

## Communication Skills Training Program and its Effect on Head Nurses' Assertiveness and Self-Esteem

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### Abstract

**Background:** Communication is a basic function of human beings, of vital importance to developing interpersonal relationships, and for groups, organizations, and society to function well. **Aim:** The study aims to assess the communication skills training program effect on head nurses' assertiveness and self-esteem. **Setting:** The study was conducted at Nasser Institute Hospital for Research and Treatment. **Design:** A one group pretest- posttest quasi-experimental study design was used to carry out the study. **Subjects:** 50 head nurses. **Tools:** The data of this study were collected through three tools namely: a knowledge questionnaire, an Assertiveness Assessment Scale and Sorensen Self-esteem Scale. **Results:** findings revealed that, (46%) of head nurses had satisfactory total knowledge of communication, (70%) from head nurses had high assertiveness at the pretest and improved at posttest and follow up phases reaching (94%), (34%) of head nurses had high self-esteem at pretest; it improved to 78% at posttest and slightly decreased to 76% at follow up ( $p < 0.001$ ). **Conclusion:** The results of the study lead to the conclusion that a high percentage of the head nurses in the study setting have unsatisfactory knowledge of communication skills in its various domains and have low self-esteem, but have high level of assertiveness. The implementation of the training program in communication is effective in improving their knowledge, self-esteem, as well as their assertiveness. This improvement is lasting for at least three months. **Recommendations:** the study recommends application of developed program to all head nurses in the study setting and in similar ones. Such training programs should adopt the adult learning approaches, with more focus on applied knowledge and practical skills. Workshops and seminars dealing with communication should be regularly conducted to improve head nurses' assertiveness and self-esteem. Orientation and preparatory programs for newly appointed head nurses should be organized and tailored to their identified needs to be able to fulfill their new role; the attendance of such programs should be a pre-requisite for promotion to such job positions.

**Keywords:** Communication skills, Assertiveness, Self-esteem, Head nurses.

### Introduction:

Communication has a content and value. The content regards to what was said, whilst the relationship regards as to how it was said. The nature of the relationship depends on how the two parties understand the communication sequence. Communication is never unidirectional. It is an interaction in which each sender becomes receiver and vice versa. The failure to recognize the two-way communication capability, quite often leads to negative conclusions and attitudes (Nazari et al., 2018).

Improving therapeutic communication of nurses is an instrument for improving assertive behavior, ensuring a climate of patient safety, managing conflicts effectively, increased self- confidence and increase professional responsibilities in healthcare settings (Bucco, 2015). Nurse managers should take a leadership to avoid nurses' concerns about voicing their opinions with respecting nurses' cultural background (Ribeiro et al., 2020).

Because head nurses are key to professional communication between the top management and the clinical personnel, their

role is highly important in the success of healthcare organizations (*Nazari et al., 2018*).

Communication is a basic function of human beings, of vital importance to developing interpersonal relationships, and for groups, organizations, and society to function well (*Molero Jurado et al., 2018*).

Communication skills are an essential component of health care. Effective communication skills are even more important for nurses as they are at the forefront of patient care providing 80% of healthcare services globally. Effective communication has a great impact on nurses' job satisfaction, team relationships, as well as patient care/safety. Workplace communication issues among head nurses are significantly related to burnout, reality shock, intention to leave, and less commitment to work (*Nakamura, et al., 2017*).

Assertive communicators will state needs and wants clearly, appropriately, and respectfully; express feelings clearly, appropriately, and respectfully; use "I" statements; communicate respect for others; listen well without interrupting; feel in control of self; have good eye contact; speak in a calm and clear tone of voice; have a relaxed body posture; feel connected to others; feel competent and in control; not allow others to abuse or manipulate them; and stand up for their rights (*Schwinn et al., 2016*).

Assertive behavior demands control over outbursts of anger, crying or other behavior patterns that exhibit lack of professionalism. Assertiveness skills can be seen as "valuable component" for successful professional nursing practice, with which many conflicts in a nursing situation can be successfully ruled out (*Ellison, 2015*).

