

Assertiveness and self-esteem among nurses working at tertiary hospital, Jumla, Nepal

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ABSTRACT

Introduction: In healthcare system, nurses play a critical role in patient care, often working in high-stress environments that demand effective communication and rapid decision-making. Assertiveness and self-esteem are essential personal attributes that influence nurses' professional performance, and quality of care. Despite their importance, these attributes are often overlooked in nursing professional development hence, the study aimed to assess the level of assertiveness and self-esteem among nurses.

Methods: A descriptive cross-sectional study was conducted among 101 registered nurses working at Karnali Academy of Health Sciences (KAHS), Jumla, using a total enumerative sampling technique. From 4th January to 15th January 2026 the data were collected through a self-administered structured questionnaire comprising socio-demographic and professional information, the Simple Rathus Assertiveness Schedule (SRAS), and the Rosenberg Self-Esteem Scale (RSES). Data were analyzed using SPSS version 16 with descriptive statistics and inferential tests (Chi-square and Fisher's exact test).

Results: More than half of the respondents had high levels of assertiveness (50.5%) and self-esteem (51.5%). No statistically significant association was found between assertiveness and socio-demographic or professional characteristics. However, self-esteem showed a statistically significant association with religion ($p = 0.027$) and professional designation ($p = 0.049$).

Conclusion: The study revealed that nearly half of the nurses exhibited low levels of assertiveness and self-esteem, highlighting a potential area of concern for nursing practice and well-being. The findings underscore the need for targeted interventions, such as assertiveness training and self-esteem enhancement programs, to strengthen nurses' communication skills, confidence, and professional effectiveness.

Keywords: Assertiveness, Nurses, Self-esteem

INTRODUCTION

There is vital role of nurses, often operating under high-stress working environment that demands rapid decision making and effective communication. Assertiveness allows nurses to express their needs and advocate effectively for patients, while self-esteem influences confidence and job satisfaction.¹

An interpersonal behavior that promotes equality in human relationships by helping an individual to express their rights, thoughts and feelings in a manner that neither denies or demeans but recognizes and respects others is assertiveness.² Lazarus defined the assertive behavior as it is: "the ability to say no, the ability to ask favors or make requests, ability to express positive and negative feelings, the ability to initiate, continue and finish a general conversation."³

Assertiveness comprises respect for others, respect for self, self-awareness, expressing selves confidently and a way of saying yes or no in an appropriate way, effective, clear and consistent communication

that allows an individual to express feelings and ideas without judging others. It is own's ability to act in accord with owns self-esteem without hurting others along with standing up for self, and also respecting the views, ideas, opinions and needs of others.⁴

Self-esteem is appreciating one's own importance, worth, and being accountable for oneself and act responsibly towards others.² High self-esteem is associated with the close, trusting, supportive relationships within the family.⁵ Nurse with low self-esteem depends upon others for decision making; seeks permission to do anything, rarely introduces new activities, and demanding.⁶ However, high self-esteem result in better handling of stress reducing anxiety, fatigue and are associated with encouraging clinical competence that improves in the nursing care.¹

Despite the importance of these traits, many nurses struggle with low assertiveness and self-esteem, often due to hierarchical healthcare systems, workload pressures, and lack of supportive work environments. In such demanding environments, personal attributes like assertiveness and self-esteem significantly influence nurses' performance, communication effectiveness, stress levels, and job satisfaction. Hence, this study aims to assess assertiveness and self-esteem among nurses.

METHODS

Descriptive cross-sectional research design was used to assess the assertiveness and self-esteem among nurses working at Karnali Academy of Health Sciences, Jumla from 4th January to 15th January 2026. The hospital serves as a tertiary referral center for the Karnali province, catering to a predominantly rural, high-altitude population. There are total 111 nursing staff (staff nurse=98, senior staff nurse=1 and nursing officers=12) working at KAHS.

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A total of 101 respondents were enrolled in the study using total enumerative sampling technique. All the registered nurses working at KAHS at different departments were included in the study. The respondents on long leave and training and nursing director were excluded from the study.

Data was collected using self-administered structured questionnaire. The research instrument consisted of three parts. First part consists of socio-demographic and professional information, second part consists of Simple Rathus Assertiveness Schedule (SRAS)⁹ and third part consists of Rosenberg self-esteem Scale (RSES).¹⁰ After reverse coding the necessary items, a total score was obtained by summing the responses for both instruments. The level of assertiveness and the level of self-esteem were classified as high and low assertiveness and high and low self-esteem respectively based on the median score.

All the collected data were reviewed and checked for the completeness, consistency and accuracy. All data were edited, organized, coded and entered in Statistical Package for the Social Science (SPSS) 16 version. The collected data was analyzed and interpreted by using descriptive statistics (frequency, percentage, median) and inferential statistics (chi-square and Fisher's exact test). The findings were presented in tables and interpreted accordingly.

