

The Effect of Assertiveness Training Program on Jordanian Nursing students' Assertiveness and Self-Esteem

Amal Sobhy Mahmoud, Mahmoud Taher Al Kalalkeh, & Mona Abed El-Rahman

Abstract

Background: Assertiveness is a substantial communication style that enhances successful relationships with patients, families, and colleagues. Studies confirmed that assertive individuals show higher self-worth and self-esteem.

Aim: To assess the effect of assertiveness training program on Jordanian nursing students' level of assertiveness and self-esteem.

Method: A before-and-after design was employed through conducting three consecutive sessions that reinforce nursing students' assertiveness using different approaches. Rathus Assertiveness Schedule and Rosenberg self-esteem scale were used in the pre and post test.

Results: One hundred and twenty students joined all study stages. Although students were nonassertive before and after the program, they significantly scored higher after the program (mean difference: 4.182, t : 2.029, Sig. 0.045). The level of self-esteem did not significantly differ after delivering the training program (mean difference: 0.083, t : 0.213, Sig. 0.832). Assertiveness training has at least the effect to influence students' better self-esteem when they are being more assertive (R square 39.0, Beta 20.4, t 2.188, $P=0.031$).

Conclusion: It is acknowledged that assertiveness should be emphasized throughout nursing curriculum.

Nursing students in the university may encounter many problems such as economical, educational, sexual, and academic and environment-adaptation problems (Neinstein, Kenzie, & Morris, 2002). In addition, they may experience lack of time for informal activities, lack of sufficient counseling, and lack of trust and respect for themselves. Intensive hospital trainings, dealing with terminally ill patients and poor communication with instructors and staff may also affect negatively on students (Arslan, Akça, & Baser, 2013). Other studies affirmed that nursing students experience such problems as distress, pessimism,

involuntariness, unhappiness, fear, inability to speak in a group, being introvert, and inability to start a relation due to the role change (Özcan, 2006; Clasen & Brown, 1985).

It is one of the objectives of nursing education to develop highly self-worth, self-respect, and self-confident nursing professionals who are able to demonstrate an assertive interpersonal behaviors (Kashani & Bayat, 2010; Küçük, Buzlu, & Can, 2008; Begley & Glacken, 2004). Assertiveness is a communication style in which the ordinary nursing care should reflect it to enhance successful relationships with patients, families, and colleagues (Sully & Nicol, 2005; Riley, 2000). Assertiveness refers to the ability to express one's feelings, opinions, beliefs, and needs directly, openly and honestly, considering others' personal rights (Ellis & Hartley, 2005). Therefore, it is a pivotal professional character that helps nurses to become independent, decision-maker, and prudent to avoid breaching other people rights (Hunt-Slamow, 2007; Riley, 2000).

Studies have shown that individuals who are more assertive have higher self-worth and self-esteem (Bal, 2003; Ayaz, 2002; Yılmaz, 2000). While assertiveness is necessary for effective nurse/patient communication, a study found that some nursing student lack of confidence, while others lack of basic communication skills during their studying (Gilmartin, 2000). Barriers that prevent nurses to be assertive including lack of knowledge about personal/professional rights, anxiety due to lack of confidence and poor self-esteem, aggression, fear from others, and poor self-expression (Timmins & McCabe, 2005; Farrell 2001; Poroach and McIntosh 1995; Burnard 1992)

Self-esteem is composed of both an appraisal of self-worth based on personal achievements and anticipation of others' evaluation. Low self-esteem is another factor affecting human functioning. The number of nurses with low self-esteem is increasing and this is mostly due to role conflict (Eom & Choi, 2010). Students with low self-esteem tend to have less adaptable interpersonal relationships. In contrast, people with high self-esteem become competent and have positive self-image, leading to self-confidence and active interpersonal relationships (Eom & Choi, 2010; Murray, Holmes, & Collins, 2006).

There is a thought that both assertiveness and self-esteem are influenced by education (Bal, 2003; Ayaz, 2002; Yılmaz, 2000). Assertiveness training is a structural intervention used in social relationship programs, anxiety disorder therapy, and phobias in children and adults (Mehrabi Zade, Taghavi, & Attari, 2009). This multifaceted program includes guidance, role-playing, feedback, modeling, practicing, and reviewing of the received behaviors (McCartan & Hargie, 2004).

