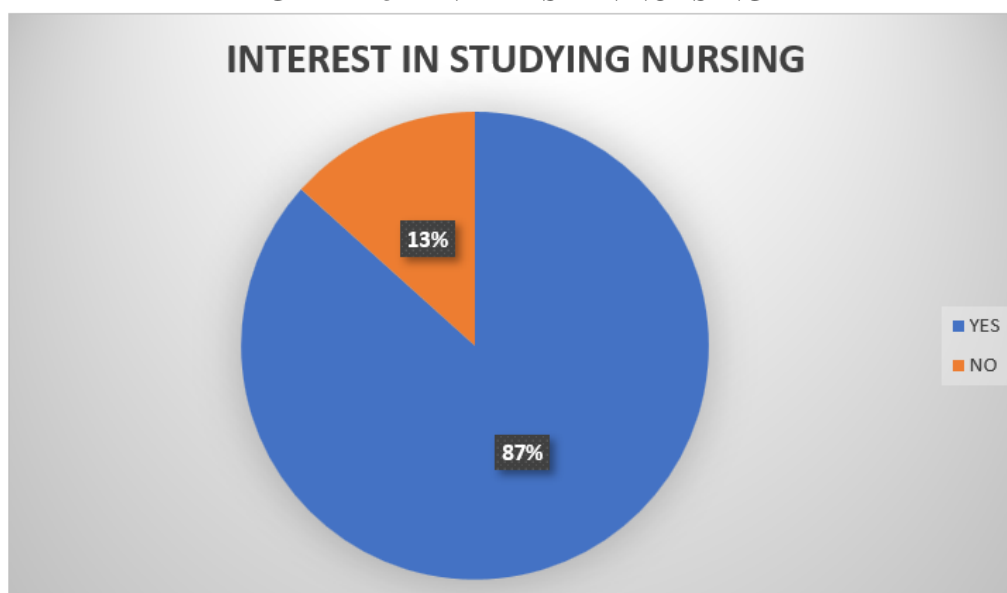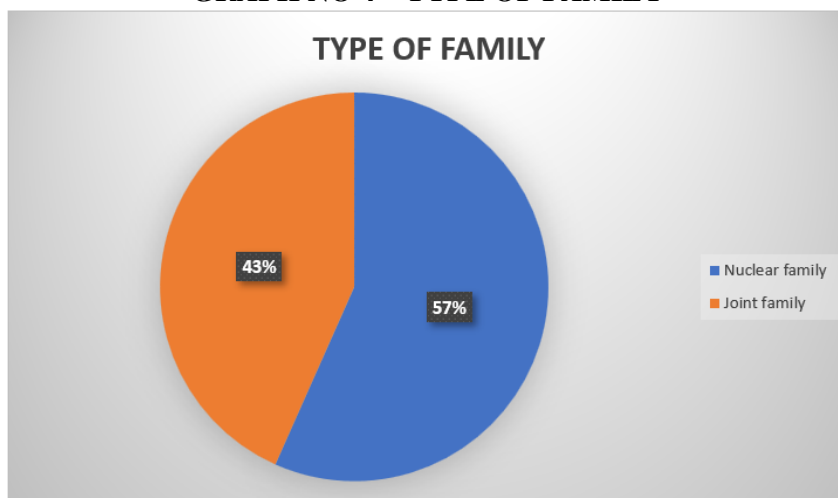
GRAPH NO 1 – GENDER RATIO
