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IMPACT OF ASSERTIVE COMMUNICATION TRAINING PROGRAM ON STAFF NURSES' KNOWLEDGE AND SKILLS

KHALED MOHAMMED AL HARBY*

Researcher, Nursing Administration, Faculty of Nursing, Cairo University, Egypt.
*Corresponding Author Email: khmalharby@gmail.com

MAGDA AMIN EL MOLA

Professor, Nursing Administration, Faculty of Nursing, Cairo University, Egypt.

NADIA TAHA MOHAMED

Professor, Nursing Administration, Faculty of Nursing, Cairo University, Egypt.

Abstract

Assertive communication is a specific skill that some people are born with, but it also can be learnt. It is normally direct and clarifies a person's need with the other interactant. People with advanced skills in assertiveness can reduce interpersonal conflict-related stress and anxiety. Aim: to examine the impact of assertive communication training program on staff nurses' knowledge and practices. Design: A quasi-experimental design with one group pretest-posttest used in current study; study. Setting: The study was conducted in ICUs of King Saud public Hospital in Unaizah, Saudia Arabia. Sample: a convenient sample of staff nurses their numbers (45)) in ICUs of the previously mentioned setting. Tools: Three tools were utilized, namely :(1) Personal data sheet, (2) Nurses 'assertive communication knowledge questionnaire and (3) Nurses' assertive communication skills observational check list. Results: revealed that there were statistically significant differences in staff nurses' total knowledge mean scores (χ^2= 72.341, p=.000*) immediately post-program and follow up than pre-program as well as statistically significant differences in staff nurses' total skills mean scores (χ^2= 4.503, p=0.01*) immediately post-program and follow up than pre-program. Conclusion: there was a positive statistical correlation between the staff nurses' assertive communication knowledge and skills (r=0.20, p=0.02*). Recommendations: Hospital administrators should provide opportunities to empower staff nurses to practice assertive communication in their units and recognize best practices for staff nurses. Replicate the study with a larger sample size and in different settings to confirm and enhance the generalizability of the findings.

Keywords: *Assertive Communication, Knowledge and Skills, Staff Nurses.*

1. INTRODUCTION

Communication is a basic function of human beings, has a vital importance to developing interpersonal relationships, and for groups, organizations, and society to function well. Communication skills are an essential component of health care and effective communication skills are even more important for nurses as they are at the forefront of patient care providing eighty percent of healthcare services globally. Effective communication has a great impact on nurses' job satisfaction, team relationships, as well as patient care/safety (Mohammed, Shazly, & Mostafa, 2022). Challenges and demands brought by the changes in current nursing management have motivated head nurses to become more assertive to deal with complex human relations situations. Assertive behavior is a behavior which directly expresses nurses' true, basic feelings, needs, desires, opinions and personal rights in a positive, productive way without denying the rights of others. It is characterized by the ability to express nurses' ideas, interests, thoughts, feelings, beliefs, and needs freely, clearly, confidently, and honestly, without

