



Original Article

Relationship Between Assertiveness and Stress Levels among Nurses in Pakistan: A Cross-Sectional Study

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ABSTRACT

Nursing is widely known as one of the most stressful occupations in the world due to work and emotional overloads, and strict hierarchical workplace cultures. Organizational support is also minimal in Pakistan, which increases stress among nurses. Assertiveness, a necessary communication skill in successful nursing practice, is commonly thought to minimize stress; however, in hierarchical environments, it may increase stress. **Objectives:** To identify the association between assertive behavior and perceived stress among Pakistani nurses and to determine socio-demographic and professional determinants of stress. **Methods:** An analytical cross-sectional study design was adopted. A total of 106 registered nurses from public and private hospitals in Pakistan were included using convenience sampling. Data were collected using a structured questionnaire consisting of the Assertiveness Scale and the Perceived Stress Scale (PSS-10). SPSS version 25.0 was used for analysis, including descriptive statistics, Pearson correlation, simple linear regression, and one-way ANOVA. **Results:** Results showed a weak yet significant positive correlation between assertiveness and stress ($r = 0.19$, $p = 0.040$), indicating that higher assertiveness is associated with higher stress levels. Assertiveness explained 3.7% of perceived stress. Employment status was also a significant factor ($p = 0.04$), while other variables were not significant. **Conclusions:** Assertiveness has a context-dependent impact on stress. Future interventions should combine assertiveness training with stress management and institutional support to improve nurses' well-being.

INTRODUCTION

Nursing is unanimously declared as a highly stressful occupation. The nurses are always faced with excessive workload, emotional labor, difficult interpersonal interactions, scarcity of resources, and organizational hierarchy. Such stressors may have negative effects on both the nurse (e.g., burnout, psychological distress, reduced well-being) and patient care (e.g., errors, lower quality). Such issues have been compounded within many healthcare systems, particularly in low- and middle-income nations such as Pakistan, by a series of systematic problems: excessive nurse-to-patient ratios, insufficient support, and cultural norms that might not support upward

communication or assertiveness. Attentive behaviors play an important role in the perception of nurses among patients. They are what contribute to the satisfaction of patients, and the quality of nursing is all about. The emotional expressions of nurses will be crucial in influencing the quality of care and influencing the reputation and performance of the hospitals. Consequently, the hospital management is taking control of the emotions of the nurses to a greater extent through offering emotional display training and monitoring the training [1]. The relationship with self-regulatory strategies is related to a negative dealing capability of the



person, feeling rather than evading it in a state of troubled and sympathetic feeling to achieve important goals. This is one of the most appropriate models in terms of the role of nervous systems in the regulation of emotions, which assists several good cognitive mechanisms of the control of emotional responses [2]. Assertiveness, which is described as the capacity to state one's thoughts, needs, and feelings clearly and respectfully, has been regarded as an important communication skill in nursing practice [3]. It can be used to advocate for patients, negotiate workloads, keep patient safety, and support professional boundaries. Globally, research has demonstrated that assertiveness training may decrease perceived stress and enhance self-efficacy. A study showed that nurses who attended assertiveness training were less stressed and more assertive [4]. The connection between stress and assertiveness is not so direct, though. Although assertiveness can be a buffer against some stressors (e.g., conflict avoidance, delegation problems), in certain organizational or hierarchical situations, assertiveness itself can become a stressor when nurses who speak up are met with resistance, conflict, or a lack of institutional support. A lack of satisfaction with a job is an outcome of a failure in the balance between the pressures to which employees are subjected and the resources. According to the previous studies, job dissatisfaction and job satisfaction. The imbalance between the stressor and the coping resources will lead to the stress reaction, provided that the capability to cope is present; extra stress will not turn into an issue. A certain degree of stress is not always followed by a certain disease; the degree of stress and predisposition to a disease are not always related to each other [5]. The healthcare sector is the most sensitive, and there is no place for mistakes. After meeting all the safety requirements in the healthcare system, lastly, diagnosis, procedures, and treatments are left in the hands of the health practitioners. A single mistake can put the life of a patient in danger. Psychosocial factors and the resultant outcomes include some that can have negative effects on the capacity of the employee to continue with successful working operations. These include imbalance in job demand control, effort reward imbalance, and interpersonal conflicts [6]. Nursing staff in Pakistan tend to be structured with strong hierarchies, scarce resources, and cultures that do not necessarily support assertive communication. Two of the most important interpersonal skills that must be discussed in detail are empathy and assertiveness, which play a vital role in efficient medical practice and quality care of patients. Empathy in a medical context helps the healthcare provider to empathize with the emotions that patients are going through and offers a therapeutic alliance with the patient, which fosters trust,