Assertiveness training programs can improve students' self-actualizing through providing students with such assertiveness skills that improve their personal capabilities before graduation (Kaplan, 2006). Previous studies confirmed that assertiveness training provides the required assertiveness skills that are associated with increased assertiveness and self-esteem (Shimizu, et al., 2004; McCabe & Timmins, 2003; Scrutchfield, 2003). Accordingly, developing qualified nurses who feel capable in communication with others needs high level of assertive and self-esteem.

Methods

This study aimed to assess the effect of an assertiveness training program on Jordanian nursing students' level of assertiveness and self-esteem. This cross-sectional study employed the "before-and-after design". The before-and-after design is most useful in demonstrating the immediate impacts of short term programs. The study started with testing nursing students of their assertiveness and self-esteem using specific tools (described later), then those students who were tested have received an assertiveness training program (explained later). In eventual, those who were pre-tested and received the program were secondly assessed of their assertiveness and self-esteem using the same tools.

Sample

The study was conducted on nursing students who are enrolled in the bachelor nursing program in the Faculty of Nursing at X University, Jordan. Students from different academic years (1st-4th year) regardless their academic achievement, both genders, any age, were eligible for participating in the study. However, those students with previous or current clinical experience (who have already held the degree of diploma in nursing) were excluded from the study. A non-random sampling technique was used as all eligible students who accepted participation in the study were included in the study sample.

Instruments

The following instruments were used in this study:

1. The first part was developed by the researchers to aggregate some personal data in including personal demographics such as age, academic year, residence, family income, etc....

2. The second part was the assertiveness scale which is "Rathus Assertiveness Schedule" (RAS). RAS was firstly developed in 1973 measuring the level of assertiveness. This instrument includes 30 items, 17 out of all items were reversed to avoid response bias. Scoring system was as follow: +3 extremely descriptive; +2 quite descriptive; +1 slightly descriptive; -1 slightly no descriptive; -2 quite no

descriptive; and -3 extremely no descriptive. The scores obtained ranged from -90 to+90. Those who receive below +10 as a total score are considered to be shy or non-assertive and those with a total score above +10 are considered to be assertive.

3. The third part was the self-esteem scale which is the Rosenberg self-esteem scale (1965). This scale consists of 10 statements showing the positive and negative sensation of self-worth (i.e. 'I feel that I have a number of good qualities). Five out of ten statements are positive and the rest (five statements) are negative. Using four-point Likert scale, responses ranged from "strongly agree" to strongly disagree". . The higher total score indicates high self-esteem and the low score indicates low self-esteem.

The previous tools were the same in the pre and posttest and they were administered in Arabic language which were tested and validated by previous studies. However, a small pilot trail was conducted to check the feasibility and clarity of all items.

Ethical considerations

Before conduction of the study, an ethical approval was obtained from the Research Ethical Committee at X University, directed by Deanship of Research & Graduate Studies. All prospective students were provided with a documentations contain the aim and the purpose of the study, their contribution and their rights. Because each participant is included in pre and post phase, the participation was anonymous but students were asked to record their pre-test code in the post-test. Students were informed about their right to withdraw from the study or to show any concern if exist. Sessions were arranged based on student convenience whether time or place. Data were kept confidential with the researchers and used solely for the research.

Preparing of the assertiveness training program

The researchers developed the assertiveness training program after reviewing a number of related studies in the same filed (James, 2011; Michel, a2008; Michel, b2008; Meryan, 2007; Kopelowicz, Liberman, & Zarate, 2006; Bellack et al., 2004; McCabe & Timmins, 2003). The training program aimed to enhance assertive skills and behaviors in nursing students through adjusting specific objectives that were carried out over multiple sessions. These sessions adopted some activities such as lecturing and group discussion, brain storming, modeling, role playing, behavioral rehearsal, providing corrective feedback, and assigning homework.

The following paradigms were implemented over three consecutive sessions as follow: The first session consisted of an introduction about the concept of assertiveness; the importance of the assertiveness for nurses and nursing students;

and the comparison between passive, aggressive, passive-aggressive and assertive behavior.