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denying or violating others' rights (Weld, 2023). Assertiveness is a communication style, which is considered an important behavior for today's professional nurse and the key to successful relationships with clients, families, and colleagues. Assertiveness refers to the ability to express one's feelings, opinions, beliefs, and needs directly, openly and assertiveness in communication is the ability to directly state your feelings and needs in a respectful manner. (Aul, Ferguson & Russo, 2023). Assertive communication has been recognized as a key strategy for preventing adverse incidents in health care and improving patient safety. Improving assertive communication of nurses is an instrument for improving assertive behavior, ensuring a climate of patient safety, managing conflicts effectively, increasing self- confidence and increasing professional responsibilities in healthcare settings. Assertive communicators will state needs and wants clearly, appropriately, and respectfully; express feelings clearly, appropriately, and respectfully (Ahmed, Desouki, Mourad, & Barakat, 2022). The main goal of assertive communication is to improve the interpersonal relationships of the team. The different types of assertive communication increase trust and mutual respect, while allowing better handling of criticism, turning potential conflicts into opportunities for growth and improvement Bamoussa, 2023). Assertive communication involves various verbal and nonverbal qualities. As follows, direct eye contact shows that the speaker is strong and not intimidated, an assertive stance or posture with the right balance of strength and casualness. Assertive communication must be executed at the right time (e.g., making requests from one's spouse in the middle of a dinner party is not likely to be well received, non-threatening, non-blaming language, and clarity., Positive language without criticism of oneself or others. Keates, 2022). Practice active listening is one of the most important skills for implementing an assertive communication strategy. In essence, it is about paying full attention to what the other person is saying, without interrupting, and showing interest. Listening, paying attention to body language, tone of voice, asking questions, or paraphrasing what has been understood can help ensure mutual understanding (Fekete, & Szalai-Szolcsányi, 2023). Clarity is fundamental in assertive communication. Being concise about what you need or feel avoids misunderstandings and saves time. For example, instead of making vague or general comments such as, "I wish you were more responsible," it is better to be direct and specific and say, "I wish you would turn in reports on time every week (Scott,2024) There are many proven benefits of assertive communication as follows :a more positive self-image, an increased likelihood of finding positive solutions, greater self-confidence, higher self-esteem ,more respect for others' opinions and viewpoints ,greater self-control ,more effective communication skills ,higher self-respect, increased ability to avoid interpersonal conflicts ,greater self-disclosure ,reduced anxiety, greater self-worth ,an enhanced ability to control stress ,reduced depression ,and better health (Jandhyala, & Kumar, 2024). Assertive communication training has been found to effectively improve skills in communicating, realizing, and expressing negative and positive feelings. Training had a positive impact on employees and organization, and it positively affected employee performance through the development of knowledge, the acquisition of skills, competency, ability, and the person's behavior. Thus, training improves knowledge, skill, and communication which increases a nurse's motivation to work. An employee who never participates in any training, seminar, or workshop about assertive communication would experience difficulty in improving his/her performance. (Endjala, 2020)

Significance of the Study

The study conducted by Hugo (2020) emphasized the role of assertiveness communication skills for nurses in the workplace; in reducing their interpersonal stress, building effective team relationships, and adding support to one's behavior and giving confidence about one's actions which influence their self-esteem. Thus, assertiveness helps nurses to be more competent in the provision of quality patient care, more effective in communicating with others, and using their professional knowledge and skills. Another study by García-Avitia (2024) concluded that assertive communication can help in making

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better decisions for several reasons as it can help in clarifying goals, values, and priorities. Assertiveness can help in gathering relevant information and feedback, which are essential for evaluating options and consequences. Assertiveness can help in negotiating and resolving conflicts, which are inevitable when making decisions that affect others. When the investigator contacts with nurses at selected hospital it was observed that there is a high level of conflict among them due to lack of effective communication and cultural barriers can hinder assertive communication in health care and lack of communication lead to recuring incidents. Also, it's observed that nurses ignore apply principles of assertive communication skills sufficiently that make them demotivated, unwilling to work hard to achieve organizational goals and lack opportunities to make a positive difference and negatively affect their ability in making good decisions.

2. METHOD

Aim of the Study

The current study aimed to examine the impact of assertive communication training program on staff nurses' knowledge and skills

Research Design

H1: There will be a difference in nurses' knowledge score regarding assertive communication during the periods of testing after implementing the program (immediately after implementation and three months after) compared to before implementing the program.

H2: There will be increase in nurses' skills mean score regarding assertive communication during the periods of testing after implementing the program (immediately after implementation and three months after) compared to before implementing the program

Design

Quasi-experimental design with one group pretest-posttest will be used to achieve the aim of the current study. Quasi experimental research design is approach used to create a cause-and-effect link between an independent and dependent variable. In contrast to a true experiment, a quasi-experimental design isn't reliant on random assignments. Non-random criteria are used to assign subjects to groups (Singh, 2021).

Setting

The study will be conducted in King Saud public Hospital in Unaizah, Saudia Arabia. it is governmental hospital which provides free services with a total bed capacity 300 beds, and 60 clinics. The hospital consisted of three floors as follow, 1st floor includes emergency unit, Diabetic center, Ophthalmic center, Endoscopy unit. while 2nd floor includes anaseathia, Obstetric unit, Operating room, Pediatric unit, Dialysis unit lastly 3rd floor includes Adult ICU, Neonate ICU, Cardiac care unit, medical care unit, Orthopedic care unit, Pediatric ICU, Surgical care unit, and Cardiac catheterization unit.

The study data was collected from previously mentioned ICUs units.

