

Examining the relationship between assertiveness and self-esteem in nursing students

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ABSTRACT

Background: Assertiveness and self-esteem are fundamental psychological qualities that determine the communication skills, professional competencies, and the possibility to advocate for patients in nursing students. The knowledge of the degrees of assertiveness and self-esteem and their interaction will enhance nursing education and professional growth. **Objective:** To determine the degree of assertiveness and self-esteem among nursing students and to evaluate their relationship with the individual socio-demographic factors and the relationship between assertiveness and self-esteem. **Methods:** A cross-sectional study was conducted on 300 nursing students in a descriptive study. A semi-structured questionnaire with the variables of the socio-demographic variable, Rathus Assertiveness Schedule, and Rosenberg Self-Esteem Scale was used to collect the data. Descriptive statistics such as mean, standard deviation, frequency, and percentage, and inferential statistics such as chi-square tests and Pearson correlation coefficient were employed in the analysis of data. **Results:** The mean age of the participant was 19.4 ± 1.9 years. Most of the participants were situationally non-assertive (42.3%), partially assertive (42.0%), and 11.0 percent were assertive. The average self-esteem was 28.8 ± 3.4 , with the majority of the students showing moderate self-esteem (66.7%). Age, religion, year of study, and family type were significantly associated with assertiveness ($p = 0.004$, $p < 0.0001$, $p < 0.001$, and $p = 0.006$, respectively). There was a significant correlation between self-esteem and age ($p = 0.003$) and year of study ($p = 0.014$). The correlation was not strong ($r = 0.237$) but the association was highly significant ($r = 0.237$, $p = 0.0001$). **Conclusion:** Nursing students had different degrees of assertiveness and largely moderate esteem. There was a weak correlation but significant relationship between assertiveness and self-esteem. The approaches toward the development of professionalism and successful communication with the client are suggested to be educational methods of assertiveness training and self-esteem improvement.

KEYWORDS

Assertiveness, Nursing students, Rathus, Rosenberg, Self-esteem

INTRODUCTION

Nursing is generally recognized as a challenging and stressful field that demands emotional stability, communication skills, and good interpersonal competencies. Notably, exposure to stress does not commence post-qualification but is manifested in nursing education (Pulido-Martos et al., 2012). Academic workload, clinical responsibilities, role transitions, and expectations of faculty, patients, and healthcare teams often become a challenge to nursing students. These stress factors can affect their mental health, school achievement, and professional identity formation (Mohamed et al., 2024; Visier-Alfonso et al., 2024)

Self-esteem is a fundamental psychological concept that shows how one interprets his or her self-worth. It plays a vital role in influencing the confidence and decision-making skills of the

students in entering clinical practice (Enting et al., 2025) Higher self-esteem is also known to show adaptability, positive coping mechanisms, and professional commitment among students, compared to low self-esteem, which has been linked to anxiety, depression, academic stress and clinical lack of confidence (Kinariwala et al., 2025). Nursing students are the future workforce, which is why healthy self-esteem must be encouraged to guarantee patient safety and competence (Ramezanzade Tabriz et al., 2024).

Assertiveness is defined involves appropriately expressing ideas, feelings, and boundaries while respecting other's rights, maintaining positive affect in the receiver and considering potential consequences of the expression (Al-Hawaiti et al., 2025). It is a cornerstone of successful nurse-patient interaction, interprofessional collaboration, advocacy, and error prevention in clinical settings. With the development of nursing roles outside the traditional subordinate stereotypes, assertive communication is becoming more of a concern in professional autonomy and leadership (R. Shrestha et al., 2023; S. Shrestha, 2019). Study from Nepal has also evidenced that assertiveness is positively correlated with self-esteem (Tatu et al., 2025). People exhibiting assertive behaviors tend to have high self-esteem, social adaptation, and psychological well-being. On the other hand, low assertiveness can also lead to a lack of self-confidence, communication problems, and stress in the profession (Eslami et al., 2016). Although there is increasing international evidence, there is lack of studies conducted to establish the relationship between assertiveness and self-esteem in nursing students in Nepal. Thus, the main objective of this study is to evaluate the assertiveness and self-esteem levels of nursing students of Birgunj and examine the correlation between the two variables.