Assertiveness is a substantial communication style that enhances successful relationships with patients, families, and colleagues. Assertiveness is an expression of self-esteem. Studies have shown that individuals who have assertive behaviors generally have higher self-worth and are more successful in life. Assertive persons maintain self-respect and respect for others by Assertive

behavior which directly expresses one's true, basic feelings, needs, desires, opinions and personal rights in a positive, productive way without denying the rights of others (*Abed, El-Amrosy and Atia, 2015*).

Self-Esteem reflects a person's overall evaluation or appraisal of his or her own worth. Individuals with high self-esteem feel they are worthwhile despite their errors and flaws. Furthermore, self-esteem influences how nurses think, feel, and motivate themselves and act which undoubtedly impacts on the care patients receive. It was reported that nurses with low self-esteem have an effect on the level and the quality of patient care in a negative direction. Nurses' with high level of self-esteem are confident, take pride in their work, and demonstrate respect and concern for patients and colleagues (*Unal, 2014*).

Advances in self-esteem research suggest that self-esteem comprises two distinct but related sub-types, namely self-competence and self-liking (Park and Park, 2019). Self-competence relates to one's sense of having instrumental value, while self-liking relates to one's sense of having intrinsic value. Thus, self-competence has to do with appraisals and beliefs of own abilities, relating to Bandura's notion of self-efficacy, in others words self-confidence. Self-liking, on the other hand, is own feelings of self-worth and social identity, based on own desire to be accepted (*Biolcati, 2017*).

The head nurse is the individual with responsibility for the management of one nursing unit. The position is pivotal leadership, she/he manages her/his team by using management process through, planning, organizing, directing, coordinating, reporting and controlling. The head nurse role is not only guiding and counseling but also evaluating the care which is given through setting standards and directing the nurses' practice (*De Cordova Mil et al., 2013*).

Head nurses are in charge of teams of nurses or divisions of healthcare facilities. They are responsible for the performance of their teams, have to monitor the nurses who work under them, and ensure they are fulfilling

all their job requirements. They must coordinate nursing care by allocating resources where they are needed, whether in the form of nurses, medication, doctors or equipment. Head nurses also need to make sure all the patients for whom they are responsible have needs met and receive appropriate attention (*Eneh et al., 2012*).

### **Aim of the study**

This study aims to assess the effect of a communication skills training program on head nurses' assertiveness and self-esteem.

### **Research hypothesis:**

Communication skills training program will improve head nurses' assertiveness and self-esteem.

### **Subjects and Methods**

#### **Design:**

A one group pretest- posttest quasi-experimental study design was used to carry out the study.

**Setting:** The study was conducted at Nasser Institute Hospital for Research and Treatment. This hospital is affiliated to Specialized Medical Centers affiliated to Ministry of health.

#### **Subjects:**

Study subjects consist of all head nurses working in different departments at Nasser Institute Hospital at the time of study (50 head nurses).

#### **Tools of Data Collection:**

The data of this study were collected through three tools namely: a knowledge questionnaire, an Assertiveness Assessment Scale and Sorensen Self-esteem Scale.

#### **I Self-administer Knowledge questionnaire**

**Tool:** this questionnaire was used to assess head nurses communication skills. It was developed by the researcher based on the extensive review of relevant and recent literatures. It consists of two parts:

#### **Part1 Demographic data section:**

This sheet asked to head nurses' age, marital status, nursing qualification, years of experience in nursing, years of experience in department, and previous attendance of training courses in communication.

**Part11 Knowledge questionnaire sheet (Appendix 1):** this questionnaire was used to assess head nurses' knowledge about basic communication skills. It was developed by researcher based on extensive review of relevant literature *Ellis &Watsonc (1987); Arthur (1999); Springhaus (1999); Craven &Hirnle (1999)*. It assessed head nurses' knowledge about basic communication skills. It (69) items consisted of eight main components.

❖ **Scoring system:** for the knowledge items, a correct response was scored 1 and the incorrect zero. For each area of knowledge, the scores of the items were summed-up and the total divided by number of the items, giving a mean score for the knowledge. These scores were converted into a percent score that was considered satisfactory if the percent scores was 60% or more and unsatisfactory if less than 60%.