Sample

A convenience sample of staff nurses who are working at selected settings (Intensive Care Unit, Emergency Department, Operation Rooms) during the time of data collection. The sample will not be less than 30% of the total population (45) with the total population in a previously selected setting is 150 staff nurses.

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Data Collection Tools:

The data of current study was collected by using three tools as follows:

Tool I: Personal Data Sheet for Staff Nurses:

developed by the researcher which includes (age, gender, years of experience in nursing profession, years of experience in the hospital, educational level and previous training programs that were received about assertive communication).

Tool II: Nurses Assertive Communication Knowledge Questionnaire:

his tool was developed by the investigator after extensive literature review (Mostafa, Hamouda, Zahran, & Obied, (2020). and Fekete, & Szalai-Szolcsányi, 2023), was used to assess nursing staff knowledge regarding assertive communication: It covered five dimensions with total items (30 items) as following: 1. Concept of assertive communication (5 items) 2. importance of assertive communication (6 items) 3. types of assertiveness behavior (5 items) 4. Components of assertive communication (5 items) 5. Factors and challenges affecting assertive communication behavior (9 items). Each question of knowledge questionnaire was allotted a score of (1) for correct answer and (0) for wrong answer. Total knowledge score was calculated satisfactory more than 60 % of total knowledge score, while un-satisfactory less than 60 % of total knowledge scores (Mohammed, Shazly, & Mostafa, 2022).

Tool III: Nurse's Assertive Communication Skill Observational Checklist:

This tool was guided by Rathus (1973) and Bamoussa, (2023) and was modified by the investigator, it was used to assess a nurse's level of assertive communication. It covered four dimensions with total items (74 items) as follows: 1. workplace assertiveness behavior (18 items), 2. assertiveness behavior factors (20 items), 3. assertiveness techniques (13 items), 4. Relationship assertiveness behavior (23items). all items were answered using dichotomies scale format ranging from, done (1), not done (0). The level of assertive communication skills was considered high level ≥75% of total scores, while moderate level 50- 75% of total scores and low level ≤ 50%.

Validity and Reliability:

Content validity was established by a panel of three experts from nursing administration department at faculty of nursing, Cairo University. They were asked to examine the data collection tools for content coverage, clarity, wording, length, format, and overall appearance. In addition, the reliability was determined statistically by testing the internal consistency using Cronbach's Alpha Coefficient test. Cronbach's Alpha for staff nurses assertive communication knowledge reliability was (0.86) while staff nurses assertive communication skills observational checklist reliability was (0.90).

Procedure

The Study Was Conducted In Six Phases:

i. **Assessment Phase:** Prior to program implementation, an initial assessment of the staff nurse about assertive communication was done using the developed knowledge questionnaire as well as the investigator assessing the staff nurse's assertive communication skills by using assertive communication skills observational checklist.

ii. **Planning Phase:** Based on the results of the initial assessment of staff nurses' knowledge that was analyzed, the researcher designed training program including seven sessions.

iii. **Validation Phase:** The suggested training program was tested, revised by group of three experts' professors from the nursing administration department at faculty of nursing - Cairo University

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iv. **Communication and Approval Phase:** After testing the validity of suggested program, it was communicated to the director of King Saud public Hospital, then taking an approval for implementing the preparation program for staff nurses in hospitals.

v. **Implementation Phase:** After designing the training program, taking approval for implementation, the researcher implemented the program on seven sessions. The sessions were provided with international training activities like "brainstorming, group discussion, role play, lectures, scenarios and workshops). The first day of training included general orientation about aim and significance of the program, concept of assertive communication and its goal. The second day included importance and the need for assertive communication in health care organizations. The third day included differences between types of assertive communication. The fourth day included components of assertive communication. The fifth day included benefits of assertive communication and results about its application in health care organization. The sixth day includes Factors affecting assertive communication behavior and barriers of its application in hospitals. And finally, the last day of training included strategies that can assist in the development of assertive communication skills.

vi. **Evaluation Phase:** evaluating the immediate effect of the training program on staff nurse was done through utilizing the previous tools (assertive communication knowledge questionnaire and assertive communication skills observational checklist)

Statistical Data Analysis

The collected data was tabulated, computed and analyzed statistically using Statistical Package for the Social Sciences (SPSS) program version 24. Descriptive statistics in the form of frequency distribution, percentages, mean and standards deviations were utilized. Correlation between variables was evaluated using Pearsons's correlation coefficient (r) test.