METHODS

A descriptive cross-sectional study design was conducted to evaluate assertiveness and self-esteem among nursing students. The research was carried out in three private nursing campuses in Birgunj Metropolitan City, Nepal: National Medical College Nursing Campus, Himal Institute of Health Sciences, and Evergreen Technical Institute of Health Sciences.

The study population included Proficiency Certificate Level (PCL) nursing students studying at the first to third years in the identified campuses at the time of the study. An enumerative (census) sampling method was employed, and all students who were eligible meeting the inclusion criteria were included. They were students willing to take part and were readily available during the time of data collection.

A minimum sample size of 260 was estimated through the Cochran equation ($n = Z^2 pq/d^2$) based on parameters of high assertiveness prevalence of 4%, margin of error of 2.5, confidence level of 95, and non-response rate of 10%. Despite the minimum sample size of 260, all the eligible students were invited to participate in the study to improve the generalizability. The total sample size was 300.

A semi-structured, self-administered questionnaire was developed following a rigorous review of the literature on the topic and used in the data collection process. This questionnaire had three sections. The former part collected the socio-demographic data, such as age, religion, marital status, area of residence, type of family, monthly family income, and year of study. The second part identified assertiveness in terms of the Rathus Assertiveness Schedule (RAS), which is a standardized 30-item measure that was created by Spencer A. This standardized tool demonstrated established validity and reliability in previous studies (Rathus, 1973; Looti, 2025). Rathus in 1973

to measure the assertiveness and the perceptions of assertiveness and frankness of individuals in their interpersonal relationships. The scale is made up of 17 negatively (passive) phrased items and 13 positively phrased items and is based on a six-point response scale [+3] (Always), [+2] (Usually), [+1] (Sometimes), [-1] (Once in a great while), [-2] (Rarely), and [-3] (Never). Reverse scoring was done before analysis on negative items. The overall rating is [-90 to +90], and the higher the score, the more assertiveness is perceived. The scores were grouped into very non-assertive (-90 to -20), and situationally non-assertive (-20 to 0), somewhat assertive (0 to +20), assertive (+20 to +40), and probably aggressive (+40 to +90).

The third part was the self-esteem that was measured through the Rosenberg Self-Esteem Scale (RSES), which is a standardized 10-item Likert scale that was created by Morris Rosenberg in 1965 to determine self-worth across the globe. This standardized tool demonstrated established validity and reliability in previous studies (Rosenberg, 1965; Rosenberg, 1965). The scale has positively and negatively worded items and will be matched in a random fashion in order to decrease the bias in responses. The rating was on a four-point scale, where strongly agree to strongly disagree. Questions that were positively phrased received a rating of 4 (strongly agree) to 1 (strongly disagree), and those questions that were negatively phrased were reverse-scored. The total scores are between 10 and 40, whereby the higher the score, the higher the self-esteem. Scores were classified as low (10-20), moderate (21-30), and high (31-40) self-esteem.

Before administration of the questionnaire, the subject experts in psychiatric nursing was consulted to ensure language clarity, contextual suitability, and comprehensibility. Since the psychometric properties of the scales have been widely documented in earlier literature, no separate pilot testing was undertaken. Paper-based questionnaires were used to collect data after receiving ethical approval from the Institutional Review Committee and administrative approval from respective campuses. All the participants gave informed consent before the data were collected using written informed consent. These were guaranteed confidentiality and anonymity, and the participants were made aware of their right to withdraw at will without any penalty. Data were entered in an Excel sheet and exported for analysis in SPSS version 26. Categorical variables were summarized using frequency and percentage, while numerical data were presented as mean $\pm$ standard deviation or 25th to 75th percentile values with median. Chi-Square test was applied for inferential analysis, One Way ANOVA Test was applied to compare numerical parameters between more than two independent groups. A p-value of <0.05 was considered to be as statistically significant.