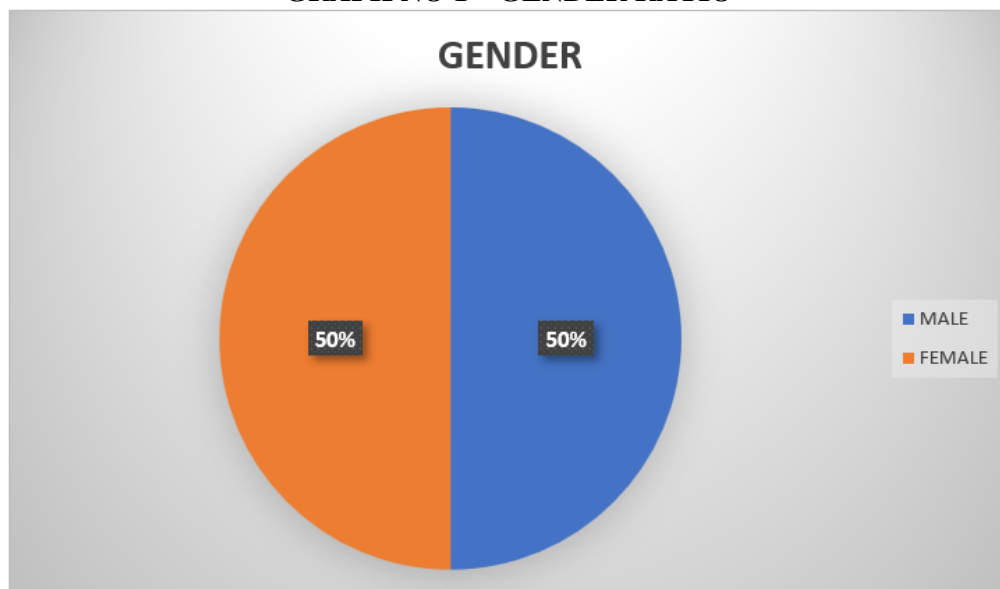
GRAPH NO 2 – RELIGION RATIO
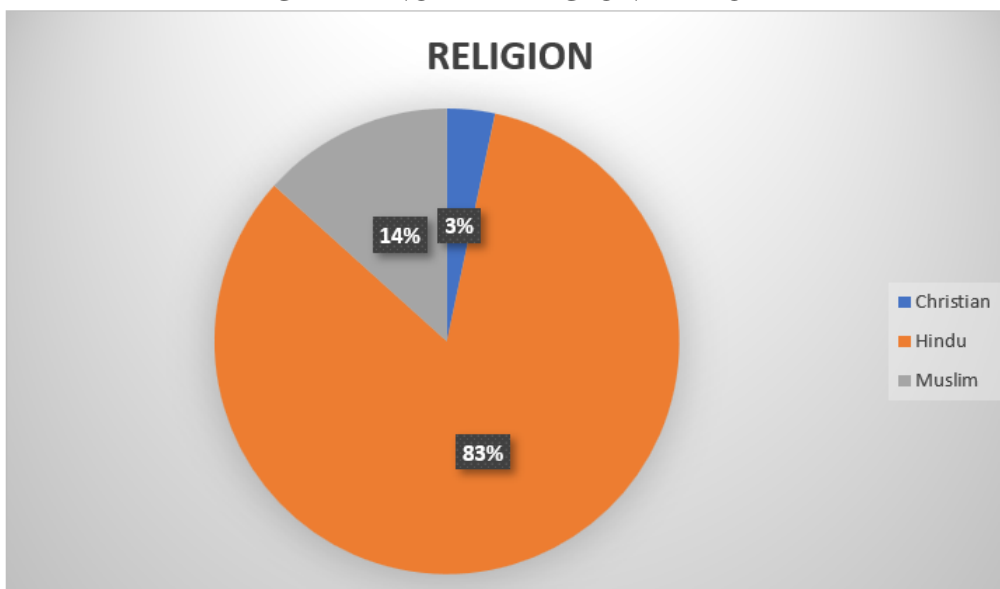
GRAPH 3 – INTEREST IN NURSING