3. RESULT

Findings of the Current Study Were Presented in the Following Parts As Follows:

Part 1: Frequency Distribution of staff nurses According to Personal data (table 1)

Part 2: A- Comparison of Total Mean Scores of staff nurse's assertive communication knowledge Dimensions during different phases (Tables 2)

B-Frequency Distribution of Total Assertive Communication Knowledge Levels Among staff nurses during program phases (Tables 3)

Part 3: A- Comparison of Total Mean Scores of staff nurse's assertive communication skills Dimensions during program phases (Table 4)

B- Frequency Distribution of Total Assertive communication skills Levels among staff nurses during program phases (Tables 5)

Part 4: Correlation between staff nurse's assertive communication Knowledge and skills (Tables 6)

Table 1: Frequency Distribution of Staff Nurses According To Personal Data (N=45)

Demographic data	No.	%
Age		
(20 - < 30 years)	13	28.9
(30 - < 40 years)	24	53.3
(40 years & more)	8	17.8
Gender		

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Female	41	91.1
Male	4	8.9
Education		
Bachelor's degree in nursing	37	82.2
Others	2	4.4
Technical nursing diploma	6	13.3
Years of experience in the hospital		
(<1 years)	1	2.2
1-<5	12	26.7
5-<10	17	37.8
(10 years & more)	15	33.3
Workplace		
Adult ICU	5	11.1
Cardiac care	5	11.1
Dialysis	5	11.1
Medical care	5	11.1
Neonate ICU	5	11.1
Orthopedic ca	5	11.1
Pediatric ICU	5	11.1
Surgical care	10	22.2
Years of experience in nursing profession		
(<5 years)	10	22.2
(5 - <10)	9	20.0
(10 - <15years)	14	31.1
(15 years & more)	12	26.7

Table (1) shows that most of the study participants (91.1%) were female, and their age group (53.3 %) ranged from 30< 40 years old, the majority of them (82.2%) were having bachelor's degree in nursing, with years of experience in hospital, (37.8%) of them ranged from 5< 10 years, while (31.1%) ranged from ten to less fifteen years of experience in nursing profession Also, the results showed that (64.4%) of the study participants didn't previously attend an training program about assertive communication

Table 2: Comparison of Total Mean Scores of Staff Nurse Assertive Communication Dimensions During Program Phases (N=45)

Assertive communication *knowledge dimensions*	Preprogram		*Immediately* Post program		Follow up		F test	p-value
	Mean	Sd	Mean	Sd	Mean	Sd		
Concept of assertive communication	3.14	2.22	4.38	1.32	4.17	1.62	7.0424	.000*
Importance of assertive communication	4.52	1.47	5	0	4.72	1.15	2.6564	.000*
Types of assertive communication	2.17	2.24	4.36	1.61	4.02	1.44	35.127	.000*
Components of assertive communication	3.8	2	4.87	0.7	4.32	1.34	19.6932	.000*
Factors and challenges affecting assertive communication behavior	4.85	3.52	7.19	1.99	7.1	2.11	11.41	.000*
Total	19.62	4.04	27.60	2.96	25.58	2.65	72.341	.000*

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Table 2 Shows that there was a highly significant difference which was reflected in total mean scores (F=72.341, P=0.000). Data at the same table also revealed that the highest mean score was related to assertive communication behavior dimension immediately post program (7.19+1.99) and slightly decreased three months (2.11+11.41) after program implementation but still higher than preprogram (4.85 +3.52). All differences as were statistically significant (χ^2=72.341, p=.0.00*).

Table 3: Frequency Distribution of Total Assertive Communication Levels Among Staff Nurses (N=45)

Levels of knowledge	Preprogram		Immediate Post program		Follow up		X2	P valu
	No.	%	No.	%	No.	%		
Low	8	17.8	0	0.0	0	0.0		
Moderate	26	57.8	5	11.1	8	17.8		
High	11	24.4	40	88.9	37	82.2	53.1	0.00*

Table 3 reveals that there was a statistically significant difference in total knowledge score during different periods of assessment. As shown (57.8%) of staff nurses scored moderate pre-program, and marked improvement was seen immediately post program and three months later, as (88.9%) of staff nurses scored high immediately post program and three months later, the score decreased to (82.2%) three months later but still high compared to preprogram. All differences as were statistically significant (χ^2=53.1, p=.0.00*)