RESULTS

Statistical Analysis:

Data were entered in an Excel sheet and exported for analysis in SPSS version 26. Categorical variables were summarized using frequency and percentage, while numerical data were presented as mean $\pm$ standard deviation or 25th to 75th percentile values with median. Chi-Square test was applied for inferential analysis, One Way ANOVA Test was applied to compare numerical parameters between more than two independent groups. A p-value of <0.05 was considered to be as statistically significant.

Table 1: Socio-demographic of the study participants

Indicators	Frequency	Percent (%)
Age (Mean±SD)	19.4±1.9	
Religion		
Hinduism	262	87.3
Buddhism	21	7.0
Christianity	9	3.0
Islam	8	2.7
Marital Status		
Married	29	9.7
Unmarried	270	90.0
Divorced	1	0.3
Area of Residence		
Own home	30	10.0
Rented Home	10	3.3
Hostel	260	86.7
Year of Study		
First Year	52	17.3
Second Year	137	45.7
Third Year	111	37.0
Family Type		
Nuclear	219	73.0
Joint	76	25.3
Extended	5	1.7
Monthly Income		
<10000	29	9.7
10001-20000	33	11.0
20001-30000	67	22.3
>30000	171	57.0

There were 300 participants in total. The average of the respondents was 19.4 ± 1.9 . In terms of religion, almost all (262, 87.3) of the participants were Hindu. A reduced number of them were Buddhists (21, 7.0%), with 9 (3.0%), and 8 (2.7%) were Christians and Muslims respectively. Within the marital status, a majority of the participants were single (270, 90.0%). There were only 29 (9.7) married and 1 (0.3) participant had divorced. With regards to the place of stay, most of the participants resided in a hostel (260, 86.7%). Few of them were living in their own home (30, 10.0%), and 10 (3.3%) lived in a rented home.

Regarding the year of study, almost the same number of participants belonged to the second year (137, 45.7%), third year (111, 37.0%), and first year (52, 17.3) students. In terms of the family type, the major portion of respondents (219, 73.0 percent) are in a nuclear family. One-fourth were of a joint family (76, 25.3%), and only 5 (1.7%) of them belonged to an extended family.

When asked about monthly income, over fifty percent of the respondents said that the family income was over NRs 30,000 (171, 57.0%). In the meantime, 67 (22.3) had a monthly income of

NRs 20, 001 to 30,000, 33 (11.0) of NRs 10,001 to 20,000 and 29 (9.7) of less than NRs 10,000. (Table 1).

Table 2: Status of Rathus Assertiveness Schedule (RAS)

Rathus Assertiveness Schedule (RAS) Category	Frequency	Percent (%)
Mean±SD	2.5±13.9	
Median(IQR)	1.5(-7.0,11.7)	
Very Non-Assertive	14	4.7
Situationally Non Assertive	127	42.3
Somewhat Assertive	126	42.0
Assertive	33	11.0

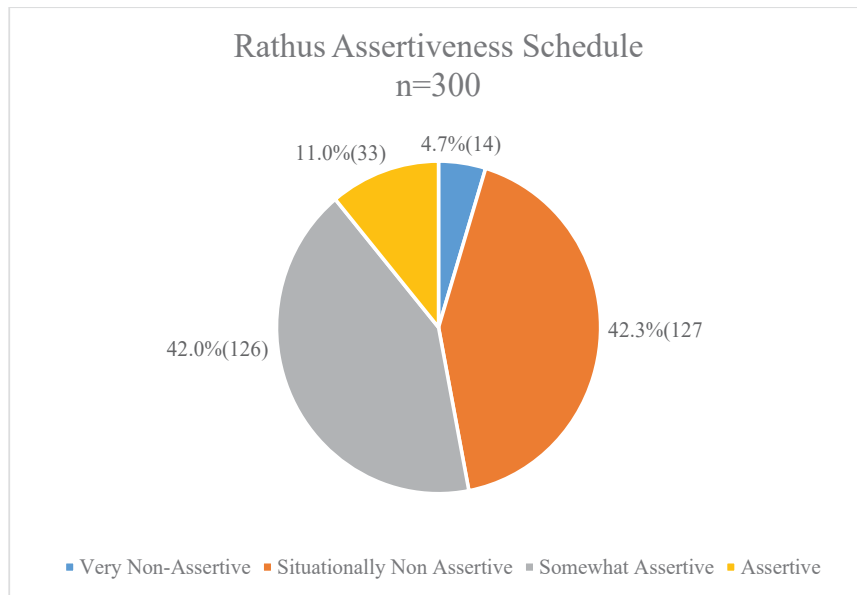


Figure 1: Status of Rathus Assertiveness Schedule (RAS)