Ethical clearance was obtained from the Institutional Review Committee (IRC) KAHS (IRC No.2025/072). Permission was obtained from hospital administration and nursing director before data collection. The purpose of the study was explained to all the respondents. The written informed consent was obtained from each respondent prior to data collection. Respondent's dignity was maintained by giving right to reject or discontinue from the research study at any time. Confidentiality of the information was maintained by not disclosing the information of the respondents with others and using the information only for the study purposes.

RESULTS

Of 101 respondents, 37.6% were older than 27 years, and 62.4% were younger than 27 years, with a median age of 27 years, ranging from 20 to 39 years. Most (97%) were female, with 79.2% being Brahmin/Chhetri and 94.1% being Hindu. Married respondents made up more than two-thirds of the sample (76.2%), with 50.5% living in nuclear families (Table 1).

Table 1: Respondents' sociodemographic characteristics (n=101)

Variables	Frequency (%)
Age	
<27 years	63 (62.4)
≥27 years	38 (37.6)
Gender	
Male	3 (3)
Female	98 (97)
Ethnicity	
Brahmin/ Chhetri	80 (79.2)
Janajati	17 (16.8)
Dalit	4 (4)
Religion	
Hindu	95 (94.1)
Christian	3 (3)
Buddhist	3 (3)
Marital status	
Married	77 (76.2)
Unmarried	24 (23.8)
Type of family	
Nuclear	51 (50.5)
Joint	50 (49.5)

Most of the respondents (80.2%) had completed PCL nursing, and 87.1% were staff nurses. Less than half (45.5%) of respondents had more than 4 years of experience, with a median of 4 years. Most respondents (94.1%) were working on a contract basis (Table 2).

Table 2: Respondents' profession-related characteristics (n=101)

Variables	Frequency (%)
Educational Level	
PCL	81 (80.2)
Bachelor	18 (17.8)
Masters	2 (2)
Professional Designation	
Staff Nurse	88 (87.1)
Senior Staff Nurse	1 (1)
Officer	12 (11.9)
Working Experience	
<4 years	55 (54.5)
≥4years	46 (45.5)
Nature of job	
Contract	95 (94.1)
Permanent	6 (5.9)

More than half (50.5%) of respondents have a high level of assertiveness, whereas 49.5% have a low level of assertiveness. More than half (51.5%) of the respondents have high self-esteem whereas 48.5% of the respondents have low self-esteem (Table 3).

Table 3: Respondent's level of assertiveness and self esteem (n=101)

	Frequency (%)
Level of assertiveness	
High assertiveness	51 (50.5)
Low assertiveness	50 (49.5)
Level of self-esteem	
High self-esteem	52 (51.5)
Low self-esteem	49 (48.5)

There is no statistically significant association between the level of assertiveness and socio-demographic characteristics and profession-related characteristics (Table 4).

There is a statistically significant association between the level of self-esteem and religion (p-value 0.027), whereas no statistically significant association between self-esteem and age, gender, ethnicity, marital status, or type of family. There is a statistically significant association between the level of self-esteem and professional designation (p-value 0.049), whereas no statistically significant association between self-esteem and educational level, work experience, or the nature of the job. (Table 5)

DISCUSSION

The findings of the study revealed that 50.5% of the respondents have high level of assertiveness whereas 49.5% of the respondents have low level of assertiveness. This finding is similar to the study conducted by Sharma U where 51% have high assertiveness and 49% have low assertiveness.¹ These findings contrasts with the study conducted by Shrestha N which showed only 19.3% have high level of assertiveness.⁹ It also contradicts with the study by Binuja. P which revealed only 2.2% has good assertiveness.⁷

Regarding the level of self-esteem, this study revealed that 51.5% of the respondents have high level of self-esteem and still 48.5% have low level of self-esteem. The finding is consistent with the study conducted

by Sharma U which showed that 54.8% has high self-esteem.¹ The finding is inconsistent with the study by Binuja. P which revealed only 9.6% has low self-esteem.⁷

Table 4: Association between respondents' level of assertiveness and socio-demographic and profession related characteristics (n=101)

Variables	Level of Assertiveness		p-value
	Low	High	
Age			
<27 Years	30 (47.6)	33(52.4)	0.457
≥ 27 Years	21(55.3)	17(44.7)	
Type of family			
Nuclear	24 (47.1)	27 (52.9)	0.485
Joint	27 (54)	23 (46)	
Educational Level			
PCL	43 (53.1)	38 (46.9)	0.295
Bachelor and above	8 (40)	12 (60)	
Professional Designation			
Staff Nurse	47 (53.4)	41 (46.6)	0.128
Officer	4 (30.8)	9 (69.2)	
Work Experience			
< 4 years	29 (52.7)	26 (47.3)	0.624
≥ 4 years	22 (47.8)	24 (52.2)	
Nature of job			
Contract	48 (50.5)	47 (49.5)	0.235
Permanent	3 (50)	3 (50)	

Significance level at 0.05.

