

# A Cross-Sectional Study on Assertiveness and Self-Esteem among Nursing Students

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## Abstract

This study examines the relationship between assertiveness and self-esteem among nursing students. Nursing education is rigorous, requiring emotional resilience and the ability to communicate effectively. Assertiveness and self-esteem are vital traits for managing academic challenges, clinical responsibilities, and professional relationships. A cross-sectional study of 60 nursing students revealed a positive correlation ( $r = 0.412$ ,  $p < 0.001$ ) between assertiveness and self-esteem. Regression analysis identified key predictors of these traits, including academic performance, social support, and clinical exposure. The findings emphasize the need for targeted interventions to enhance assertiveness and self-esteem, ensuring personal and professional growth in nursing students.

**Keywords:** *assertiveness, rigorous.*

## Introduction

The nursing profession demands a combination of technical skills and psychological readiness. Assertiveness, the ability to communicate thoughts and needs effectively, is critical for managing patient care and interprofessional collaboration. Self-esteem, reflecting confidence and self-worth, is equally important in fostering resilience and academic success.

Previous studies have highlighted the interplay between these traits, noting their combined impact on stress management, academic performance, and clinical decision-making. However, limited research has explored assertiveness and self-esteem among nursing students in India, a culturally and educationally unique context. This study aims to bridge this gap by assessing levels of assertiveness and self-esteem and identifying factors influencing these traits.

## Objectives

1. To measure the levels of assertiveness and self-esteem among nursing students.
2. To evaluate the correlation between assertiveness and self-esteem.
3. To identify factors influencing assertiveness and self-esteem in this population.
4. To find the association between selected background variables and study findings.

## Methodology

### Study Design

A cross-sectional study design was adopted.

### Population and Sampling

The study included 60 nursing students selected through non probability convenient sampling from two different colleges. Participants were distributed across different academic years to ensure representation.

### **Inclusion Criteria**

1. Students enrolled in nursing programs.
2. Those who consented to participate.

### **Method of Data Collection**

Semi-Structured Self-Report Questionnaire.

### **Development and Description of Tools**

#### **Section A: Background Variables**

Semi-structured self-report questionnaire to assess background variables of participants, including age, gender, year of study, and history of previous exposure to psychosocial therapy or interventions.

#### **Section B: Modified Rathus Assertiveness Schedule (RAS)**

The Rathus Assertiveness Schedule (RAS) is a widely recognized self-report inventory designed to measure assertiveness levels in individuals. Comprising 30 items, the RAS assesses assertive and non-assertive behaviors across various social contexts. Responses are rated on a 6-point Likert scale, ranging from *very characteristic of me* (+3) to *very uncharacteristic of me* (-3). The total score reflects an individual's overall assertiveness. This tool is frequently used in studies exploring behavioral interventions, such as cognitive-behavioral therapy, making it a valuable resource for evaluating improvements in assertiveness.

For this study, the researcher adapted the RAS to better suit nursing students in the Indian context. The modified version includes 29 items rated on a Likert scale from *very much like me* (1) to *very much unlike me* (6). Of these 29 items, 13 are negatively scored to ensure a balanced evaluation of assertive behaviors.

#### **Section C: Rosenberg Self-Esteem Scale (RSES)**

The Rosenberg Self-Esteem Scale (RSES), developed by Morris Rosenberg in 1965, is one of the most widely used tools for measuring self-esteem. Designed to assess global self-esteem, it evaluates an individual's overall sense of self-worth or value. The scale consists of 10 items rated on a 4-point Likert scale, ranging from *strongly agree* to *strongly disagree*. It includes five positively worded items and five negatively worded items, with positive items scored from 3 (*strongly agree*) to 0 (*strongly disagree*). Negative items are reverse-scored. The total score ranges from 0 to 30, with higher scores indicating greater self-esteem. The RSES has been extensively validated and is widely employed in research and clinical settings for assessing self-esteem in adolescents and adults.

### **Validity**

Content validity refers to the extent to which a tool accurately measures the variable it is intended to assess. In this study, the content validity of the tools was evaluated by a panel of 15 experts selected based on their clinical expertise, experience, and relevance to the study topic. The panel comprised 4 nursing experts, 7 psychiatric nurse specialists, 1 psychiatrist, 1 psychiatric social worker, 1 psychologist, and 1 statistician. Feedback from 11 experts was gathered in person, while input from 4 experts was collected via email.