**2- An Assertiveness Assessment Scale:** this tool was used to assess the level of assertiveness among head nurses. It was developed *by Mohammed (1999)* and was modified by the researcher on the extensive review of relevant and recent literatures (*Mahmoud et al., 2013; Abed et al, 2015*). The tool consists of 47 items to be checked on a 5-point Likert type scale ranging from "strongly agree" to "strongly disagree."

❖ **Scoring system:** the responses were checked on a 5 point likert scale from "strongly agree" to "strongly disagree" were scored 5 to 1, respectively. The totals of each of domain were calculated, and the sums of scores were converted into percent scores. For the categorical analysis of each domains as well as for the total scale, a score of 60% or higher was considered as high assertiveness, while a lower score was considered low assertiveness.

**3- Sorensen Self-esteem Scale:** this tool was used to assess the level of self-esteem among head nurses. It was developed by *Sorensen (2006)* and was modified by the researcher after review of relevant literatures (*Rosenberg, 2012; Mahmoud et al., 2013*). It consists of 25 statements items to be checked on a 5-point Likert type scale ranging from "strongly agree" to "strongly disagree."

❖ **Scoring system:** the responses were checked on a 5 point Likert scale from "strongly agree" to "strongly disagree" were scored 5 to 1, respectively. Reverse scoring was used for negatively stated items. The totals of each of the three dimensions were calculated and the sums of scores were converted into percent scores. For the categories analysis of each domain as well as for the total score of self-esteem, a score of 60% or higher was considered as high self-esteem, while a lower score was considered low self-esteem.

**Tools validity:** After preparation of the preliminary forms of data collection tools, they were presented to a group of experts for face and content validation. Face validity was aimed at determining the extent to which the tools represent all facets of the knowledge of communication skills, self-esteem, and assertiveness. The content validity was conducted to determine whether the tools' items were clear, relevant, and comprehensive. The jury group consisted of five professors in Nursing Administration departments of Faculties of Nursing: two from Ain Shams University, two from Cairo University, and one from Menoufyia University. The tools were finalized based on their opinions, mainly in the form of rephrasing some items. This phase lasted from the first to 30th of July 2019.

**The reliability:** of the tools was tested for internal consistency to determine how strongly the items were related to each other and to the composite score. The reliability of the tools was high as shown below.

Scales	N of Items	Cronbach's Alpha
Knowledge	6	0.78
Assertivene ss	9	0.97
	4	
	7	

Self-esteem	2	0.63
	5	

#### **Pilot study:**

Upon developing the data collection tools, a pilot study was conducted to examine the applicability of the study, and the clarity of tools language and their suitability for application. It helped in identifying any potential obstacles or problems that might be encountered during the period of data collection. It also served to estimate the time needed to complete the questionnaires by each participant. The pilot study was carried out on 10% of the study sample (5 head nurses).

#### **Fieldwork:**

The study was conducted through the following five phases:

**Phase I (preliminary):** The researcher met with all head nurses to explain the purpose and nature of the study and get their oral consents to participate. Then, they were given the data collection forms along with instructions in how to fill it. The researcher was present during the form filling to respond to any queries. The filled forms were handed back to the researcher to check for completeness. The collected data was considered as the baseline or pretest. This phase lasted from the first to 20th of October 2019.

**Phase II (program planning):** During this planning phase, the content of the training program was developed based on review of the current and past literature, using textbooks, scientific articles in magazines and from internet search, in addition to the results of the pretest assessment. Different instructional strategies were selected to suit the participant's needs, and achieve the objectives and contents of the training program. It was aimed at providing participants with as much experience as possible. The suitable place and time were prepared for conducting the sessions based on consultation with the nursing director and study subjects' agreement. The training program schedule was prepared accordingly. It covered theoretical and practical aspects of

communication skills, assertiveness and self-tee.

### **Phase III (program implementation):**

The training program was implemented to the head nurses in small groups. The head nurses were divided into three groups. The program was implemented in six 3-hour sessions, for a total of 18 hours. The sessions were conducted three days per week for two weeks. The training sessions were scheduled from 11:00 am to 2:00 pm. This phase lasted from November 2019 till January 2020.

Each of the six sessions consisted of two theoretical hours one practical hour. At the beginning of the first session an orientation about the training program and its aim an procedures was provided by the researcher. Participants' feedback was solicited at the beginning of each session about the previous one. The teaching methods used during the implementation of the program included mini-lectures, small group discussions, and practical sessions with role playing and demonstration-re-demonstration. Educational media as data show, whiteboard, posters, and flipchart. Handouts prepared by the researcher were also distributed to participants.