positive communication, and increased adherence to the treatment program [7]. Recent studies have reported an escalation in job stress amongst Pakistani nurses, and adverse effects on quality of life, psychological well-being, social life, and patient care. Occupational stress hurts the psychological well-being of nurses in Punjab, mediated through the emotional response [8]. As the saying goes, 'health is wealth', so communication can have positive implications also. The importance of assertiveness is a well-known interpersonal skill enabling healthcare professionals to speak efficiently, support patients, and solve problems at work [9]. Assertiveness in education enables students to actively participate in the academic conversation, clarify, and make contributions to clinical conversations [10]. It is also claimed that assertive communication in nursing can reduce medical errors, enhance teamwork, and improve patient outcomes [11]. Nevertheless, the connection between assertiveness and stress is not simple. On the one hand, assertiveness training was found to increase confidence levels and reduce anxiety levels within a clinical context. Meanwhile, cases of assertiveness, such as speaking with colleagues or superiors, can actually increase stress levels [12]. The relationship between stress and job performance is of paramount importance to the person who undergoes role overload, as the feeling of ineffectiveness based on the inability to perform the perceived role overload has the potential to induce a condition known as potential that is enhanced by job stress, which eventually impacts performance [13]. High workloads, resource scarcity, and hierarchical healthcare systems present specific challenges to nurses in Pakistan. These variables can enhance the relationship between aggressive behavior and stress. Moral distress occurs when medical practitioners are bound not to perform their duties in accordance with their moral convictions, which results in emotional, psychological, and professional impacts. Although the phenomenon has received much research in the hospital context, little consideration has been given to moral distress in the community health care contexts [14]. Although the issue of nurse wellbeing is gaining traction, minimal studies have been done to establish the connection between nurse wellbeing and low- and middle-income countries, such as Pakistan. This research aims to fill this gap by determining the connection between assertive behavior and stress in nurses to supplement the literature on nurse wellbeing and workplace relationships globally. Despite this, there has been a lack of research on whether assertiveness itself is associated with stress among nurses in Pakistan. It is essential to recognize that assertiveness, when linked to reducing stress in supportive settings but increasing stress in the presence of

institutional or cultural inhibition, necessitates highly personalized interventions. This study aimed to examine the association between assertiveness and perceived stress among nurses.

METHODS

The study used an analytic cross-sectional design to examine the relationship between perceived stress and assertive behavior among nurses. Although correlational analysis was employed as a statistical tool, the study design was that of an analytical cross-sectional study, as the exposure (assertiveness) and outcome (perceived stress) were measured at a single time point to assess their association. The study duration was from July 2025 to December 2025. The research was carried out in Pakistan, in several private hospitals that were selected. The information was gathered in Al Tibri Medical College and Hospital, Isra University, Karachi, and other teaching and non-teaching healthcare facilities. There were 106 registered nurses involved in the research. Convenience sampling was used to select the participants according to their accessibility during the data collection time. Data were collected after obtaining written informed consent from all participants, in accordance with the ethical principles outlined in the Declaration of Helsinki. After taking the Hospital administration's permission, the objectives of the study were explained to the participants, who were guaranteed confidentiality and anonymity. Informed consent was provided, and verbal consent was taken. All of the questionnaires were coded to preserve anonymity, and no personal identifiers were gathered. The inclusion criteria included registered nurses who had at least one year of clinical practice experience and who were working in different clinical units. The study excluded nurses who had taken long periods of leave during the data collection period or were unwilling to provide informed consent. To collect data, a structured, self-administered questionnaire was used, and it was divided into three parts: such as age, gender, marriage status, educational level, years of experience, employment, monthly income, designation, and type of hospital. This validated instrument is used to assess assertive communication behavior in professional interactions. The measure of aggressive behavior was done with a standardized Assertiveness Scale. The scale is used to assess the competence in articulating thoughts, needs, and feelings in the professional relationship confidently and respectfully. All the responses will be captured on a Likert scale, with the highest score representing the highest assertiveness. Past research studies have found the scale to possess good psychometric properties, and the reported Cronbach alpha values of 0.78 to 0.86 are acceptable as they indicate good internal consistency. Construct and criterion-related