The results indicated that the mean score of the participants in terms of the total Rathus Assertiveness Schedule (RAS) was 2.5 ± 13.9 . Median was 1.5 with an inter quartile range of - 7.0 to 11.7 showing that the level of assertiveness is very varied among the respondents.

The highest percentage of the respondents as far as categorizing is concerned were situationally non-assertive (127, 42.3%), which was closely followed by those who were somewhat assertive (126, 42.0%). A reduced percentage of respondents were categorized as assertive (33, 11.0%). The only 14 respondents (4.7%) were very non-assertive. (Table 2)

Table 3: Rosenberg Self-esteem (RSE) Scale

RSE Category	Frequency	Percent (%)
Mean±SD	28.8±3.4	
Median(IQR)	29.0(27.0,31.0)	
Low	5	1.7
Moderate	200	66.7
High	95	31.7

OR

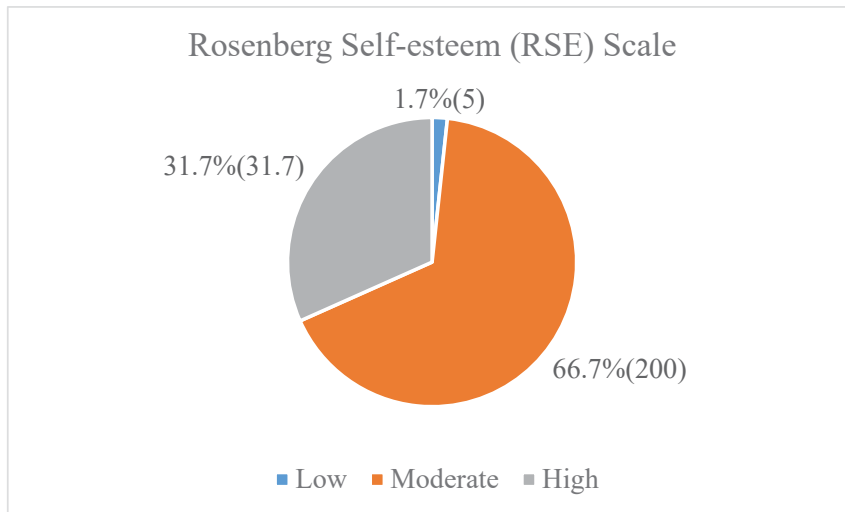


Figure 2: Rosenberg Self-esteem (RSE) Scale

The results revealed that the average score of Rosenberg Self-Esteem (RSE) of the respondents was 28.8 and the standard deviation was 3.4. The median was 29.0 with interquartile range of 27.0 to 31.0.

There were more participants who had moderate self-esteem (200, 66.7%). Almost a third of the respondents were of high self-esteem (95, 31.7%). Very few participants were found to experience low self-esteem (5, 1.7%) (Table 3).

Table 4: Association between Socio demographic indicators and Rathus Assertiveness Schedule (RAS)

Indicator's	Rathus Assertiveness Schedule (RAS)				P-value
	Very Non-Assertive	Situationally Non-Assertive	Somewhat Assertive	Assertive	
Age(Mean±SD)	20.0±1.4	19.9±1.9	19.0±2.0	19.1±1.5	0.004*
Religion					<0.0001
Hinduism	9 (3.0%)	119 (39.7%)	104 (34.7%)	30 (10.0%)	
Buddhism	3 (1.0%)	0 (0.0%)	16 (5.3%)	2 (0.7%)	
Christianity	2 (0.7%)	3 (1.0%)	4 (1.3%)	0 (0.0%)	
Islam	0 (0.0%)	5 (1.7%)	2 (0.7%)	1 (0.3%)	
Marital Status					0.087
Married	1 (0.3%)	18 (6.0%)	10 (3.3%)	0 (0.0%)	
Unmarried	13 (4.3%)	109 (36.3%)	115 (38.3%)	33 (11.0%)	
Divorced	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	