### **Phase IV (post program evaluation):**

The effect of the training program on head nurses' knowledge of communications skills, as well as on their self-esteem and assertiveness was evaluated through a posttest immediately after the end of the program implementation (January 2020). This was done using the same data collection from as in the pretest.

**Phase V (follow-up):** A follow-up test was repeated three months after the posttest assessment during April 2020 using the same data collection forms.

### **Ethical consideration:**

The study protocol was approved by the Scientific Research Ethics Committee of the Faculty of Nursing, Ain Shams University. The researcher clarified the aim of the study and its procedures to all head nurses, along with their rights to accept or refuse. Oral informed consents were obtained from each participant. They were

reassured about the anonymity and confidentiality of any obtained information. The study implementation could not lead to any harmful effect on participants.

### **Statistical analysis:**

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of Frequencies and percentages for qualitative variables, and mean and standard deviations medians, and first and third quartiles for quantitative variables.

### **Results:**

**Table (1):** the study sample consisted of 50 head nurses whose age ranged between 22 and 53 years, median 36.5years as shown in Table 1. 60% was bachelor degree nurses, and married 66.0%. their median of their total and current experience were 16 and 5 years. 48% attended previously training courses in communication.

**Table (2):** this table indicates that, head nurse's knowledge of communication was very variable at the pre-intervention phase. The percentages of satisfactory knowledge were very low media quality 10% and staff communication 16% but high for hospital integration 78% head nurses 78% and hospital perspective 82%.

At the post intervention phase there were statically significant ( $p < 0.5\%$ ) improvement in all knowledge areas all, reaching 100%. At the follow- up phase, there were slight declines in all areas, particularly in staff communication area (82%). However, they remind statically significant higher in comparison to the base line ( $p < 0.5\%$ ).

**Table (3):** shows generally low self-esteem levels among the head nurses in the study sample. The percentages of high self-esteem ranged between 14% for social personality and 58% for negative personality. At the post intervention phase, there were statically significant improvements in the positive and negative personality ( $p < 0.001$ ), but the social personality did not change. At

the follow up phase, similar changes were noticed.

**Table (4):** indicates wide variation at the pre-intervention phase. The percentages with high assertiveness ranged between 34% for verbal/nonverbal assertiveness and 84% for system negotiation.

At the post intervention phase, statistically significant improvement were noticed all assertiveness areas. The only exception was related to verbal/nonverbal assertiveness, which did not change significantly. At the follow up phase, the percentages remained almost the same with a minimal decline in the area of control of fear. However, the percentages remained statically

significantly higher in comparison to the pre intervention phase.

**Table (5):** the correlations between head nurses' total knowledge, self-esteem, and assertiveness scores, and show statistically significant moderate positive correlations between their self-esteem and their knowledge and assertiveness scores. Meanwhile, a statistically significant weak positive correlation was revealed between their knowledge and assertiveness scores ( $r=0.326$ ).

**(Table 6):** as presented statistically significant weak positive correlations were found between head nurses' qualification and their knowledge, self-esteem, and assertiveness scores. No correlations were revealed with any of their other characteristics.

**Table (1):** Distribution of demographic characteristics of head nurses in the study sample (n=50).

	Frequency	Percent
Age:		
<40	33	66.0
40+	17	34.0
Range	22.0-53.0	
Mean±SD	36.5±7.1	
Median	36.5	
Marital status:		
Unmarried	17	34.0
Married	33	66.0
Nursing qualification:		
Diploma	20	40.0
Bachelor	30	60.0
Experience years (total):		
<10	10	20.0
10+	40	80.0
Range	2.0-32.0	
Mean±SD	15.7±7.8	
Median	16.0	
Experience years (current):		
<5	19	38.0
5+	31	62.0
Range	0.0-29.0	
Mean±SD	7.9±6.4	
Median	5.00	
Had courses in communication:		
No	26	52.0
Yes	24	48.0
No. of courses		
Range	1-9	
Mean±SD	1.8±1.7	
Median	1.0	