Second session consisted of explaining the individual's basic rights of assertive behavior: how to say "No" assertively, how to make a request assertively, and how to respond and give criticism assertively; and give constructive criticism.

The third session consisted of a demonstration of how to handle and express anger assertively, how to give and accept compliments assertively, how to make apology assertively, and how to promote self-esteem.

Field work

The study was carried out over three months (15 February 2013 to end of May 2013). Firstly, students were interviewed in groups for 30 to 60 minutes to explain the purpose of the study and to confirm students' eligibility and willingness to join the study in addition to ground the rules of confidentiality. Before applying the program, students were assessed for assertiveness and self-esteem as a pre-test assessment phase. Thereafter, the previous assertiveness sessions were conducted for six groups of students distributed over the academic years. Each group had received the previous three sessions over three weeks (one session per week). Each session last 60 minutes \pm and at the end of each session, the researcher made a summary of the session and distributed homework assignments. Participants were asked to write a situation relevant to the acquired skill and how they would behave or react in that situation. After the completion of the whole program, students were reassessed for their assertiveness and self-esteem as a post-test assessment phase using the same tools.

Statistical analysis

Data were entered into the SPSS software program (version 17). Findings were presented in tables. Both descriptive and inferential statistics were used such as mean, percentage, standard deviation (SD), t-test, Person's correlation, and the multiple hierarchal regression.

Results

One hundred and twenty one students who were included in the study enrolled the pre-test assessment phases, the training program, and the post-test assessment phase. The majority of participants were female (86.8%), single (86%), and were aged between 18-22 years old (62%). Students were distributed sufficiently throughout the academic years ranging from first academic year and fourth academic year. In relation to other demographic data most students live in the city rather than rural areas (91.7%) in addition, 86% live with their families. Table 1 shows the demographic characteristics of participants.

Table 1. Participants' demographic data.		
		No. (%)
Sex	Male	16 (13.2%)
	Female	105 (86.8%)
	Total	121 (100%)
Age	18-22	75 (62%)
	23-28	36 (29.8%)
	29-34	7 (5.8%)
	>35	3 (2.5%)
	Total	121 (100%)
Academic year	First year	19 (15.7%)
	Second year	25 (20.7%)
	Third year	48 (39.7%)
	Fourth year	29 (24%)
	Total	121 (100%)
Marital status	Single	104 (86%)
	Married	16 (13.2%)
	Divorced	1 (0.8%)
	Total	121 (100%)
Living place	Urban	111 (91.7%)
	Rural	10 (8.3%)
	Total	121 (100%)
Living with	Family	104 (86%)
	Friends	4 (3.3%)
	Alone	13 (10.7%)
	Total	121 (100%)
Family income	Enough	57 (47.1%)
	Middle	59 (48.8%)
	Not enough	5 (4.1%)
	Total	121 (100%)

The following are the results of assertiveness and self-esteem which were obtained from participants before and after the education program. The internal

consistency for both scales pre and post intervention were assessed using Chronbach's Alpha and revealed the following: Assertiveness: 0.73 and 0.761, respectively, Self-esteem: 0.64 and 0.50, respectively.

Pre and post assertiveness measurement

The baseline of assertiveness obtained from student in this study using the Rathus Assertiveness Schedule (RAS) showed that students were non-assertive or shy based on the mean of total assertiveness scores (mean -26.52). After delivering the training program, students were subject to the post test evaluation using the same measurable tool (RAS). In this phase, student significantly moved towards higher assertiveness although mean score was still negative (mean -22.34). According to the difference in means (mean difference: -4.182, SD 22.68, CI (-8.263- -0.1), t: -2.029, Sig. 0.045), there was a positive correlation between the pre intervention and post intervention scores (r 0.247, $P=0.006$) (Table 2).

Table 2. mean differences in total Pre-intervention and Post-intervention scores of assertiveness and self-esteem.				
Variable	Total mean	Std. deviation (SD)	Pearson correlation coefficient	P value
Assertiveness Pre	-26.52	18.13	0.247	0.006
Assertiveness Post	-22.34	18.8		
Self-Esteem Pre	24.15	3.47	0.136	0.136
Self-Esteem Post	24.07	3.01		
* Sig. level was adjusted at 0.05.				