Area of Residence					0.356
Own Home	3 (1.0%)	12 (4.0%)	14 (4.7%)	1 (0.3%)	
Rented Home	1 (0.3%)	5 (1.7%)	3 (1.0%)	1 (0.3%)	
Hostel	10 (3.3%)	110 (36.7%)	109 (36.3%)	31 (10.3%)	
Year of Study					<0.0001
First Year	2 (0.7%)	13 (4.3%)	32 (10.7%)	5 (1.7%)	
Second Year	5 (1.7%)	51 (17.0%)	59 (19.7%)	22 (7.3%)	
Third Year	7 (2.3%)	63 (21.0%)	35 (11.7%)	6 (2.0%)	
Type of Family					0.006
Nuclear	6 (2.0%)	92 (30.7%)	92 (30.7%)	29 (9.7%)	
Joint	7 (2.3%)	35 (11.7%)	31 (10.3%)	3 (1.0%)	
Extended	1 (0.3%)	0 (0.0%)	3 (1.0%)	1 (0.3%)	
Monthly Income(Nrs)					0.339
< 10,000	0 (0.0%)	9 (3.0%)	16 (5.3%)	4 (1.3%)	
10,001–20,000	2 (0.7%)	20 (6.7%)	8 (2.7%)	3 (1.0%)	
20,001–30,000	3 (1.0%)	30 (10.0%)	26 (8.7%)	8 (2.7%)	
> 30,000	9 (3.0%)	68 (22.7%)	76 (25.3%)	18 (6.0%)	

Fisher Exact Test, One-Way Anova* (Fisher's Exact Test applied due to small expected cell counts; caution is required in interpretation where zero frequencies are present.)

The relationship between socio-demographic variables and categories of Rathus Assertiveness Schedule (RAS) were checked. The mean age difference between the categories of RAS was found to be statistically significant ($p = 0.004$). Very non-assertive (20.0 1.4 years) and situationally non-assertive participants (19.9 1.9 years) had higher mean ages as compared to somewhat assertive (19.0 2.0 years) and assertive participants (19.1 1.5 years). Nonetheless, post-hoc analysis with Tukey HSD showed that these differences were not statistically significant in pairwise comparisons ($p = 0.203$), with all groups being a single homogeneous group. There was a statistically significant correlation between assertiveness level and religion ($p < 0.001$, Fisher Exact Test). Among Hindu respondents, most ($n=119$, 39.7%), were either situationally non-assertive ($n=119$, 39.7%), or somewhat assertive ($n=104$, 34.7%), with a smaller proportion assertive ($n=30$, 10.0%). The majority of the Buddhist participants were somewhat assertive (16, 5.3%), with very few in other categories. The Christian and Muslim groups were observed to have small numbers of participants. However, since some of the categories had very small or no cell counts, these results must be taken with caution.

No statistically significant relationship was found between the level of assertiveness and marital status ($p = 0.087$). Most of the unmarried participants were either situationally non-assertive (109, 36.3%), or somewhat assertive (115, 38.3%).

On the same note, area of residence did not have significant relation with the level of assertiveness ($p = 0.356$). The majority of the residents of the hostel were either situationally non-assertive (110, 36.7%) or somewhat assertive (109, 36.3%).

The statistically significant correlation was found between the study year and the level of assertiveness ($p < 0.001$). In the first-year group, 32 (10.7%) students were rather assertive. Among the students in their second year, 59 (19.7%) were somewhat assertive and 22 (7.3%) were assertive. Conversely, situationally non-assertive individuals (63, 21.0%), were more prevalent in the third-year students.