**Table (2):** Distribution of head nurses according to knowledge of communication throughout the study phases.

Knowledge	Pre		Time Post		FU		X <sup>2</sup> (p-value)	X <sup>2</sup> (p-value)
	(n=50)		(n=50)		(n=50)			
	No.	%	No.	%	No.	%		
Satisfactory (60%+):								
Communication climate	24	48.0	50	100.0	46	92.0	35.14 (<0.001*)	23.05 (<0.001*)
Horizontal communication	22	44.0	50	100.0	50	100.0	38.89 (<0.001*)	38.89 (<0.001*)
Hospital integration	39	78.0	50	100.0	48	96.0	12.36 (<0.001*)	7.16 (0.007)
Head nurses	39	78.0	50	100.0	49	98.0	12.36 (<0.001*)	9.47 (0.002*)
Hospital perspective	41	82.0	50	100.0	49	98.0	Fisher (0.003*)	7.11 (0.008)
Media quality	5	10.0	50	10.0	44	88.0	81.82 (<0.001*)	60.86 (<0.001*)
Personal feedback	15	30.0	50	100.0	44	88.0	53.85 (<0.001*)	34.77 (<0.001*)
Staff communication	8	16.0	50	100.0	41	82.0	72.41 (<0.001*)	43.58 (<0.001*)
Total knowledge:								
Satisfactory	23	46.0	50	100.0	47	94.0	36.99 (<0.001*)	27.43 (<0.001*)
Unsatisfactory	27	54.0	0	0.0	3	6.0		

**Table (3):** Distribution of head nurses' according to assertiveness throughout the study phases.

High (60%+) assertiveness:	Pre		Time Post		FU		X <sup>2</sup> (p-value) Pre-post	X <sup>2</sup> (p-value) Pre-FU
	(n=50)		(n=50)		(n=50)			
	No.	%	No.	%	No.	%		
Verbal/non-verbal	17	34.0	13	26.0	14	28.0	0.76 (0.38)	0.42 (0.52)
Active guidance	39	78.0	48	96.0	48	96.0	7.16 (0.007*)	7.16 (0.007*)
Work habits	39	78.0	47	94.0	47	94.0	5.32 (0.02*)	5.32 (0.02*)
Control of fear	21	42.0	47	94.0	46	92.0	31.07 (<0.001*)	28.27 (<0.001*)
Colleagues	36	72.0	47	94.0	47	94.0	8.58 (0.003*)	8.58 (0.003*)
System negotiation	42	84.0	48	96.0	48	96.0	4.00 (0.046*)	4.00 (0.046*)

(\*) Statistically significant at p&lt;0.05

**Table (4):** Distribution of head nurses' according to self-esteem throughout the study phases.

High (60%+) Self-esteem	Pre (n=50)		Time Post (n=50)		FU (n=50)		X <sup>2</sup> (p-value) Pre-post	X <sup>2</sup> (p-value) Pre-FU
	No.	%	No.	%	No.	%		
Positive personality	27	54.0	46	92.0	45	90.0	18.32 (<0.001*)	16.07 (<0.001*)
Negative personality	29	58.0	49	98.0	48	96.0	23.31 (<0.001*)	20.38 (<0.001*)
Social personality	7	14.0	7	14.0	6	12.0	0.00 (1.00)	0.09 (0.77)

(\*) Statistically significant at p&lt;0.05

**Table (5):**Correlation matrix of head nurses' scores of knowledge, self-esteem, and assertiveness.

	Spearman's rank correlation coefficient		
	Knowledge	Self-esteem	Assertiveness
Knowledge	1.000		
Self-esteem	.409**	1.000	
Assertiveness	.326**	.654**	1.000

(\*\*) Statistically significant at p&lt;0.01

**Table (6):** Correlations between head nurses' scores of knowledge, self-esteem, and assertiveness and their characteristics

	Spearman's rank correlation coefficient		
	Knowledge	Self-esteem	Assertiveness
Age	.007	.030	-.003
Qualification	.245**	.224**	.340**
Experience (total)	-.077	-.023	-.090
Experience (current)	.111	.008	-.072

(\*\*) Statistically significant at p&lt;0.01

## Discussion:

Communication skills are of major importance in the nursing practice, with important positive impacts on patient' outcomes (Nantsupawt et al., 2020). Nursing with good communication skills are more competent and have more self-confidence and self-efficacious in dealing with their patients (Leal-Costa et al., 2020). Nonetheless, many nursing education curricula give more focus to theoretical knowledge and technical skills while the communication component is often deficient (Grady et al., 2020).