Pre and post Self-esteem measurement

As mentioned before, self-esteem was assessed using Rosenberg self-esteem scale. When measured the baseline of self-esteem for student in the first stage, students scored moderated self-esteem based on the definition of the scale (mean 24.14). However, the level of self-esteem did not significantly differ after delivering the training program (mean 24.07) showing no statistical difference in means between the pre and post intervention scores (mean difference: 0.083, SD: 4.27, CI (-0.686- 0.852), t: 0.213, Sig. 0.832) (Table 2).

In this study, some of the demographic variables such as academic year, age, sex, marital status, and living place were assessed to identify whether there were differences between groups in regard to the pre and post intervention scores. Apparently, there were no significant differences in means between groups from each these previous variables in relation to the assertiveness and self-esteem levels pre and post intervention as shown in Table 3.

Table 3. Significant level of Pre-intervention and Post-intervention regarding some demographics.				
Variable	Assertiveness Pre	Assertiveness Post	Self-Esteem Pre	Self-Esteem Post
Academic year	0.443	0.530	0.348	0.622
Age	0.911	0.994	0.064	0.593
Sex	0.438	.0716	0.425	0.129
Marital status	0.696	0.195	0.486	0.609
Living place	0.312	0.174	0.368	0.243

* Sig. level was adjusted at 0.05.

Relationship between Assertiveness and Self-esteem

Using the hierarchal multiple regression for a number of variables where the dependent variable (DV) was self-esteem and the independent variables (IV) were assertiveness pre and assertiveness post. The two IV were entered in two different blocks to examine the effect of each in different model. The result of regression equation showed that 39% of the variance in self-esteem was explained by the assertiveness in post intervention (2nd model) compared to 19% was explained by assertiveness in pre intervention (1st model) (R square 39.0, Beta 20.4, t 2.188, $P=0.031$). This result means that even though self-esteem did not change over the educational program, assertiveness training program has at least the effect to influence students' better self-esteem when they are being more assertive.

Discussion

Nursing students are the nucleus of nursing professionals who are expected to demonstrate such level of confidence in their interaction with colleagues, patients, families, and society. Being assertive is one of the essential traits that serve many benefits for working place such as proper time management, increasing self-esteem, and efficient interaction with others (Abd El Gawad et al., 2007, Vedbeck. 2001, Echternacht, 1999; Kuiper & Clemens, 1998). When having the assertive skills is considered the key to enhance personal competence and satisfying relationships, it is crucial that nursing academic programs promoting individuals' high self-esteem and assertiveness in order to ensure competent personnel and safe practice (Ibrahim, 2011; Walczak & Absolon, 2001).

Assertiveness and self-esteem are important in health care delivery in which student nurse, qualified practitioner, or even health strategy developer should be at the same level of professionalism (Benton, 1999). Because nursing practice moving away from traditional roles, the need for nurses who behave assertively is increasing (Walczak & Absolon, 2001). Unfortunately, empirical evidence is still insufficient to highlight the significant of using the assertiveness materials by nurses whether in universities or clinical settings (Timmins & McCabe, 2005; Walczak and Absolon, 2001; Slater, 1990).

This study revealed that students were non-assertive or shy before delivering the program. In this respect, Hamoud et al. (2011) reported that the nursing students tended to be non-assertive in the ordinary conditions. Likewise, a study by Ibrahim (2011) showed that about half of the second year nursing students were also non-assertive. However, the majority of students presenting in this study were in the late adolescence where assertiveness is still developing (Koparan et al., 2009). This can also be interpreted by the nature of Arab societies which prohibit disclosing freely any of your feelings, thoughts, and attitudes (Dwairy, 2004). Examples of some statement that are said from parents to child within this culture: "don't ask questions showing your stupidity to others", "no child interferes with family matters". These faulty assumptions prohibit assertiveness and induce passivity to young people (Dwairy, 2004). Similarly, Zerwekh & Claborn (2003) asserted that many nurses do not consistently act or communicate in assertive way because of some social restriction that inhibit thinking about their rights, feelings, or needs. Moreover, Poroch & McIntosh (1995) claimed that nurses have a deficiency in the assertiveness as a result of diminishing efficient communication, leading to compromising patient care.