Family type also significantly correlated with level of assertiveness ($p = 0.006$). Higher proportions of those who belonged to nuclear families were situationally non-assertive (92, 30.7%) and somewhat assertive (92, 30.7%), compared to a small number in joint families who fell into these categories (3, 1.0%).

There was no significant relationship between monthly income and assertiveness level ($p = 0.339$). Though the higher income group (above NRs 30,000) showed higher frequencies of situationally non-assertive (68, 22.7%), and somewhat assertive (76, 25.3%) participants it was not found to be statistically significant. Table 5. Association between Socio demographic indicators and Rosenberg Self-esteem (RSE) Scale among study participants

Indicator's	Rosenberg Self-esteem (RSE) Scale			P-value
	Low	Moderate	High	
Age(Mean $\pm$ SD)	20.4 $\pm$ 0.5	19.7 $\pm$ 1.9	18.9 $\pm$ 1.9	0.003*
Religion				0.269
Hinduism	5 (1.7%)	178 (59.3%)	79 (26.3%)	
Buddhism	0 (0.0%)	9 (3.0%)	12 (4.0%)	
Christianity	0 (0.0%)	7 (2.3%)	2 (0.7%)	
Islam	0 (0.0%)	6 (2.0%)	2 (0.7%)	
Marital Status				0.267
Married	1 (0.3%)	18 (6.0%)	10 (3.3%)	
Unmarried	4 (1.3%)	182 (60.7%)	84 (28.0%)	
Divorced	0 (0.0%)	0 (0.0%)	1 (0.3%)	
Area of Residence				0.396
Own Home	0 (0.0%)	23 (7.7%)	7 (2.3%)	
Rented Home	0 (0.0%)	9 (3.0%)	1 (0.3%)	
Hostel	5 (1.7%)	168 (56.0%)	87 (29.0%)	
Year of Study				0.014
First Year	0 (0.0%)	27 (9.0%)	25 (8.3%)	
Second Year	1 (0.3%)	93 (31.0%)	43 (14.3%)	
Third Year	4 (1.3%)	80 (26.7%)	27 (9.0%)	
Type of Family				0.607
Nuclear	3 (1.0%)	150 (50.0%)	66 (22.0%)	
Joint	2 (0.7%)	47 (15.7%)	27 (9.0%)	
Extended	0 (0.0%)	3 (1.0%)	2 (0.7%)	
Monthly Income (Nrs)				0.687
< 10,000	0 (0.0%)	19 (6.3%)	10 (3.3%)	
10,001–20,000	0 (0.0%)	20 (6.7%)	13 (4.3%)	
20,001–30,000	1 (0.3%)	50 (16.7%)	16 (5.3%)	
> 30,000	4 (1.3%)	111 (37.0%)	56 (18.7%)	

Fisher Exact Test, One-Way Anova* *Fisher's Exact Test applied due to small expected cell counts; caution is required in interpretation where zero frequencies are present.*)

A One-Way ANOVA showed statistically significant difference in the mean age across the self-esteem categories ($F = 5.832$, $p = 0.003$). The mean age of the participants under the low self-esteem group was the highest (20.4 ± 0.5 years), followed by the mean age of the participants under the medium self-esteem group (19.7 ± 1.9 years), and finally the mean age of the participants under the high self-esteem group (18.9 ± 1.9 years). The level of assertiveness and religion were statistically significantly related ($p < 0.001$, Fisher, Exact Test). Among Hindu respondents, the proportion of situationally non-assertive (119, 39.7%) and somewhat assertive (104, 34.7%), with a lower proportion being assertive (30, 10.0%). Buddhists participants were rather assertive (16, 5.3%), with only a few having other types. The Christian and Muslim groups only had small numbers of participants. Nevertheless, since some of the categories had cell counts of very small or even zero, these results must be taken with caution.

The level of assertiveness and marital status were not found to have a statistically significant relationship ($p = 0.087$). Most of the unmarried respondents either were situationally non-assertive (109, 36.3%), or were somewhat assertive (115, 38.3%).