Table 4: Comparison of Total Mean Scores of Staff Nurse's Assertive Communication Skills Dimensions during Program Phases (N=45)

Dimensions of skills	Preprogram		Immediately Post program		Follow up		F test	P value
	Mean	Sd	Mean	Sd	Mean	Sd		
Workplace assertiveness behavior	12.78	5.67	17.87	0.61	15.43	5.72	32.877	0.000*
Relationship assertiveness behavior	16.95	3.6	19.25	1.65	18.48	3.91	8.132	0.000*
Assertiveness techniques	10.96	1.73	12.96	0.3	11.93	2.37	17.562	0.000*
Assertive behavior factors	19.38	4.17	16.6	7.74	20.83	6.08	18.733	0.000*
Total	60.02	2.60	66.67	6.45	64.76	17.39	4.503	.013*

Table (4) shows that there was a statistically significant difference in mean scores of all dimensions of assertive communication skills during different periods of assessment, preprogram (60.02+2.06) immediately post program (66.67+6.45) and three months post program implementation (64.76+17.39). All differences were statistically significant (F=4.503, P=0.013)

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Table 5: Frequency of Total Mean Scores of Assertive Communication Skills Level among Staff Nurses (N=45)

Levels of skills	Preprogram		Immediate Post program		Follow up		X2	p
	No.	%	No.	%	No.	%		
Low	0	0.0	0	0.0	3	6.7		
Moderate	43	95.6	0	0.0	0	0.0		
High	2	4.4	45	100.0	42	93.3	10.1	0.03*

Table (5) denotes that there was a statistically significant difference in total assertive communication level during different periods of assessment. As shown (95.6%) of staff nurse scored moderate level pre-program, while marked improvement was seen immediately post-program and three months later, as (100) % of staff nurses scored high level immediately post-program, the score was decreased to (93.3%) three months later but still higher than preprogram (χ^2=10.1, p 0.03*).

Table 6: Correlation between Staff Nurses' Assertive Communication Knowledge and Skills

Study variables	Staff nurses' assertive communication knowledge	
	R	P
Staff nurses' assertive communication skills	0.20	0.02*

Table (6) shows that there was a positive statistical correlation between staff nurses' total mean scores of assertive communication knowledge and skills (r= 0.20, p=0.02*)

4. DISCUSSION

Assertive communication is a powerful communication skill in everyday clinical practice among staff members and in doctor-patient encounters. It has an important role in eliciting relevant information during patient interviewing, similarly, in shared decision-making or convincing patients of certain therapy options. Assertive communicators will state needs, wants and express feelings clearly, appropriately, and respectfully, 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 (Fekete, & Szalai-Szolcsányi, 2023).

The present study revealed that the majority of the nurse managers were females. This result is consistent with this result congruent with Abd-Elhalem, and Hassan, (2025) who reported that 74.2% of study sample are female. Regarding age, the current study reported that more than half of the staff nurses were aged between thirty to less than forty years. This result aligns with the findings of Faltas et al. (2022), who reported that half of the nurses were aged between thirty to less than forty years. Conversely, this result contradicted Parray et al., (2023) who found that nearly half of the subjects were (20 - 24) years and the least was less than (22). Besides, this study revealed that the majority of staff nurses hold a bachelor's degree in nursing. This finding is consistent with the results of (Wagner, Hattingh, & Meijer, 2022) who found that most of nursing staff had bachelor's degree in nursing. However, this finding is contradicted with the results of Miranda and Silva (2022) who found that two thirds of staff nurses had technical nursing diploma. Furthermore, the majority of the staff nurses had ten to less fifteen years while they had from five to less than ten years of experience in hospital. These results were matched with Dyudina, (2022) who found that most of study samples had from five to

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ten years of experience. On the other hand, Fonou-Dombeu, and Nomlala (2022) reported that more than half of the study sample had experience ranged between ten to twenty years and most of them were between thirty to forty As regard work setting, the study showed that most of staff nurses were working at the surgical intensive care units. This result was matched with Leite, Williams, Radnor, and Bateman (2022) who found that most of the study sample were working at the surgical intensive care unit. This result was against Rojas-Perez et al. (2024), who found that the highest percentage of their studies' nurses worked in internal departments like internal medicine, surgery, obstetrics, and gynecology. Finally, the present study declared the majority of the participants did not attend previous assertive communication training programs. from the researcher point of view this may be due to lack of in-service training programs, educational and staff development in hospitals. This result is in agreement with Mahmoud Ahmed, Hamed Desouki, Mohamed Mourad, and Mohamed Barakat (2022) who found that most of the study samples had no training courses about assertive communication skills, only less than one fifth of them attended training courses about communication skills.