validation have been used to determine validity in healthcare populations. The summation of item responses was used to determine total assertiveness scores, which were analyzed as a continuous variable. One of the most popular 10-item measures is the Perceived Stress Scale to assess how much they view situations in their life as stressful. PSS-10 has shown a high level of reliability and validity in different groups of people, including health workers. The 10-item Perceived Stress Scale (PSS-10) created by Cohen et al. was used to measure perceived stress. The scale is used to measure how people feel that their lives are unpredictable, uncontrollable, and overloaded over the last month. Rating is on a 5-point Likert scale (0 = never to 4 = very often), and the overall score will be 0 to 40, with higher scores reflecting more perceived stress. The PSS-10 is highly reliable (Cronbach's alpha about 0.78- 0.91) and is effectively valid in various populations, including healthcare workers. Stress scores were considered as continuous variables. The formula for estimating the correlation coefficient was used to calculate the sample size. The minimum number of participants that would be necessary to test the relationship between stress and communication variables in the context of nurses was estimated at 97 participants, assuming a correlation coefficient (r) of 0.25 after reviewing the existing research on the subject matter, a confidence level of 95 per cent (Z alpha = 1.96) and statistical power of 80 per cent (Z beta = 0.84). A total of 106 nurses were recruited into the study to ensure that the possible non-response is taken into consideration.

The Statistical Package of the Social Sciences (SPSS), version 25.0, was used to analyze the data. Summarization of the socio-demographic and professional characteristics of the participants were summarized using descriptive statistics such as frequencies, percentages, means, and standard deviations. The correlation between assertiveness and perceived stress was tested with the help of the Pearson coefficient of correlation. Moreover, simple linear regression analysis was conducted to determine the predictive ability of assertiveness on the perceived levels of stress. The mean perceived stress scores were analyzed through one-way ANOVA to compare the mean perceived stress scores on various categories of socio-demographic and professional variables, such as marital status, designation, nature of job, and type of hospital. The independent variables had more than two groups, and perceived stress was used as a continuous outcome variable. Categorization of some numerical variables (years of experience) was done before the analysis so that mean stress scores in different groups could be compared. These are the main assumptions taken into account before applying ANOVA: the variances were

homogeneous; the outcome variable was normally distributed. One-way ANOVA is fitted in the case as dependent variable is continuous, and the independent variable is categorical, having more than two categories. ANOVA would be applied in this study to establish the existence of statistically significant differences in the mean perceived stress scores of the various groups. According to the analysis, the variable nature of the job indicated a statistically significant difference in the perceived stress scores.

RESULTS

A total of 106 nurses took part in the study, 59 (55.7%) of whom were female. With respect to qualification, 42 (39.6%) completed RN, 39 (36.8%) completed Post RN BSN, 9 (8.5%) completed both RN and RM, 9 (8.5%) completed Master, and 3 (2.8%) completed generic BSN. Regarding nursing experience, 54 (50.9%) had 115 years, 17 (16.0%) had 610 years, 15 (14.2%) had 1115 years, and the remaining participants had more than 15 years' experience. In terms of marital status, 55 (51.9 percent) were married, 50 (47.2%) single, and 1 (0.9%) divorced. The majority of the participants were full-time employees 98 (92.5%) and in the private hospitals (81.1%, n=86). Most of them were the staff nurses (86.8, n=92) (Table 1).