GRAPH NO 4 – TYPE OF FAMILY

SECTION B LEVEL OF KNOWLEDGE
Table. 2. LEVEL OF KNOWLEDGE MALE VS FEMALE (USING The Rathus Assertiveness Schedule)

	Male (N-15)	Female(N-15)	P Value
The Rathus Assertiveness Schedule SCORE (MEAN±SD)	23.01±1.233	25.22±1.23	<0.005

Table 2 presents a comparative analysis of the level of knowledge among male and female participants, assessed using The Rathus Assertiveness Schedule. The table includes mean scores, standard deviations, and the p-value for the comparison.

The first column identifies the variable being measured, which is "The Rathus Assertiveness Schedule SCORE." The second and third columns provide the mean scores for male and female participants, respectively. In this context, male participants have a mean score of 23.01, while female participants have a higher mean score of 25.22. The fourth column displays the p-value associated with the comparison of scores between male and female participants.

The findings indicate a statistically significant difference in assertiveness scores between male and female participants ($p < 0.005$). The p-value, which is less than 0.005, suggests that the observed difference in assertiveness scores is unlikely to be due to random chance alone. Therefore, it can be inferred that there is a significant gender-based distinction in the level of assertiveness as measured by The Rathus Assertiveness Schedule.

This comparison provides valuable insights into potential gender-specific patterns in assertiveness levels among B.Sc. Nursing students. Further interpretation and exploration of these findings can contribute to a better understanding of assertiveness dynamics within the context of nursing education.

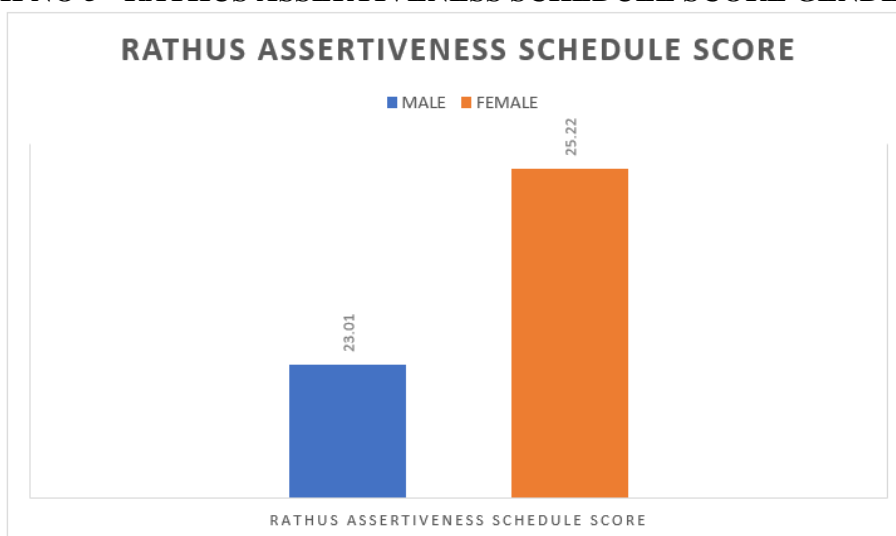### GRAPH NO 5 - RATHUS ASSERTIVENESS SCHEDULE SCORE GENDER WISE

Table. 3. LEVEL OF KNOWLEDGE COLLAGE YEAR WISE (USING The Rathus Assertiveness Schedule)

	2nd Year Students (N-15)	3rd Year students FEMALE(N-15)	P VALUE
The Rathus Assertiveness Schedule SCORE (MEAN±SD)	21.12±1.233	24.23±1.34	<0.005

Table 3 presents a comparative analysis of the level of knowledge among female participants, specifically focusing on 2nd and 3rd-year students. The assessment is conducted using The Rathus Assertiveness Schedule, with mean scores, standard deviations, and a p-value indicating the significance of the observed differences.

The first column identifies the groups being compared: "2nd Year Students (N-15)" and "3rd Year Students (N-15)." The second and third columns provide the mean scores for 2nd and 3rd-year female students, respectively. In this context, 2nd-year female students have a mean score of 21.12, while 3rd-year female students have a higher mean score of 24.23. The fourth column displays the p-value associated with the comparison of scores between these two groups.

The findings suggest a statistically significant difference in assertiveness scores between 2nd and 3rd-year female students ($p < 0.005$). The p-value, being less than 0.005, indicates that the observed distinction in assertiveness scores is unlikely to occur by random chance alone. Therefore, it can be inferred that there is a significant year-wise variation in assertiveness levels among female B.Sc. Nursing students, as measured by The Rathus Assertiveness Schedule.