The assertiveness training program delivered in this study has entailed a positive progress in students' assertiveness. Participation in the program has improved unassertive students their ability to self-analysis and practicing assertive behaviors in

communication with others using such skills appropriately (Kashani & Bayat, 2010). These skills include: the ability to cope with manipulation and criticism without responding with counter criticism; the ability to make requests and state points of view, and to refuse unreasonable requests; and the ability to express feelings in social situations (Moher, 2003). A number of studies supported this association between assertiveness program and assertiveness behavior and exhibited some significant improvement in students' assertiveness skills after delivering similar programs (Hamoud et al., 2011; Bahreini et al., 2005; line et al., 2004).

Paezy et al. (2010) found a significant increase in assertiveness and subjective well-being of Iranian female students at the post-test and two months follow-up. Further, Begley and Glacken (2004) reported in the study which was carried out in Southern Ireland that the assertiveness raised as student advance on their academic program. However, this study did show any difference in assertiveness between students from different academic years.

It was expected that the assertiveness training program would help nursing staff to improve their self-esteem and to be open, honest, and able to communicate effectively. However, the study findings showed no concrete effect of assertiveness training on students' self-esteem similar to a study by Sert (2003). On the contrary, these findings contradict the majority of studies that proved the association between assertiveness and self-esteem in which students with higher assertiveness have higher levels of self-esteem (Ibrahim 2011; Abd El Gawad et al., 2007; Shimizu et al., 2004; Yilmaz, 2000). It is confirmed that low self-esteem is a common characteristic of individuals who perceive themselves aggressive. The description of self-esteem is strongly adhered to the characteristics of assertiveness (John, 2010; O'Moore & Kirkham, 2001). Nevertheless, the study found that self-esteem can positively be influenced by the assertiveness training program.

Conclusion

It is regarded that nursing education focus on students' assertiveness and self-esteem while delivering the curriculum. Something is acknowledged to enhance better interaction and self-worth for the best inter-professional relationship.

Keywords: Assertiveness, self-esteem, nurse, students.

About the Authors: Amal Sobhy Mahmoud, PhD, RN is an Associate Professor at Port-Said University, Egypt; Mahmoud Taher Al Kalalkeh, PhD, RN, MSN, CNS is an Assistant Professor at Zarqa University, Jordan and he may be contacted at

kalaldehy82@yahoo.com; Mona Abed El-Rahman, PhD, RN is an Assistant Professor at Port Said University, Egypt.

Reference

- Abd El Gawad, Z., Gad, El., Abd El, Kader E., & Lachine, O. (2007). The effect of Assertive Training Techniques on Improving Coping Skills of Nurses in Psychiatric Set Up. *ASNJ*, 6, 57-74.
- Arslan, E., Akça, N., & Baser, M. (2013). Levels of assertiveness and peer pressure of nursing students. *International Journal of Caring Sciences*, 6, 78-90.
- Ayaz, S., (2002). Determination of nurses levels of self-esteem and assertiveness. Master s Thesis, Marmara University Health Sciences Institute, Istanbul (in Turkish). In Karagozoglu S., Kahve, E., Koc, O., and Adamisoglu, D., 2008. Self esteem and assertiveness of final year Turkish university students. *Nurse Education Today*, 28, 641–649.
- Bahreini, M., Mohamadi, M., Zare, M., & Shahamat, S. (2005). Effect of assertiveness training on self-esteem on nursing students. *Armaghan Danesh Journal*, 10, 89-96.
- Bal, U., (2003). Examination of level of self-esteem and assertiveness of hospital nurses and other female health care personnel. Master's Thesis, Marmara University Health Science Institute, Istanbul (in Turkish). In Karagozoglu S., Kahve, E., Koc, O.
- Begley, M.G., & Glacken, M. (2004). Irish nursing students changing levels of assertiveness during their preregistration programme. *Nursing Education Today*, 24, 501-510.
- Bellack, A.S., Mueser, K.T., Gingerich, S., & Agresta, J. (2004). Social skills training for schizophrenia: a step-by-step guide (2nd edition). New York, Guilford Press.
- Benton, D. (1999). Assertiveness, power and influence. *Nursing Standard*, 13, 48–52.
- Burnard, P. (1992). Communicate: a communication skills guide for health care workers. Edward Arnold Co., London, pp. 74–78.
- Clasen, D.R. & Brown, B.B. (1985). The multidimensionality of peer pressure in adolescence. *Journal of Youth Adolescence* 14, 451- 468.