Table 5: Association between respondents' level of self-esteem and socio-demographic and profession-related characteristics (n=101)

Variables	Level of Self-Esteem		p-value
	Low	High	
Age			
<27 Years	33 (52.4)	30 (47.6)	0.817
≥ 27 Years	19 (50)	19 (50)	
Religion			
Hinduism	46 (48.4)	49 (51.6)	0.027 f
Non-Hinduism	6 (100)	0 (0)	
Educational Level			
PCL	40 (49.4)	41 (50.6)	0.395
Bachelor and above	12 (60)	8 (40)	
Professional Designation			
Staff Nurse	42 (47.7)	46 (52.3)	0.049 f
Officer	10 (76.9)	3 (23.1)	
Work Experience			
< 4 years	25 (45.5)	30 (54.5)	0.185
≥ 4 years	27 (58.7)	19 (41.3)	
Nature of job			
Contract	48 (50.5)	47 (49.5)	0.679
Permanent	4 (66.7)	2 (33.3)	

Significance level at 0.05, f=Fisher's exact test

There is no statistically significant association between the level of

assertiveness and socio demographic characteristics like age, gender, religion, ethnicity, marital status and type of family. This finding is inconsistent with the findings of the study conducted by Sharma U which revealed statistically significant association between level of assertiveness and age, ethnicity, area of residence and marital status.¹ The findings are similar to the study conducted by Maheshwari SK which showed no statistically significant association between level of assertiveness with gender, marital status, religion and type of family.² The findings contrast with the findings of study by Shrestha N which showed assertiveness is significantly associated with age and marital status of the respondents.⁵

There is no statistically significant association between the level of assertiveness and profession related characteristics. This finding is opposite to the findings of the study by Maheshwari SK which revealed that assertiveness is statistically significant with nature of job.² The finding is also inconsistent with the findings of study by Sharma U which showed educational qualification and work experience is statistically significant with level of assertiveness.¹ It is also dissimilar with the study by Shrestha N which showed significant association between assertiveness with work experience and nature of job.⁵

There is statistically significant association between level of self-esteem and religion. The finding is similar with the findings by Maheshwari SK which revealed significant association between self-esteem and religion of the respondents.² The finding contradicts with the findings by Sharma U which revealed significant association between self-esteem and age.¹ There is no statistically significant association between self-esteem and age, gender, ethnicity, marital status and type of family. The finding is similar to the study conducted by Dahal P, Binuja. P which showed no significant association between level of self-esteem and age, gender, marital status, ethnicity.^{6,7}

There is statistically significant association between level of self-esteem and professional designation. The finding is similar to the findings by Maheshwari SK which revealed significant association between self-esteem and job designation of the respondents.² The finding contradicts the findings by Sharma U, which revealed a significant association between self-esteem and job satisfaction.¹ There is no statistically significant association between self-esteem and educational level, work experience, and the nature of the job. The finding is similar to the study conducted by Dahal P, Binuja. P, which showed no significant association between level of self-esteem and educational status, work experience, and type of employment.^{6,7}

The finding of the study has limited its generalizability for it was a single hospital-based cross-sectional study. Some bias might be expected because assertiveness and self-esteem were assessed through the self-reported questionnaire. Though it is regarded as a powerful approach to behavior measurement, it only offers introspective features of the observed behaviors. As a result, it may not accurately reflect actual assertiveness and self-esteem. An unequal proportion of staff nurses and nursing officers was also incomparable, which further hindered the generalizability.

CONCLUSION

The study concluded that only about half of the nurses demonstrated high levels of assertiveness and self-esteem, while nearly an equal proportion exhibited low levels of these essential attributes. Assertiveness was not significantly associated with any socio-demographic or professional characteristics, indicating that limitations in assertive behavior are widespread across different groups of nurses. In contrast, self-esteem showed significant association with religion and professional designation, suggesting that organizational position and socio-cultural factors may influence nurses' self-perception and confidence. The presence of considerable proportions of nurses with low assertiveness and self-esteem highlights a potential risk for ineffective communication, reduced job satisfaction, and compromised quality of patient care. Therefore, the study emphasizes the need for institutional strategies for assertiveness training, counseling services, supportive supervision, and professional development programs to enhance nurses' confidence, communication skills, and overall well-being.

DECLARATION**Acknowledgement**

None

Author Contributions

RM, ML, NKP, DM reviewed the literature, conceptualized and designed the research. RM did data collection, analysis and prepare result. RM drafted the manuscript; and all authors reviewed the manuscript and approved the final version of the manuscript. All authors agreed to be accountable for all aspects of the research work.

Ethical Approval

This research was approved by IRC of Karnali Academy of Health Sciences with the reference number of 2025/072 on 27th July, 2025

Consent/Assent

Informed written consent was obtained from the all the participants before data collection

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Conflicts of Interest

There is conflict of interest any of the authors.

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None

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