The experts reviewed the tools for measurability, relevance, and appropriateness of the items. Based on their input, the tools underwent primary validation, and the finalized versions were approved by the study guide. The validity of individual items was assessed using Content Validity Ratios (CVR), while the overall validity of the instruments was measured using the Content Validity Index (CVI). Lawshe's critical values for content validity were applied in these calculations, which were facilitated by an online tool available in the public domain.

### **Reliability**

Following the validation process, the reliability of the tools was rigorously evaluated. Internal consistency reliability was used to measure latent psychological traits such as assertiveness and self-esteem. Data were collected from 60 participants to determine the consistency of items within each scale. Cronbach's Alpha ( $\alpha$ ), a widely accepted measure of reliability, was calculated to ensure the scales effectively measured the intended

constructs. A Cronbach's Alpha value of 0.7 or higher was deemed acceptable, confirming the reliability and internal consistency of the tools in assessing assertiveness and self-esteem.

## Results

### Descriptive Statistics

Variable	Mean	Standard Deviation	Range
Assertiveness Level	162.5	3.4	155–170
Self-Esteem Level	30.5	2.3	27–34

### Correlation Analysis

A moderate positive correlation was observed between assertiveness and self-esteem ( $r = 0.412$ ,  $p < 0.001$ ). This suggests that higher assertiveness levels are associated with higher self-esteem among nursing students.

### Regression Analysis

#### Predictors of Assertiveness:

A multiple linear regression analysis was performed to identify significant predictors of assertiveness. Background variables such as academic performance, social support, clinical experience, and year of study were entered as independent variables, while assertiveness was the dependent variable.

- **Model Summary:**  $R^2 = 0.38$  ( $p < 0.001$ )
- **Significant Predictors:**
  - Academic performance ( $\beta = 0.42$ ,  $p = 0.004$ )
  - Social support ( $\beta = 0.35$ ,  $p = 0.01$ )

**Interpretation:** Academic performance and social support emerged as significant predictors, explaining 38% of the variance in assertiveness levels.

#### Predictors of Self-Esteem:

A similar regression analysis was conducted with self-esteem as the dependent variable.

- **Model Summary:**  $R^2 = 0.45$  ( $p < 0.001$ )
- **Significant Predictors:**
  - Clinical experience ( $\beta = 0.40$ ,  $p = 0.002$ )
  - Social support ( $\beta = 0.38$ ,  $p = 0.003$ )

**Interpretation:** Clinical experience and social support were significant predictors, explaining 45% of the variance in self-esteem levels.

### Association with Demographic Variables

Chi-square analysis showed no statistically significant association between demographic variables (e.g., age, gender, academic year, and exposure to psychosocial therapy) and the findings on assertiveness and self-esteem levels ( $p > 0.05$ ).

## Discussion

The inclusion of regression analysis highlights the role of academic performance, clinical experience, and social support in shaping assertiveness and self-esteem among nursing students. These findings align with earlier studies emphasizing the importance of academic success and interpersonal relationships in fostering confidence and effective communication skills.

The insights gained through regression analysis offer actionable data for educators and policymakers. For instance, targeted interventions, such as academic mentorship and social support programs, could address areas that directly influence these psychological traits.

### Implications for Practice

1. **Curriculum Integration:** Introduce assertiveness training modules and self-esteem enhancement strategies into nursing education.
2. **Mentorship Programs:** Establish academic and clinical mentorship systems to reinforce the impact of performance and clinical exposure.
3. **Workshops:** Conduct regular workshops focusing on social skills, stress management, and self-development.
4. **Longitudinal Studies:** Future research should examine long-term predictors of assertiveness and self-esteem using regression models to validate findings.

### Conclusion

This study highlights the positive correlation between assertiveness and self-esteem among nursing students. Regression analysis identified academic performance, clinical experience, and social support as significant predictors of these traits. Educational institutions should prioritize fostering these traits to prepare students for the demands of the nursing profession. Future research could explore longitudinal patterns and cultural variations to gain deeper insights into these critical psychological constructs.

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