The present study aim was to assess the effect of communication skills training program on head nurses' assertiveness and self-esteem. It was hypothesized that a communication skills

training program will improve head nurses' assertiveness and self-esteem. The results revealed that the implementation of the training program led to significant improvement in head nurses' knowledge, self-esteem, and assertiveness, and this lasted for at least three months. The finding lead to acceptance of the set research hypothesis.

The study sample included head nurses with wide age range and experience, with slightly more than half of them carrying a bachelor degree in nursing. They are deficient in training in communication with more than a half of them having never attended related training courses. These characteristics have undoubtedly their effects on their knowledge, assertiveness, and self-esteem as will be further discussed.

The present study assessed head nurses' knowledge of communication skills before implementation of training program. The results demonstrated generally low level of satisfactory knowledge with wide variation among the different knowledge areas. Thus, head nurses more knowledgeable in certain communication areas such as hospital integration, head nurses, and hospital perspective. This might be due to that these are the areas of communication they mostly deal with in their daily work. In congruence with this a study in Indonesia reported that most nurses in the setting were having good communication (Rivai et al., 2020).

The present study results demonstrated that slightly more than two-thirds of the head nurses in the study sample were having a high level of assertiveness at the pre-intervention phase. However, it varied widely among its various dimensions, being highest for system negotiation and lowest for verbal/non-verbal dimensions. This could be due to their lack of knowledge and skills in verbal and non-verbal communication as identified in the assessment of their knowledge before the intervention. In this respect, a study among nurses in Brazil revealed their need and demand for more educational and training endeavors in assertiveness (Montezeli et al., 2019).

Regarding the head nurses' characteristics that might have an influence on their assertiveness, the current study showed that the age and level of qualification had significant associations with assertiveness. Thus, the nurses older in age and having a higher level of qualification were more assertive. Moreover, a positive correlation was found between head nurses' assertiveness score and their level of qualification. The findings are quite understandable given the effects of seniority and hierarchical job positions gained with increasing age and higher qualification. In line with this, a study of assertiveness among Japanese nurses highlighted the effect of hierarchy and power on their assertiveness (Omura et al., 2018c).

The present study has also assessed head nurses self-esteem. The results revealed that the

majority of them were having low self-esteem levels. This was most evident in the social self-esteem dimension of the scale. A similarly low level of self-esteem was reported among critical care nurses in a study in China, and this had a negative impact on their wellbeing (Liu et al., 2017).

According to the present study multivariate analyses, the scores of head nurses' knowledge and assertiveness were identified as significant independent positive predictors of their self-esteem score. Thus, the intervention acted positively on their self-esteem through improving their knowledge and assertiveness. This is a further proof of the success of the training program content and process in achieving its goals. In agreement with this, a training program for nursing students on assertiveness in South Korea led to significant improvements in their self-esteem (Kim, 2016). Similarly, a study in Turkey showed that training nursing students in communication led to improvements in their assertiveness and in their self-esteem (İlhan et al., 2016).

### **Conclusion:**

The results of the study lead to the conclusion that a high percentage of the head nurses in the study setting have unsatisfactory knowledge of communication skills in its various domains and have low self-esteem, but have high level of assertiveness. The implementation of the training program in communication is effective in improving their knowledge, self-esteem, as well as their assertiveness. This improvement is lasting for at least three months.

### **Recommendation:**

In light of the main findings of the study, the following recommendations are deduced.

- The developed training program should be applied to all head nurses in the study settings and in similar ones.
- Such training programs should adopt the adult learning approaches, with more focus on applied knowledge and practical skills.

- Workshops and seminars dealing with communication should be regularly conducted to improve head nurses' assertiveness and self-esteem.
- Orientation and preparatory programs for newly appointed head nurses should be organized and tailored to their identified needs to be able to fulfill their new role; the attendance of such programs should be a pre-requisite for promotion to such job positions.

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