Regarding staff nurses' knowledge related to assertive communication, the present study revealed that there were high statistically significant differences in staff nurses' knowledge mean scores regarding assertive communication knowledge levels during different periods of assessment, as they had the highest mean scores immediately post program implementation and three months later compared to before implementation. From the researcher point of view this improvement in assertive communication dimensions might be because of the success of assertiveness training program in which the researcher use role play with staff nurses through expression of opinion and saying no assertively, confronting criticism, expressing dissatisfaction, and knowing to make request assertively. this finding is congruent with a previous study conducted by García-Avitia (2024) who indicated that there were statistically significant differences between preprogram and post training program regarding assertiveness communication skills. Moreover, the present study results were contradicted with Nemati, Maghsoudi, Mazlom, and Kalatemolaei, (2022) who found that there was no significant difference in assertive communication score immediately after the intervention compared to before As regard to staff nurses' levels of assertive communication knowledge, the current study found that the majority of staff nurses (88.9%) scored high level immediately post program and three months later. this result against Chakraborty et al., (2020); Ayhan and Seki Öz, (2021); Şen et al. (2022) who found that nursing students' assertiveness skill levels are low. Also, this result contradicted with Eskiyurt, and Uysal (2025) who showed that the training program provided a decrease in the passive behaviors of nursing students and an improvement in their assertive behaviors.

Regarding staff nurses' skills related to assertive communication, the present study revealed that the mean scores of staff nurses' assertive communication skills were significantly higher immediately after program implementation and three months later than before implementation. From the investigator's perspective, this significant change is due to the training program success in increasing the knowledge, experience, and communication skills that improve self-confidence as well as the researcher used teaching media such as role play, scenarios and provided feedback through expression of opinions and saying no assertively

These findings matched with the study of Mansour, Jamama, Al-Madani, Mattukoyya, & Al-Anati, (2020) who noted a significant increase in communication skills scores pre- and post-training, highlighting a strong correlation between assertiveness and overall communication abilities. Conversely, this result is against Al-Hawaiti, Sharif, & Elsayes, (2025) who indicated that some nurses hesitate to be assertive due to concerns about their relationships and nurses are less assertive towards nursing management personnel than their co-workers. As regard level of assertive communication skills, the current study revealed that there was a statistically significant difference in total assertive

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communication level during different periods of assessment as (100) % of staff nurses scored high level immediately post-program. This result congruent with Abo-Elenein and Abdel-Mongy, (2021) who clarified that staff nurses perceived assertiveness skills as the highest level at Tanta Emergency Hospital compared to around half of them at El Menshawy Hospital.in contrast, this against of Marahatta, Koirala, (2022) who found that many nurses have limited educational and training opportunities regarding assertive communication. The current study shows that there was a positive statistical correlation between the staff nurses' total mean scores regarding assertive communication knowledge and skills. From the researcher perspective, From the investigator point of view, this may be due to assertiveness communication training program which enhances nurses' confidence in expressing their needs and opinions, which naturally improves their communication skills. Assertive nurses are more likely to ask questions, seek clarification, and participate in daily work activities. This active engagement helps them better communicate and achieve higher organizational goals and success. This result is at the same line with Sharma et al., (2023) who found that the mean and standard deviation of the difference between before and after assertiveness intervention regarding the interpersonal communication in the intervention group was highly statistically significant positive correlation.