The same situation applied to the area of residence which did not significantly correlate with the level of assertiveness ($p = 0.356$). The majority of the hostel residents were either situationally non-assertive (110, 36.7%) or slightly assertive (109, 36.3%).

The study year and the level of assertiveness were found to have a statistically significant association ($p < 0.001$). The number of first-year students who were somewhat assertive were 32 (10.7%). Of second-year students, 59 (19.7%), were somewhat assertive, and 22 (7.3%), were assertive. However, third-year students had a larger percentage of situationally non-assertive individuals (63, 21.0%).

The family type also greatly correlated with the level of assertiveness ($p = 0.006$). There were higher proportions of participants in nuclear families compared to joint families, who were situationally non-assertive (92, 30.7%), partially assertive (92, 30.7%), compared to simple assertive (3, 1.0%).

The level of assertiveness was not significantly related to monthly income ($p = 0.339$). Even though the higher income group (above NRs 30,000) showed statistically insignificant differences between higher and lower frequencies, a situationally non-assertive (68, 22.7%) and somewhat assertive (76, 25.3%) participants were observed in higher frequency situations.

Figure 2: Correlation between RAS ad RSE Scale among study participants

Indicator	r-value	p-value
RAS vs RSE	0.237	<0.0001

Correlation analysis revealed that, there was a positive relationship between Rathus Assertiveness Schedule (RAS) and Rosenberg Self-Esteem (RSE) scores ($r = 0.237$, $p < 0.0001$). The positive r-value was a sign that an increased assertiveness was correlated with increased self-esteem among the participants. The correlation was not strong ($r = 0.237$) but the association was highly significant. (Figure 2).

DISCUSSION

This study analyzed the assertiveness and self-esteem rates of nursing students and determined the correlations of these rates with certain socio-demographic characteristics. There were 300 students in total, and the mean age of the sample was 19.4 ± 1.9 years, which means that the sample was mostly composed of young adults and late adolescents. This finding is comparable to study conducted by Rana (2023) where mean and SD of sample was 18.63 ± 1.379 suggesting similar age distribution and academic level of respondents. However, the mean age in present study was lower than that reported in another similar study conducted in Nepal which documented a higher mean age of 22.9 and 3.06 SD (Kansaka & Acharya, 2024). Studies including post-basic nursing programs or wider age range would naturally report a higher mean age and greater variability.

Most of the participants in this study were Hindu (87.3 %), unmarried (90.0 %), staying in hostels (86.7 %), and belonged to nuclear family (73.0%). These proportion were consistent with findings from other similar studies (Dahal & Mehta, 2025; Rana, 2023). These demographic pattern reflects the typical profile of nursing students in Nepal where most students are young, unmarried females coming from nuclear family structures.

Mean score of the participants in terms of the total Rathus Assertiveness Schedule (RAS) was 2.5 ± 13.9 . This suggests that while the average participant was not highly assertive, there was a large variation in responses, with some participants likely scoring in the negative (non-assertive) range and others in the positive (assertive) range. The mean score was lower as compared to Shrestha et al. where mean assertiveness score was 18.1 ± 14.7 (Shrestha, 2019). The differences in mean assertiveness levels across studies may be influenced by religion, cultural norms, institutional teaching environments, and curricular emphasis on communication. Nursing students from different institutions may not have received equal opportunities for simulation learning, patient interaction, classroom participation or leadership exposure all of which contribute to confidence building and assertive communication. Hence, these contextual differences should also be considered.

In present study, majority were non-assertive 42.3% which aligned with study by Dahal and Mehta showing 48.9% as non-assertive (Dahal & Mehta, 2025). However, Rana (2023) showed that majority of the respondents (87.3%) had moderate level of assertiveness, and very least respondents (4.2%) had high level of assertiveness. Such variations may be due to differences in study settings, academic exposure, and sample characteristics. In this study, socio-demographic characteristics such as age ($p=0.004$), religion (<0.0001), year of study ($p<0.001$), and type of family ($p=0.006$) were significantly associated with level of assertiveness. These findings indicate that developmental maturity, educational progression, and family background may influence assertive behavior among nursing students. Similar finding was identified in another study where age was only associated with level of assertiveness ($p<0.001$) (Shrestha, 2019). However, other similar studies conducted in Nepal did not show any significance between sociodemographic characteristics and level of assertiveness (Dahal & Mehta, 2025; Rana, 2023). The inconsistency across studies highlight contextual differences or variations in sample size and institutional environments.