Table 1: Socio-Demographic and Professional Characteristics of Nurses

Marital Status	Married	55 (51.9%)
	Single	50 (47.2%)
	Divorced	1 (0.9%)
Monthly Income (PKR)	10,000-20,000 PKR	3 (2.8%)
	21000-30000 PKR	9 (8.5%)
	31000-40000 PKR	18 (17.0%)
	41000-50000 PKR	30 (28.3)
	51000-60000 PKR	21 (19.8%)
	61000-70000 PKR	13 (12.3%)
	>70000 PKR	12 (11.3%)
Professional Characteristics		
Years of Experience in Nursing	1-5 Years	54 (50.9%)
	6-10 Years	17 (16.0%)
	11-15 Years	15 (14.2%)
	16-20 Years	8 (7.5%)
	21-25 Years	6 (5.7%)
	26-30 Years	3 (2.8%)
	>30 Years	3 (2.8%)
Designation/Position	Staff Nurse	92 (86.8%)
	Manager	14 (13.2%)
Nature of Job	Full Time	98 (92.5%)
	Part Time	4 (3.8%)
	Others	4 (3.8%)
Type of Hospital	Public Hospital	16 (15.1%)
	Private Hospital	86 (81.1%)
	Others	4 (3.8%)

Variables		n (%)
Socio-Demographic Characteristics		
Gender	Female	59 (55.7%)
	Male	47 (44.3%)
Qualification	Any Others	6 (5.7%)
	GBSN	3 (2.8%)
	MSN/MPH/MsPh	7 (6.6%)
	Post RN BSN	39 (36.8%)
	RN	42 (39.6%)
	RN/RM	9 (8.5%)

Table 2: Association of Anxiety Level with Demographic Variables

Independent Variable	Dependent Variable	Correlation Coefficient (r)	t	Beta (Un-standardized)	SE	R ²	F	p-value
Assertiveness Score	Perceived Stress Score	0.19	1.993	0.189	0.095	0.037	3.971	0.040*

The difference between mean perceived stress scores between the socio-demographic and professional groups was analyzed using one-way ANOVA or independent samples t-tests, based on the number of categories. The perceived stress is a continuous dependent variable, whereas the independent variables were nominal (including categorical numerical variables, e.g., years of experience).

DISCUSSION

The most effective communication style, called assertiveness, voluntarily protects one with dignity, rights, opinions, emotions, and ideas without violence and inactivity. Assertive individuals find it easier to listen to others, resolve issues by talking, and tend to work together

The Pearson correlation test showed that there was some weak positive correlation between assertiveness and perceived stress ($r = 0.19$, $p=0.040$), which implied that there was some slight correlation between perceived stress and assertiveness. This was confirmed by the Simple linear regression analysis: assertiveness was a significant predictor of perceived stress (0.189, $F = 3.971$, $p = 0.040$, 0.037), which explained 3.7 percent of stress scores variance. Though significant, this correlation was very low, meaning that assertive behavior can only cause a minor amount of variance in stress levels among nurses (Table 2).

in a general manner. Being assertive because they are acting within the context of equality and justice instead of doing what other people desire them to do is the basis of assertiveness, which is rooted in the building of mutual love, respect, and trust between people [15]. No study

examined the correlation between assertive behavior and perceived stress among nurses in Pakistan and investigated the correlation between stress and the most relevant socio-demographic and professional attributes. The results indicated a statistically significant but weak positive correlation between assertiveness and stress, which indicated that higher levels of assertiveness are linked to slightly higher stress scores. Also, full-time employment was found to be greatly associated with stress levels, whereas other demographic and professional factors, including years of experience, marital status, monthly income, designation, and hospital type, were not significantly correlated with stress [16]. These findings provide valuable information on the context-specific relationship between assertiveness and stress, which is intricate. Historically, assertiveness has been perceived as a defensive interpersonal skill, which brings about effective communication, encourages teamwork, minimizes conflict at the workplace, and leads to safer patient care [3]. Several studies have shown that assertiveness training is effective in improving self-confidence and decreasing anxiety among nurses in clinical practice [12]. But the low, though positive, relationship in this study indicates that assertive behavior can be paradoxically linked to stress in the cultural and organizational environment of Pakistan [17]. One of the reasons is the authoritarian and hierarchical South Asian healthcare organization. Nurses who strive to be imposing during interaction with physicians or administrative supervisors can encounter opposition, disapproval, or confrontation, which in turn increases psychological pressure. One of the findings also supports this finding by stating that in hierarchical health systems, aggressive communication promotes interpersonal tension and stress in some cases [17]. On the same note, highlighted that new nurses in psychiatric units commonly experience problems with assertive communication because of the fear of adverse outcomes from their superiors, regardless of the potential benefits of assertiveness training [17]. Moreover, one of the studies also presents that building on the importance of assertiveness in nursing, it is particularly vital in complex healthcare settings, where effective communication directly influences patient outcomes and care quality. In nursing, assertiveness is viewed as a core communication skill that enhances patient care and contributes to competency in acute care and recovery. Combining assertiveness with emotional intelligence empowers nurses to navigate the complexities of their field, build strong relationships, and provide optimal care [18]. The regression analysis revealed that assertiveness only accounted for 3.7 percent of the variance in stress, which implies that stress is highly influenced by other