5. CONCLUSION AND RECOMMENDATIONS

In the light of the present study findings, it can be concluded that there was a statistically significant difference in the mean scores of knowledge test regarding assertive communication of staff nurses indicating a marked improvement immediately post-program implementation compared to pre-program. Additionally, there was a statistically significant difference in staff nurses' mean scores of skills pertaining to assertive communication immediately post program implementation compared to pre-program moreover, there were statistically significant positive correlation between nurses' total assertive communication knowledge and skills. This indicated that there was positive effect of implementing a training program about assertive communication of staff nurses equipping them with the knowledge and skills needed to be competent in clinical environment. Moreover, the study findings supported all of the proposed research hypotheses. Additionally, Hospital administration should conduct regular and ongoing educational program , workshops and training courses on assertive communication to maintain that staff nurses update knowledge and skills, and develop comprehensive guidelines and polices for application of assertive communication in health care settings, integrate assertive communication concepts , competencies and practical applications into nursing curricula, encourage all nursing staff to participate in workshops, seminars regarding assertive communication to enhance their knowledge and practical skills, for nursing research, replicate the study with a larger sample size and in different settings to confirm and generalize the findings, conduct research studies to identify barriers in practice settings that hinder the implementation of assertive communication and develop strategies to overcome them.

Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this manuscript. In addition, ethical issues, including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, and redundancies have been completely observed by the authors.

References

1) Mohammed ES, M Shazly M, A Mostafa H. (2022) Communication skills training program and its effect on head nurses' assertiveness and self-esteem. Egyptian Journal of Health Care. Sep 1;13(3):290-300.

DOI: 10.5281/zenodo.24331262
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2) Weld, N. (2023). Applying the therapeutic function of professional supervision: Attending to the emotional impacts of human service work. Taylor & Francis.

3) Aul, K., Ferguson, L., & Russo, B. (2023). Strategy to enhance undergraduate nursing students' assertiveness. Journal of Nursing Education, 62(4), 263-264.

4) Mahmoud Ahmed, S., Hamed Desouki, H., Mohamed Mourad, G., & Mohamed Barakat, M. (2022). Effect of Assertiveness Training Program on Psychiatric Mental Health Nurses' Communication Skills and Self-esteem. Journal of Nursing Science Benha University, 3(1), 738-752.

5) Bamoussa, T. A. (2023). The level of assertiveness, Self-esteem and Communication Skills among Nursing Students of Helwan University. Helwan International Journal for Nursing Research and Practice, 2(4), 44-55.

6) Keates, C. (2022). Students' experience of the challenges of using assertive communication. British journal of Nursing, 31(15), 790-798.

7) Fekete, J., & Szalai-Szolcsányi, J. (2023). Improving assertive communication skills in simulated medical encounters. Porta lingua, (2), 23-28.

8) Scott, J. J. (2024). Getting Better Faster: An Examination of Instructional Specialist Role Clarity and Efficacy.

9) Jandhyala, S., & Kumar, N. (2024). Everyday assertiveness and its significance for overall mental well-being. Universal Journal of Public Health, 12(2), 250-257.

10) Endjala, F. T. (2020). Evaluating the impact of training and development on customer service in Namibia: the case study of the Ministry of Veterans Affairs (Doctoral dissertation, Stellenbosch: Stellenbosch University).

11) Hugo, L., Botma, Y., & Raubenheimer, J. E. (2020). Monitoring preceptors' supportive role: A measuring instrument for increased accountability. Nurse education today, 67, 83-89.

12) García-Avitia CA. Ethics, Decision-Making, and Assertive Communication (2024). Assertiveness in the Context of Human Rights, Ethics, and Classical Virtues 2024 Sep 12 (pp. 149-168). Cham: Springer Nature Switzerland

13) Singh, A. (2021). Quasi experimental design in scientific psychology. SSRN Electronic Journal. https://doi.org/10.2139/ssrn, 3793568

14) Mostafa, S., Hamouda, S., Zahran, S., & Obied, H. (2020). Effect of assertiveness educational program on conflict handling styles for nursing staff at intensive care unit. International Journal of Novel Research in Healthcare and Nursing, 6(2), 1729-1739.

15) Rathus SA. (1973) A 30-item schedule for assessing assertive behavior. Behavior therapy. May 1;4(3):398-406.

16) Abd-Elhalem MH, Hassan S.(2025) The Effect of an Assertiveness Training Program on Communication Skills and Academic Achievement among Nursing Students at Beni-suef University. Helwan International Journal for Nursing Research and Practice. Dec 15;4(12):386-400

17) Faltas, S. F. M., Soliman, S. M., Ahmed, N. G., & Mahmmoud, S. F. (2022). Green practice guideline program regrading waste management on nurses' knowledge and practice in intensive care units. International Journal of Health Sciences, 6(S8), 6651–6666. https://sciencescholar.us/journal/index.php/ijhs/article/view/13942

18) Parray, W. M., & Kumar, S. (2023). Assertiveness training and its impact on communication effectiveness among nursing students. International Journal of Caring Sciences, 12(2), 1225–1233

19) Wagner, R. S., Hattingh, T. S., & Meijer, H. (2022). Factors affecting the sustainability of lean in healthcare: a systematic literature review. South African Journal of Industrial Engineering, 33(3), 124-136.