Majority of the participants had moderate self-esteem (66.7%), followed by high self-esteem (31.7%), and low self-esteem (1.7%). Kansaka & Acharya (2024) showed that 63.6% students had high self-esteem, 34.7% had average self-esteem, and 1.7% had low self-esteem. The lower

proportion of high self-esteem in the present study indicates differences in academic stress, or support systems.

The level of self-esteem was statistically significant with age ($p = 0.003$) and year of study (0.014). Self-esteem was not significantly associated with marital status, religion, area of residence, type of family, or income. These findings show that personal growth and educational experience may play a more substantial role in shaping self-esteem than socio-economic factors. However, in a study by Dahal and Mehta (2025) there was no significant association between levels of self-esteem and socio-demographic and professional-related variables.

The correlation was not strong ($r = 0.237$) but the association was highly significant. . Although the strength of correlation was low, the findings indicate that students with higher self-esteem tended to demonstrate greater assertiveness. However, the magnitude of correlation in the present study was considerably lower than that of another study, which showed a significant and strong correlation between the level of assertiveness and the level of self-esteem ($r = 0.972$, $p < 0.001$) (Mushtaq et al., 2023). Similarly, a positive and significant correlation between RAS and RSE was identified in another study (Chakraborty et al., 2020). However, no statistically significant relationship between assertiveness and self-esteem ($R = -0.118$, $p\text{-value} = 0.108$) was identified in another study Dahal and Mehta (2025). These discrepancies may be due to methodological differences or variations in sample characteristics.

In addition to socio-demographic variables examined, other factors such as academic performance, duration of clinical exposure, prior communication or leadership training, peer support, individuality personality traits may also have contributed to the level of assertiveness, and self-esteem. Since these potentially confounding variables were not assessed in the present study, the observed associations should be cautiously interpreted. Future studies should incorporate the confounding factors to obtain a comprehensive understanding of determinants influencing assertiveness and self-esteem.

This study employed generalized and highly popularized instruments such as the Rathus Assertiveness Schedule (RAS) and the Rosenberg Self-Esteem Scale (RSES) that strengthen the reliability and validity of the results. Similarly, the sample size used in the study was relatively sufficient and enhanced the statistical power and the precision of the estimates. This research also analyzed both the level and relationship of assertiveness and self-esteem, and socio-demographic variables and provided a holistic picture of the psychosocial profile of nursing students. Furthermore, the application of the existing scoring categories made it possible to conduct a meaningful comparison with prior national and international studies.

Despite the strengths, some limitation exists. The cross-sectional design rules out the possibility of drawing causal relationships between assertiveness and self-esteem. Self-administered questionnaires can also create bias in responses, such as social desirability bias, especially since assertiveness and self-esteem are socially endorsed characteristics. The survey was done among nursing students in the chosen institutions, and this may restrict the applicability of the results to other fields of study or geographical locations. Also, various other factors that may have contributed to the results, including personality traits, academic stress, peer relationships, and clinical exposure, were not examined.

CONCLUSION

The study concludes that the level of assertiveness among nursing students varied, with most of them being situationally non-assertive or moderately assertive. The overall levels of self-esteem were mostly moderate, with a significant proportion of persons stating that their self-esteem was high. There was a weak but statistically significant correlation between assertiveness and self-esteem indicating that students with higher self-esteem tended to demonstrate slightly higher assertiveness. These results conclude that the two constructs are interrelated but have several factors that support them. Nursing institution in Nepal should include structured assertiveness training, communication skills development sessions, simulation based clinical advocacy exercises, and regular student counselling or mentorship programs within the nursing curriculum to strengthen self-esteem and confidence of the students. However, findings should be interpreted considering cross-section study and use of self-reported instruments limiting causal interpretation and response bias.

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