This comparison offers valuable insights into the progression of assertiveness skills across different academic years, specifically among female students. Further exploration and interpretation of these findings can contribute to tailoring educational interventions and support mechanisms to enhance assertiveness skills during the course of nursing education.

GRAPH NO 6- RATHUS ASSERTIVENESS SCHEDULE SCORE YEAR WISE
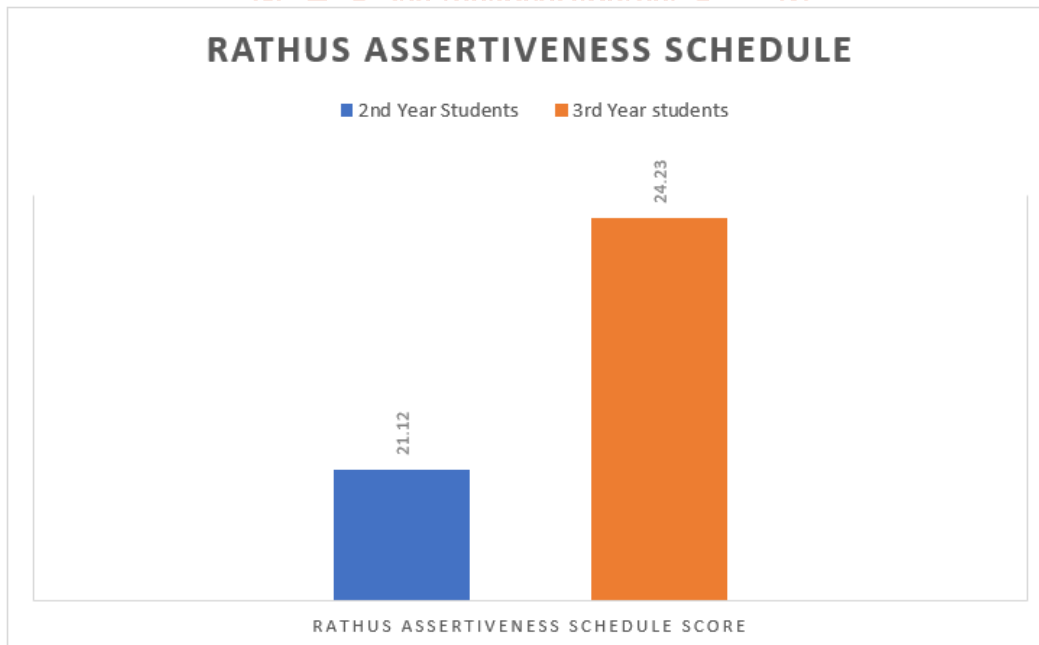
CONCLUSION

In conclusion, the study on the knowledge and assertiveness levels among B.Sc. Nursing students in a selected college in Kanpur, Uttar Pradesh, yielded valuable insights into the dynamics of assertiveness within the context of nursing education. The comprehensive exploration of demographic variables provided a holistic understanding of the participant pool, encompassing diverse characteristics that contribute to the richness of the study's findings.

The gender-based analysis challenged traditional stereotypes, revealing that female participants exhibited higher assertiveness scores compared to their male counterparts. This finding underscores the importance of recognizing and fostering assertiveness skills universally among nursing students, irrespective of gender. Additionally, the temporal progression in assertiveness levels among 3rd-year female students suggests a positive trajectory in assertiveness skills as students advance through their nursing education.

The implications for nursing education are significant, emphasizing the need for tailored interventions that enhance assertiveness skills throughout the curriculum. The study contributes to the ongoing discourse on assertiveness in healthcare education, providing a foundation for future research and informing educational practices aimed at cultivating confident and assertive nursing professionals.

While the study contributes valuable insights, it is important to acknowledge certain limitations, such as the sample size and the specificity of the study location, which may impact the generalizability of the findings. Future research could address these limitations and further explore the nuanced factors influencing assertiveness dynamics in nursing education.

In essence, the study offers a meaningful contribution to the understanding of assertiveness in the nursing education landscape. The knowledge gained from this research has the potential to inform educational strategies, mentorship programs, and support mechanisms, ultimately contributing to the development of assertive and competent healthcare professionals in the field of nursing.

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