DOI: 10.5281/zenodo.24331262
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20) Miranda, D. L., & Silva, C. A. (2022). How to Educate Health Organizations to Apply Lean Methodology. In Handbook of Research on Improving Allied Health Professions Education: Advancing Clinical Training and Interdisciplinary Translational Research (pp. 333-344). IGI Global.

21) Dyudina, O. (2022). Digital Transformation and Lean: Synchronizing Approaches in Healthcare. In Proceedings of ICEPP 2021: Efficient Production and Processing (pp. 238-246). Springer International Publishing.

22) Fonou-Dombeu, N. C., & Nomlala, B. C. (2022). A Comparative Analysis of Implementation of Lean Accounting in Manufacturing and Healthcare Sectors. Eurasian Journal of Business and Management, 10(2), 116-136

23) Leite, H., Williams, S., Radnor, Z., & Bateman, N. (2022). Emergent barriers to the lean healthcare journey: Baronies, tribalism and scepticism. Production Planning & Control, 1-18.

24) Rojas-Perez, H. L., Díaz-Vásquez, M. A., Díaz-Manchay, R. J., Zeña-Ñañez, S., Failoc-Rojas, V.E., & Smith, D. (2024). Nurses' environmental practices in Northern Peruvian hospitals. Workplace Health & Safety, 72(2), 68-74. https://doi.org/10.1177/21650799231163130

25) Nemati, Z., Maghsoudi, S., Mazlom, S. R., & Kalatemolaei, M. (2022). Evaluating effect of assertive training program on assertiveness communication and Self-Concept of nurses. Journal of Sabzevar University of Medical Sciences, 29(2), 243-254.

26) Chakraborty, S., Ray, A., & Mani, S. K. (2020). A comparative study regarding assertiveness, self-esteem and leadership potentiality between students of selected nursing and general college in West Bengal. International Journal of Nursing & Midwifery Research (E-ISSN: 2455-9318), 7(3), 4-11.

27) Ayhan, D., & Seki Öz, H. (2021, October). Effect of assertiveness training on the nursing students' assertiveness and self-esteem levels: Application of hybrid education in COVID-19 pandemic. In nursing forum (Vol. 56, No. 4, pp. 807-815).

28) Şen, S., Özkan, H. A., & Avşar, E. (2022). The Relationship between Nursing Students' Psychological Empowerment and Assertiveness. Journal of Academic Research in Nursing (JAREN), 8(1).

29) Eskiyurt, R., & Uysal, N. (2025). Effect of assertiveness skills training on nursing students' competencies. Archives of Psychiatric Nursing, 54, 84-90

30) Mansour, M., Jamama, A., Al-Madani, M., Mattukoyya, R., & Al-Anati, A. (2020). Reconciling assertive communication skills with undergraduate nursing education: Qualitative perspectives from British and Saudi newly graduated nurses. Health Professions Education, 6(2), 176-186.

31) Al-Hawaiti, M. R., Sharif, L., & Elsayes, H. (2025). Assertiveness in nursing: a systematic review of its role and impact in healthcare settings. Nursing Reports, 15(3), 102.

32) Abo-Elenein Abdallah, S., & Abdel-Mongy Mostafa, S. (2021). The Influence of Head Nurses Leading Role and Assertiveness on Staff Nurses' Achievement Motivation: A Comparative Study. Egyptian Journal of Health Care, 12(3), 690-709.

33) Marahatta, U. S., & Koirala, D. (2022). Assertiveness and self-esteem among nurses working at a teaching hospital, Bharatpur, Chitwan. MedS Alliance Journal of Medicine and Medical Sciences, 2(3), 50-56.

34) Sharma, D., Sharma, M., & Kaur, G. (2023). A quasi-experimental study to assess the effectiveness of assertiveness training program on self-esteem and interpersonal communication satisfaction among nursing students in selected nursing institutes of Ambala, Haryana. Indian Journal of Forensic Medicine & Toxicology, 14(4), 180–185