- Dwairy, M. (2004). Culturally sensitive education: Adapting self-oriented assertiveness training to collective minorities. *Journal of Social Issues, 60*, 423- 36.
- Echternacht, M.R. (1999). Potential for violence toward psychiatric nursing students: Risk reduction techniques. *Journal of Psychosocial Nursing, 37*, 36-9.
- Ellis, J., & Hartley, C. (2005). *Managing and coordinating nursing care*, 4th ed. Lippincott Williams and Wilkins Co., Philadelphia, London, pp. 7–8. 18,136.
- Eom, H., & Choi, I. (2010). The effect of a group counseling program on self-esteem and interpersonal relationships of Chinese students in Korea. *E-Korea Journal of Counseling, 11*, 903-927.
- Farrell, G.A. (2001). From tall poppies to squashed weeds: why don't nurses pull together more? *Journal of Advanced Nursing 35*, 26–33.
- Gilmartin, J., (2000). Psychodynamic sources of resistance among student nurses: some observations in a human relations context. *Journal of Advanced Nursing 32*, 1533–1541.
- Hamoud, S., El Dayem, S., & Ossman, L. (2011). The effect of an assertiveness training program on assertiveness skills and self-esteem of faculty nursing students. *Journal of American Science, 7*, 1085-1096.
- Hunt-Slamow, P. (2007). Introducing research and a culturally inclusive teaching/ learning dialogue. Cited in:
https://stti.confex.com/stti/congrs07/techprogram/paper_34171.htm.
- Ibrahim, S. (2011). Factors affecting assertiveness among student nurses. *Journal of Nurse Education Today, 31*, 356-60.
- James J. (2007). Ten assertive rights of an individual. Available at:
http://opinion.wikia.com/wiki/Ten_assertive_rights_of_an_individual
Retrieved on: 2/7/2013.
- John, W. (2010). Self- esteem in adolescence. *Journal of Youth and Adolescence, 15*, 315-322.
- Kaplan B. (2006): Assertiveness training and patient self-disclosure. Published Doctoral Dissertation, Walden University, 2006. Available at:
<http://proquest.umi.com/pqdweb?RQT=302&cfc=1> Retrieved on: 2/7/2013.

- Kashani, P., & Bayat, M. (2010). The effect of social skills training (Assertiveness) on assertiveness and self-esteem increase of 9 to 11 year-old female students in Tehran, Iran. *World Applied Sciences Journal*, 9, 1028-32.
- Koparan, S., Öztürk, F., Özkılıç, R., & Senisik, Y. (2009). An investigation of social self-efficacy expectations and assertiveness in multi-program high school students. *Journal of Procedia Social and Behavioral Sciences*, 1, 623–9.
- Kopelowicz, A., Liberman, R.P., & Zarate, R. (2006). Recent advances in social skills training for schizophrenia. *Schizophrenia Bulletin*, 32, S12-S23.
- Kuiper, J.C., & Clemens, D.L. (1998). Do I Dare? Using role play as a teaching strategy. *Journal of Psychosocial Nursing*, 36, 7-12.
- Küçük, L., Buzlu, S., & Can, G. (2008). Level of assertiveness of nursing students. *Journal of Nursing*, 62, 90-96.
- Lin, Y., Shiahb, I., Changc, Y., Laid, T., Wange, K., & Chouf, K. (2004). Evaluation of an assertiveness training program on nursing and medical students' assertiveness, self-esteem, and interpersonal communication satisfaction. *Journal of Nurse Education Today*; 24, 656–65.
- McCabe, C., & Timmins, F. (2003). Teaching assertiveness to undergraduate nursing students. *Journal of Nurse Education in Practice*, 3, 30-42.
- McCartan, K., & Hargie, O.D. (2004). Assertiveness and caring: Are they compatible? *Journal of Clinical Nursing*, 13, 707-13.
- Mehrabi-Zade, M.H., Taghavi, S.F., & Attari, Y.A. (2009), Effect of group assertive training on social anxiety, social skills and academic performance of female students. *Journal of Behavioral Sciences*, 1, 59-64.
- Meryan, N. (2007). A guidance of assertiveness skills. National Center for the Development of National Resources, El-Manar Project.
- Michel, F., a (2008). Assert Yourself. Module 2: Recognizing Assertive Behavior. Perth, Western Australia: Centre for Clinical Interventions.
- Michel, F., b (2008). Assert Yourself. Module 6: How to Say “No” Assertively. Perth, Western Australia: Centre for Clinical Interventions.