variables that include workload, coping styles, and organizational climate. A recent systematic review by BMC Health Services Research (2024) pointed out that organizational culture and leadership styles have a great influence on the levels of stress in nurses, which often supersede other individual characteristics, including assertiveness. Reduced stress was regularly associated with supportive supervision, openness of communication, and institutional support of nurse involvement in decision-making [19]. This means that assertiveness can never decrease stress in the absence of an enabling organizational environment. The other important conclusion of the current study was the correlation between full-time employment and stress. The workload requirements, extended shifts, and exposure to stressful clinical situations are probably more than those experienced by part-time employees and full-time nurses. The same was reported, who added that the stress levels and quality of life of Pakistani nurses who worked long hours were much worse. Psychological distress among nurses was due to constant occupational exposure. These results highlight the effects of workload and the disposition of employment on the well-being of nurses and propose the necessity of policy changes in staffing and scheduling [19]. Interestingly, the variables like marital status, income, and years of experience did not significantly relate to stress in this study. This is contrary to some of the regional studies that have revealed older and married nurses to have reported more stress [19]. The discrepancy could be contextual differences between the provinces, types of hospitals, and institutional policies. It can also be an indication that the workplace factors, including workload, organizational support, and leadership, are greater predictors of stress than individual demographics in the context. Combined, the findings bring out a number of implications. To begin with, although assertiveness is one of the core competencies of nurses, its psychological influence should strongly rely on the organizational culture. The training programs must thus be combined with larger institutional changes that would help to establish a psychologically safe work environment [20]. Hospital administrators and nurse managers should be educated to appreciate and embrace assertive communication, and the nurses who defend themselves or their patients should not be punished. Second, the interventions to manage stress in nurses should focus on full-time nurses who are more vulnerable since they are exposed to work stressors. Third, moderating variables that might affect the relationship between stress and assertiveness and complicate the study include emotional intelligence, coping mechanisms, and leadership style, which should be examined in future research.

The study used convenience sampling, which can be a limitation to the generalization of the results. The participants in this study were selected from certain hospitals, so the results would not be entirely representative of the nurses in different settings. It is advised to use probability sampling in future studies to increase external validity. Furthermore, the data could not be controlled by eliminating the potential confounders of age, gender, hours of work, and department as variables. Consequently, future studies should employ regression analyses as an approach to handling the variables as a means of ascertaining the relationship between assertiveness and stress. Convenience sampling is one of the weaknesses of this study, as it can be used to restrict the generalizability of the results. The sample size of the participants was based on availability, and not on probability sampling; therefore, this may not be entirely representative of all nurses who work in various healthcare environments in Pakistan. However, the study is limited to adjusting for possible confounders like age, gender, and work hours when conducting the study. This can influence the meaning of the correlation between assertiveness and perceived stress. In future studies, multivariate regression can be used to control these variables.

CONCLUSIONS

In this research, a positive but weak correlation between assertiveness and stress was found in nurses in Pakistan. The full-time jobs were also linked with high levels of stress. These results indicate that assertiveness is necessary to professional practice, but there is complexity to its association with stress, and contextual factors play a role. The intervention strategies should target the equilibrium between the training of assertiveness and the stress management programs towards increasing the well-being and performance of the nurses.

Authors' Contribution

Conceptualization: SA

Methodology: SA, AAA, NJ

Formal analysis: SA, AAA, NJ

Writing and Drafting: SA, AAA, NJ, IK

Review and Editing: SA, AAA, NJ, IK

All authors approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

All the authors declare no conflict of interest.

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