- Moher, W. (2003). *Mental Health Nursing*. 5th ed. London: Lipincott Williams &Wilkins, pp. 9-17.
- Murray, S.L., Holmes, J.G., & Collins, N.L. (2006). Optimizing assurance: The risk regulation system in relationships. *Psychological Bulletin*, 132, 641-666.
- Neinstein, L.S., Kenzie, R.G., & Morris, R.E. (2002). High risk and out-of-control behaviour disorders in adolescent health care a practical care (ed. LS Neinstein). Philadelphia: Lippincott Williams & Wilkins. pp. 1402-1416.
- O'Moore, M., & Kirkham, C. (2001). Self-esteem and its relationship to bullying behaviour. *Journal of Aggressive Behavior*; 27, 269–83.
- Özcan, A. (2006). Relationship between nurses vs. patients. System of set Publishing, Ankara, 230-244.
- Paezy, M., Shahraray, M., & Abdi, B. (2010). Investigating the impact of assertiveness training on assertiveness, subjective well-being and academic achievement of Iranian female secondary students. *Journal of Procedia Social and Behavioral Science*, 5, 1447–50.
- Poroch, D., & McIntosh, W. (1995). Barriers to assertive skills in nurses. *The Australian and New Zealand Journal of Mental Health Nursing*, 4, 113–123.
- Riley, J. (2000). *Communication in nursing*, 4th ed. Mosby, Harcourt Health Science Co., pp. 9–10.
- Scrutchfield, K. (2003). College students' comfort with assertive behaviors: An analysis of students with and without disabilities in three different postsecondary institutions. Published Doctoral Dissertation, University of Texas A&M, 2003. Available at: <http://proquest.umi.com/pqdweb?RQT=302&cfc=1>. Retrieved on: 10/6/2013.
- Sert, A. (2003). The effect of an assertiveness training of the assertiveness and self esteem of 5th grade children. Published Master Dissertation of Educational science. Middle East Technical University 2003. Available at: <http://etd.lib.metu.edu.tr/upload/1217686/index.pdf> Retrieved on: 12/6/2013.
- Shimizu, T., Kubota, S., Mishima, N., & Nagata, S. (2004). Relationship between self- esteem and assertiveness training among Japanese nurses. *Journal of Occupational Health*; 46, 296-8.

- Slater, J. (1990). Effecting Personal effectiveness: Assertiveness Training for Nurses. *Journal of Advanced Nursing*, 1, 337-56.
- Sully, P., & Nicol, M. (2005). Essential communication skills for nursing. Elsevier Mosby Co London, Philadelphia. pp. 94–95.
- Timmins, F., & McCabe, C. (2005). Nurses' and midwives' assertive behavior in the workplace. *Journal of Advanced Nursing*, 51, 38–45.
- Vedbeck, S. (2001). Psychiatric Mental Health Nursing New York: Lippincott, Williams & wilkins. pp. 309-23.
- Walczak, M., & Absolon, P. (2001). Essentials for effective communication in oncology nursing: Assertiveness, conflict management, delegation, and motivation. *Journal for Nurses in Staff Development*, 17, 159–62.
- Yılmaz, S. (2000). Correlation between levels of self esteem and assertiveness of university nursing students. Unpublished Master's Thesis, Ataturk University Health Sciences Institute Psychiatric Nursing Division, Erzurum. (In Turkish). In Karagozoglu S, Kahve E, Adamis_og̃lu D. Self esteem and assertiveness of final year Turkish university students. *Nurse Education Today* 2008; 28: 641–9.
- Zerwekh, J., & Claborn, J. (2003). Nursing today transition and trends, 4th ed. W.B. Saunders Co., Philadelphia, London, pp. 104–105, 157-158.